

## **General Dental Practice Inspection (Announced)**

Flint Dental Centre, 110 Church  
Street, Flint

Betsi Cadwaladr University Health  
Board

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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 healthcare**

## **Our values**

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

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **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. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Flint Dental Centre at 110 Church Street, Flint, CH6 5AF, within Betsi Cadwaladr University Health Board on the 3 June 2019.

Our team, for the inspection comprised of two HIW inspectors including one lead, and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care which was patient focussed.

The feedback we received confirmed that patients were very happy with the service they received. The environment was very pleasant, clean and tidy and all staff were found to be friendly, professional and very committed to providing a quality service.

The practice was well managed however we identified that communication and planning within the staff team could be improved with the establishment of regular and formal staff meetings.

Infection control procedures were in place and aligned to the relevant guidance and audit tools.

This is what we found the service did well:

- Patients were provided with enough information and guidance regarding their treatment and evidence was seen that patients were very satisfied with the treatment and services they received
- The staff were found to be knowledgeable and very caring
- The surgery was well equipped, visibly clean, tidy and well organised
- Infection control procedures were of a very high standard
- Regular huddles (informal team meetings) were held
- Infection prevention processes were very well organised
- Compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) was found to be of an excellent standard
- Policies and procedures were found to be of a very good. This is what we recommend the service could improve:

- Accessibility to language translation services and the provision of more bilingual information for patients
- Risk assessments needed to be reviewed to ensure they are comprehensive, practice specific and consistent with professional guidelines
- Establish formal monthly staff meetings to discuss incidents, concerns, policy updates and share learning
- Improve security arrangements at the rear of the practice
- the logging and auditing of fire drill activity .
- ensure patient records are maintained in accordance with current guidance and professional standards for record keeping
- Establish a complaints log to record and monitor the outcome and completion of complaints and incidents.
- Implement a realistic audit programme and allocate responsibility for it's oversight to an appropriate member of staff

### 3. What we found

#### **Background of the service**

Flint Dental Centre provides services to patients in the area of Flint. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes one Dentist, three Dental Nurses, one Practice Manager, who is also a Dental Nurse and one Receptionist.

The practice provides a range of NHS general dental services.

## 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.*

Overall, we found evidence that Flint Dental Centre provides safe and effective care to their patients in a very pleasant environment with very friendly, professional and committed staff.

Patient feedