

# Annual Report

## General Dental Practice Inspections 2017-2018



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# Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## Our purpose

To check that people in Wales receive good quality care.

## Our values

We place patients at the heart of what we do. We are:

- Independent
- Objective
- Collaborative
- Authoritative
- Caring

## Our priorities

Through our work we aim to:

### Provide assurance:

Provide an independent view on the quality of care.

### Promote improvement:

Encourage improvement through reporting and sharing of good practice.

### Influence policy and standards:

Use what we find to influence policy, standards and practice.

# 1. Foreword

This is the fourth annual report that Healthcare Inspectorate Wales (HIW) has produced in relation to inspection activity carried out in General Dental Practices across Wales.

The purpose of this report is to summarise the findings from our inspections during 2017-18 and to highlight the areas for improvement, and areas of good practice we have identified across services. As a result of the themes identified from our inspections, we have made some overarching recommendations for services and health board dental teams (Appendix A).

HIW is responsible for the inspection of all of dental practices in Wales and the regulation of those practices offering private treatment. However, it is healthcare service providers themselves who are primarily responsible for ensuring patients receive safe and effective treatments. The Health and Care Standards 2015 provide the quality framework against which NHS dental service provision should be delivered. The Private Dentistry (Wales) Regulations 2008 and their replacement The Private Dentistry (Wales) Regulations 2017 place legal obligations on private dentistry service providers in this respect.

We expect that services working in this area will carefully consider the contents of this annual report and our overarching recommendations, using these to make improvements to their services.

## 2. Summary

In general, we found that dental practices were working hard to provide safe and effective care. We identified much in the way of good practice across the sector, including eight practices whose standards were good enough that we did not need to make any recommendations for improvement.

We did, however, identify a range of improvements needed across services with some of these, disappointingly, relating to issues we have highlighted in previous years. In order to improve individual services, health boards and advisory bodies must do more to act on and share the learning from the recommendations we make. We are aware that Dental/Oral Quality and Patient Safety committees are at various stages of development and maturity across Wales. We would encourage these fora to continue to engage with their dental practices to ensure the learning from our inspections and reports is acted upon.

During 2017-18, HIW undertook a total of 104 dental practice inspections. Of these, six were follow-up inspections where we returned to previously inspected practices to test whether improvements had been made.

General dental practices providing NHS dental care must deliver services against the Health and Care Standards 2015, and HIW assesses service delivery against this framework. HIW inspections of general dental practices seek to ensure that dentists providing patients with any private dental treatment comply with the Private Dentistry (Wales) Regulations 2008. All dentists, including those providing NHS dental care must comply with the Ionising Radiation (Medical Exposure) Regulations 2000.

This report includes references to dental practice teams and dental team members. The dental team includes dentists, dental nurses, dental hygienists and therapists, receptionists and practice managers.

### What we found practices did well

In eight of our inspections standards and compliance was such that we did not need to make any recommendations for improvement. These practices were a mix of private only and NHS/private provision and were spread across Wales. This is an increase on previous years and we would hope this trend continues in future years.

During the course of each dental inspection, we sought feedback from patients using the services. Without exception, the feedback we received was positive, with patients telling us that they were happy with the care received from the dental teams treating them.

In terms of physical environment, we found that the exterior of all practices was in satisfactory condition and concluded that the vast majority of practices were accessible to those with mobility difficulties. Where practices were not accessible this was made clear to potential patients and recommendations for alternative practices were made.

Overall, practices were aware of their obligations and the relevant guidelines surrounding decontamination and infection control. Practices had a range of systems in place to ensure that as far as possible, the required standards were being adhered to. However, there were times when these systems could be improved.

With regards to policies and written documents it was very rare that these were missing, however, on a small number of occasions we identified that policies did not include key pieces of information so needed to be updated. Practices and individual dentists were also broadly aware of the regulations and standards surrounding the safe use of radiographic equipment, and had systems in place to support them to use this safely. Again, on occasion these systems needed improvement but overall, practices were broadly compliant and meeting standards in both areas.

## Key areas where improvements were required

In terms of identifying immediate risks to patient safety we issued immediate assurance letters in 13 out of the 98 new practice inspections in 2018. The areas where significant concerns were raised as follows:

- Ensuring that there are sufficient systems in place to maintain emergency kits that are complete, in date and ready to use safely in the event of a patient collapse.
- Evidence of up to date training in cardiopulmonary resuscitation.
- Fire safety arrangements.
- Clinical waste arrangements.
- Arrangements for ensuring that throughout a practice, infection control and compliance with decontamination quality standards is adhered to.
- Comprehensive recording of information in patients notes that is in line with professional record keeping standards.
- Arrangements for the effective management of staff in the dental team to ensure that records relating to their employment and training were complete and up to date.
- Evidence available to confirm that all staff undertaking exposure prone procedures are immunised against blood borne viruses.

Following our inspections, where necessary, services were required to complete an improvement plan. This was in order to provide HIW with assurance that the findings from inspections had been addressed, or to demonstrate that significant progress was being made toward this. On occasion, we found that the quality of improvement plans were poor and some services failed to provide the plans within the agreed timescale. This was often because services had failed to sufficiently familiarise themselves with the requirements of the standards and regulations in order to take appropriate actions. In these cases, we took further action to ensure that services provided HIW with the necessary level of assurance.

Reports on all of our inspections and their associated improvement plans are published on HIW's website.<sup>1</sup>

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<sup>1</sup> [www.hiw.org.uk](http://www.hiw.org.uk)

### 3. What we did

2017-2018 was the fourth year of an ongoing programme of inspections of all general dental practices across Wales. Between April 2017 and March 2018 a total of 98 new practice inspections and six follow-up inspections to previously inspected practices were conducted across Wales. Of the 98 new practice inspections, 79 were to practices providing both NHS and private dental care to patients (mixed practices) and 19 were to private only dental practices. All six follow up inspections were to practices providing mixed NHS and private dental care.

Each inspection was announced, with practices provided with eight to twelve weeks notice of our inspection. This was so that the practice could make arrangements for the necessary personnel to be present at the inspection, and to minimise disruption for patients. Each inspection was conducted by at least two members of HIW staff; a HIW inspection staff member and a HIW dental peer reviewer. Dental peer reviewers were all currently practising general dental practitioners, or were recently retired from general dental practice.

General dental practices themselves are responsible for ensuring the quality and safety of the treatments provided. We explored how each practice met the standards of care set out in the Health and Care Standards (April 2015). The Health and Care Standards are at the core of HIW's approach to inspections in the NHS in Wales and are equally appropriate for assessing the provision of private dental services. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Any dentists registered with HIW to provide private dentistry are also subject to the provisions of the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011. Where appropriate we considered how each practice met these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance, such as the General Dental Council (GDC) Standards for the Dental Team.

During each inspection, HIW considered whether there were effective systems and processes in place to ensure the service was:

- Meeting the relevant national standards and complying with regulations (those referred to above).
- Providing high quality, evidence based treatment and care through services that are patient/service user focussed.
- Continually monitoring the quality of treatment and services.
- Putting things right quickly, when they go wrong.



We published our findings under three themes:

- Quality of patient experience.
- Delivery of safe and effective care.
- Quality of management and leadership.

During the inspection we gathered information from a number of sources including:

- Information held by HIW.
- Interviews with staff at the service.
- Conversations with patients and relatives (where appropriate).
- HIW patient questionnaires completed prior to inspection.
- Examination of a sample of patient records.
- Examination of policies and procedures.
- Examination of equipment and the environment.

At the end of each inspection HIW provided an immediate overview of our main findings to representatives of the practice at a feedback meeting. Any urgent concerns regarding inspection findings which potentially posed an immediate risk to the safety of patients were brought to the attention of practices during the inspection and then via HIW's immediate improvement process. This involves the practice being sent a letter within two days of the inspection (an Immediate Assurance letter), and the practice responding within one week to confirm that matters have been addressed. For those practices providing any NHS services, a copy of this letter was also shared with the relevant health board and the healthcare quality division of the Welsh Government. HIW also uses non compliance notices in instances where regulatory breaches are identified that relate to an individual dentist registered with HIW. Any other improvements identified were included in individual practice inspection reports, all of which are published on HIW's website. Our inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

Following each inspection, the service was sent a draft report to check for factual accuracy. Where appropriate, this included an improvement plan for the dental practice to complete, in order to inform HIW of the actions being taken to address the issues identified. All improvement plans were separately evaluated by HIW to determine whether the service had responded appropriately or if further action was required. Once an improvement plan was agreed by HIW, it was published alongside the inspection report on HIW's website.

## 4. What we found

### Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients told us that they were happy with the dental care and treatment provided to them and almost always stated that they had been involved, as much as they wanted to, in decisions about their dental treatment.

Some practices had good arrangements in place for ensuring that patients are empowered to tell them when things are going well and when things have gone wrong. However, a significant number of patients told us they would not know how to raise a concern if the situation arose. This could mean that practices are missing valuable opportunities to obtain feedback that could help them improve the services they offer.

Prior to inspection, services were asked to distribute HIW questionnaires to patients to obtain their views about the services provided.

The questionnaire responses we received were, without exception, very positive feedback from patients. Comments included the following:

*"The dentist is fantastic, he is the best I have ever had in my life! Everything is explained and his professional approach is second to none! Feel really relaxed and positive about visiting him..."*

*"I have always been treated with respect. The staff are always polite and friendly. I am always pleased with the service I receive..."*

*"I have been a patient with the practice for a good many years and the service I have received has been excellent. I don't think there need by any improvement in the quality of care."*

### Dignified Care

We saw many different interactions between staff and patients and staff were consistently professional and friendly in their approach.

All practices we visited had considered the need for patient privacy and confidentiality within reception areas and had designated a private space where conversations or telephone calls could take place as needed.

## Timely Care

Patients consistently reported that delays to their allocated appointment times were very rare and that it was easy to make appointments at short notice in emergency situations if needed. We found there to be different arrangements for out of hours dental care across Wales. Whilst in general this was not causing a problem to patients, when asked in our questionnaires, patients often told us they were not aware of the arrangements for out of hours care. This is despite us finding in all but one practice that the arrangements for emergency care were displayed prominently within or outside the practice.

## Staying Healthy

Patients told us that they felt they were given enough information about their dental care and treatment with 95% stating in patient questionnaires that their dentist had talked to them about how to keep their mouth and teeth healthy. We did identify that some practices could provide more dental health promotion information to patients by making additional material available in the waiting areas.

Within patient records, the sample we saw indicated that sometimes the dentists needed to evidence more accurately the dental health conversations they have had with patients during treatment and consultations. In particular, the recording of social history with regards to alcohol and tobacco use along with smoking cessation advice when offered.

## Individual Care

We found that some practices had considered the various language needs of their patient population and had made written information available in other languages as appropriate. This included the Welsh language. In some practices we heard patients and staff conversing in Welsh. In terms of responses to our patient questionnaires, 514 out of 2819 respondents identified that Welsh was their preferred language. Of these 37 stated that the practice did not offer to converse with them in their preferred language and 59 said they did, but only sometimes. This suggests that there is still room for improvement in this respect and all practices should ensure they have considered and made provision for the language needs of their population.

Many dental practices in Wales are located in buildings that are not purpose built. However, we found that consideration had been given to what adaptations needed to be made for patients to make them as accessible as possible. Many practices used ramps to front entrances and had considered the layout of the ground floor areas to enable wheelchair access. Where the fabric of the building simply prevented the practice being accessible, the practices were sensitive to ensuring potential patients were not disadvantaged and had arrangements in place to recommend an alternative practice.

In 2015-16 we made recommendations for improvement in more than half of the practices we inspected on aspects of complaints policies or procedures which were not compliant with the Private Dentistry (Wales) Regulations or the NHS Putting Things Right Procedures. It is very pleasing to see that this has significantly reduced to 12% during 2017-18. However, despite almost all our inspections confirming that complaints information was displayed prominently, just over a third of patients still told us they would not know how to make a complaint.

It is equally important that there is a routine mechanism by which practices actively seek feedback from their patients. This could be through a survey, or suggestions box. This remains an issue that many practices have still not tackled. It's equally important that practices act on the feedback provided and unfortunately in some cases where feedback is being sought the practice was not analysing the feedback for any common themes. This is a missed opportunity to use a rich and valuable source of feedback to identify improvements that could be made to the service.

## Delivery of safe and effective care

**We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.**

Overall, we found that practices had appropriate policies and procedures in place that supported the provision of safe and effective care.

Whilst we made recommendations intended to help practices provide higher standards of care, overall the number of recommendations were fewer than previous years and for certain standards/regulations we made no recommendations at all.

## Safe Care

### General Health and Safety

All dental practices had policies and procedures in place to manage health & safety risks within the practice. However, we did make some recommendations around the various components of health and safety risks prevalent within a dental practice.

We checked to see whether practices were proactively assessing and working to reduce their own individual risks in areas such as storage of chemicals, waste disposal arrangements, fire safety, electrical safety and keeping their environments clear.

We found that practices were generally good at ensuring patient and clinical areas were uncluttered and safe to navigate, and the exterior of every practice we visited was in satisfactory condition. In terms of safe storage of chemicals all practices had awareness of COSHH (Control of Substances Hazardous to Health) regulations but on three occasions we identified that practices needed to improve their compliance by making their storage of chemicals safer. Overall, practices were excellent at ensuring there were arrangements for fire safety in place and keeping fire exits clear. With only one exception every practice we inspected had a fire equipment maintenance contract in place and fire extinguishers were labelled to show they have been serviced.

Waste management was an area that we often found a need to make recommendations for improvement. Whilst the number of recommendations is reducing year on year, the issues remain similar to previous years. The recurring themes are:

- The need for sanitary waste disposal in both staff and public toilets.
- Using incorrect colour bins/bags for clinical waste.
- The need to have blue lidded pharmaceutical waste bins.
- The need to have foot operated bins in clinical areas.

In a very small number of cases we found that contracts were not in place for the disposal of amalgam<sup>2</sup> waste (four instances) and one practice did not have a contract in place for the disposal of sharps.

A small number of practices were found to have not undertaken regular portable appliance testing (PAT). This applied in less than 10% of practices visited but nevertheless could have significant consequences given the number of small appliances used in dental practices.

Overall we found that the maintenance arrangements for the larger, more specialist equipment were satisfactory. With regards to maintenance of the compressor<sup>3</sup> specifically, we made far fewer recommendations than in previous years around daily maintenance checks and only identified one appliance that did not have sufficient evidence to show regular servicing.

## Clinical Facilities

We looked at clinical facilities within surgeries and decontamination areas. Overall, surgeries were well equipped, uncluttered and free from obvious hazards. We did find that some surgeries needed updating or small remedial works carried out in order to make them compliant with the guidance for decontamination in primary care in Wales (WHTM 01-05<sup>4</sup>). Recommendations in this area were around minor repairs to damaged cabinetry and ensuring that floor and work surfaces are adequately sealed to reduce the risk of contamination and cross infection. In previous years we found on a number of occasions that there were out of date dental materials in drawers within surgeries, in 2017-18 this was limited to one instance of identifying out of date single use items. Whilst this is encouraging, practices should not be complacent about this important aspect of patient safety and ensure that there are robust stock audits in place to ensure that all dental instruments are present in good condition, sufficient in number and in date.

## Decontamination, infection prevention and control (IPC)

We looked at how well practices were meeting the standards set out in the Welsh Technical Health Memorandum 01-05. All practices had a variety of arrangements in place which aimed to ensure dental instruments were cleaned and sterilised as effectively as possible, to minimise the risks of cross infection. We found some practices had very good arrangements in place and had carefully considered the WHTM 01-05 guidance, which meant that we were assured about their approach and standards of decontamination and had no need to make any recommendations for improvement. In these practices we found that policies and procedures associated with decontamination were up to date, accurate and practice specific and the WHTM 01-05 audit tool was being used regularly. These arrangements meant that staff had a clear understanding and were confident in their respective roles in the process.

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<sup>2</sup> An alloy of mercury with another metal, especially one used for dental fillings.

<sup>3</sup> A dental air compressor pressurizes atmospheric air for use in procedures.

<sup>4</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

We did, however, find that in a number of cases, there were elements of the decontamination process which needed to be improved. Some of the issues we found included:

- Confusion about what daily checks needed to be done and recorded for autoclave cycles; these checks are intended to ensure that the equipment is working and sterilising instruments as effectively as possible.
- Pre-sterilisation cleaning of instruments was not always conducted as described in WHTM 01-05, for example two dedicated sinks/bowls were not always available.
- Dedicated hand washing facilities were not always available in decontamination rooms.
- Instruments were not always stored and transported between surgeries and the decontamination room appropriately.
- Infection control audits were not always being done or conducted regularly.
- Some instances of instruments not being used within specified time of processing.
- Some issues with the layout of decontamination rooms/areas to ensure that clean to dirty workflow is maintained carefully.

The issues listed above were identified in less than 10% of the practices we visited which is less than previous year. This shows that good progress is being made across dentistry in Wales to ensure the decontamination of instruments is being done to the recognised standard.

## **Arrangements for safe use of radiography (x-rays) in dental practices**

In keeping with our findings in other areas this year, the number of issues identified under this heading has reduced, but the areas for improvement remain the same. In the majority of cases practices had good arrangements in place for the safe use of radiography equipment and to ensure the highest possible image quality, whilst around 15% of the practices inspected needed to review and make improvements in a number of areas. Where practices were good, we found that they had well organised radiation protection files, evidence of up to date training for all relevant staff and suitable practical arrangements to ensure that each x-ray was taken as safely as possible. Whilst the majority of patient dental records showed evidence of the justification for taking the x-ray and a note of the findings, in around 20% of the practices inspected we found instances of where radiographs had not been justified.

Aside from justification, the other recurring issues we found were:

- Maintenance certificates for the x-ray equipment were in need of renewal.
- Insufficient training in Ionising Radiation or a lack of evidence available at inspection to demonstrate that staff had received the necessary training.
- In some practices we found they had not completed any image quality audits, or found that audits were only being completed ad hoc. We also found poor quality audits which identified issues but lacked follow up actions to resolve the problems identified. Image quality audits should be carried out regularly to ensure that x-ray quality is as good as possible for the most effective use of this as a diagnostic tool.
- Incomplete Radiation Protection Files.

## **Emergency arrangements, emergency equipment and medication**

All practices had some form of emergency kit and policy to support staff in the event of a patient collapse. However, the quality of these arrangements varied hugely and across Wales this was one area we frequently identified as a concern, making 42 separate recommendations for improvement.

The issues we found included:

- Incomplete emergency/resuscitation kits (equipment and medication) – 15 occasions.
- Kits which contained out of date equipment or medication – 7 occasions.
- No system in place to regularly check and replace expired emergency drugs and syringes/needles – 17 occasions.
- Emergency drugs were not always stored securely – 10 occasions.
- No nominated and/or trained first aider amongst staff members – 8 occasions.
- Cardiopulmonary resuscitation training (CPR training) which was not up to date for all members of the team – 15 occasions.

We have consistently identified non-compliance in these areas over the last four years which is very disappointing. These issues persist in both private only and mixed NHS/private practices therefore we would ask that health board dental teams take meaningful action to ensure that the dental practices they contract with, are meeting their responsibilities in this area.

## **Safe Care**

We checked what arrangements practices had in place to safeguard vulnerable children and adults. It is pleasing to note that we have seen a significant reduction in the number of times we identified that improvements to safeguarding policies were needed. Only two practices received recommendations in this area, both needing to include the contact details for the local authority safeguarding team in their safeguarding policy.

However, the need to ensure all staff are trained to the correct level still persists, with over 30% of practices not able to evidence that all staff members had received appropriate safeguarding training. We also identified, in over a quarter of our inspections, that criminal record checks (DBS checks) needed to be done or renewed.

It is important that individuals within dental teams understand the importance of safeguarding arrangements and have an awareness of what they need to do if they identify any safeguarding issues relating to patients. In addition to this, having valid DBS checks in place for relevant staff indicates that practices are using this as an important mechanism for ensuring staff suitability to work with vulnerable, or potentially vulnerable adults and children.



## Effective Care

We looked at patient records to see whether the treatment and advice given was easy to identify from what had been documented. We found many examples of good documentation; notes which were clear and easy to follow with sufficient detail and the relevant justifications to evidence why patients had been given the treatment they had received.

However, we made recommendations for improvement in relation to patient records in over half the practices we visited making over 150 recommendations in total. The most commonly identified matters requiring improvement were:

- Insufficient evidence to demonstrate that initial medical histories have been checked by a dentist prior to treatment commencing, and updated at each subsequent visit.
- Patients' social history including smoking, alcohol consumption and oral hygiene needed to be consistently recorded.
- The outcomes of BPE (Basic Periodontal Examination) checks were not always recorded in accordance with recommended guidelines.
- Soft tissue examinations were not always recorded including an explanation of cancer screening.
- Insufficient evidence of treatment planning and discussions of the treatment options with patients.
- A need to record patient consent accurately.
- Radiograph justification and findings to be recorded at all times (mentioned previously in this report).

## Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how dental practices review and monitor their own performance against the Private Dentistry (Wales) Regulations, the Health and Care Standards, the Ionising Radiation (Medical Exposures) Regulations and other relevant professional guidance.

Overall we found strong staff teams that were focussed on providing a positive patient experience. Practices were led by either senior dentists or practice managers, many of whom were extremely experienced. We frequently commented that lines of accountability were clear and staff working at practices felt they would be listened to if they needed to raise any concerns.

Improvements in this area centred upon the need to maintain comprehensive staff records and ensure there were mechanisms for involving the whole dental team in discussion about service improvement.

## Governance, leadership and accountability

Practices we inspected were usually owned by the dentists working in them, or by corporate providers with practice managers employed to oversee day to day management.

We provided feedback at the end of each inspection visit and always tried to ensure that key management staff were available to listen to our immediate findings. Overall, our feedback was received very well by practices with issues we had identified often resolved on the day of the inspection. Where that wasn't possible practice owners and managers provided HIW with written assurance, in the form of an improvement plan, for when action would be taken to address our recommendations. This was, in the main, done in a timely fashion but there were some instances where we needed to remind practices of their obligations.

We found that overall, practices had all necessary policies and procedures in place to help guide their practice, with a much smaller number of recommendations made, compared to previous years, for updates and review. One issue that we do comment on regularly is the need to put arrangements in place to evidence that staff have read and understood all the policies that guide their daily work.

During our inspections, we checked to see whether a variety of important staff information was being held and kept up to date by dental practices. This included information on staff recruitment, checks to ensure staff suitability (DBS checks), Hepatitis B immunisation status, professional registration and indemnity certificates. We also looked at training and continuing professional development (CPD) records.

In the vast majority of inspections, this area was managed well with fewer recommendations made. However, the issues that remain mirror our findings in previous years, which is again disappointing.

The issues we found included:

- Incomplete Hepatitis B records for relevant staff. Clinical staff undertaking exposure prone procedures are at greater risk of infection and therefore receive this vaccine. It is important that dental practices are able to demonstrate that they have ensured staff and patient safety in this respect.
- No overall training records kept. This meant that whilst individuals may hold up to date training certificates, it was often impossible for practices to identify gaps in their dental team's knowledge.
- We found instances in over a quarter of practices inspected where DBS checks had not been undertaken for all members of the dental team.
- Often, staff appraisals were not being undertaken annually and sometimes were not being carried out at all.

## Staff and resources

We found many practices where the staff teams had worked together for a number of years and had a very positive approach to team working and to the provision of good quality patient care. The majority of practices we inspected were able to demonstrate that the dental team met regularly to discuss developing and improving the service.

Overwhelmingly, staff we spoke to indicated that they felt well supported and would be listened to if they felt the need to raise concerns or suggest improvements.

Staff appraisals, when completed, appeared to be well received by staff. These are also a way in which staff can be supported and any problems related to their knowledge or employment can be identified at an early point and dealt with accordingly.

One final area where we have made a significant number of recommendations for improvement is around peer review of clinical staff. We found that in over a quarter of the practices inspected, there were no arrangements in place for peer review. This is an important aspect of quality assurance and where it was working well benefitted both the practice and patients. We would strongly recommend that all dental practitioners and dental care professionals ensure there are arrangements in place for peer review to provide an opportunity for learning and improvement.

## 5. Conclusions

2017-18 was the fourth year of HIW's programme to inspect all dental practices in Wales. This year we have seen dental practices show greater appreciation and understanding of our role in the overall assurance framework, and engage more fully with the inspection process. The defensiveness that existed in previous years has diminished considerably but not yet completely.

Our overall findings from the year were positive; patient experience and satisfaction was high according to the patients who spoke to us and responded to our questionnaires. We saw dental staff teams at work who were positive and committed to their work and enjoyed working with patients.

We have made fewer recommendations this year, and more practices have received inspection reports that did not require any recommendations for improvement. This is a positive trend that we hope continues.

Management and leadership were generally strong areas but practices would still benefit from adopting an approach of looking at team training needs, rather than relying on individual records to inform requirements.

The summary section of this report provides our findings on where we identified issues that presented an immediate risk to patient safety. In terms of the number of practices where we needed to use our immediate assurance process, this happened in 13 of the 98 inspections. This is a slight increase on 2016-17 but is around a 50% reduction, when compared to the number issued during the first two years of the inspection programme. Again this demonstrates the significant progress made since the early part of HIW's inspection programme.

We have made a number of overarching recommendations for improvement which can be found in Appendix A of this report. All individual dental practices, corporate bodies and health boards should take note of these and undertake activities to assure themselves that these issues are not replicated elsewhere within their services. We would ask that particular note is paid to the recurring themes and those issues that pose an immediate risk to patient safety.

## 6. What next?

- HIW will continue with its programme of dental practice inspections across Wales.
- HIW will continue to seek feedback from each dental practice following an inspection visit, making changes in response to this feedback as appropriate.
- All dental practices providing private dental services will need to register with HIW under the new Private Dentistry (Wales) Regulations 2017. These came into force on 1 April 2017 requiring practice based rather than individual dentist registration. For the first time this will include registering and inspecting Dental Care Professional private direct access practices.
- HIW will continue to engage with stakeholders, in particular our own dental stakeholder reference group, to discuss our work and to take account of feedback and challenge from the dental sector.
- HIW will continue to influence/inform policy through our findings by working closely and effectively with Welsh Government colleagues.
- HIW will continue to develop in house expertise and develop the inspection expertise of our clinical dental peer reviewers.

## Appendix A – Recommendations

As a result of the findings from our 106 inspections in 2017-18, we have made the following overarching recommendations which all services should consider as part of providing a safe and effective service. These recommendations remain largely unchanged from our last annual report and we would hope that this is not the case next year.

Recommendations	Regulation/Standard
<b>Patient Experience</b>	
Practices must ensure that patient feedback is being sought proactively and be able to demonstrate that it is used to improve the service provided.	Regulation 14 (2) Health and Care Standard 6.3
<b>Delivery of Safe and Effective Care</b>	
Practices must ensure that records of maintenance and testing for large dental equipment are kept up to date and made easily accessible to relevant staff.	Regulation 14 (3) (b) Health and Care Standard 2.9
Practices must ensure that surgeries and other clinical rooms are maintained to the highest standard (in accordance with WHTM 01-05 guidance) so that contamination and cross infection risks are reduced as far as possible.	Regulation 14 (1) (d) Health and Care Standard 2.4
Practices must ensure they have a thorough understanding of WHTM 01-05 so that overall compliance with the decontamination process is improved. Particular care should be taken to adhere to the regular checks needed to sterilisation equipment.	Regulation 14 (3) (b) Health and Care Standards 2.4 and 2.9
All practices in Wales should undertake infection control audits which check their alignment and compliance with WHTM 01-05 Welsh decontamination guidelines.	Regulation 14 (1) (b) Health and Care Standard 2.4
Practices must ensure that they maintain complete, in date emergency kits and have appropriate systems in place to ensure the kits are always safe, complete and ready to use.	Regulation 14 (2) Health and Care Standard 5.1
Patient records need to be improved so that in all practices they consistently contain all required information and provide a reliable record of the care, treatment and discussion with a patient.	Regulation 14 (1) b) Health and Care Standard 3.5

Recommendations	Regulation/Standard
<b>Quality of Management and Leadership</b>	
Practices should ensure that the recommended staff records relating to recruitment, employment and training are up to date, well organised and held centrally.	Regulation 13 (3) (c) Schedule 2 Regulation 14 (2) Health and Care Standard 7.1
Practices should ensure that activities such as peer review and clinical audit are undertaken regularly to underpin service development and improvement.	Regulation 14 (2) Health and Care Standard 3.3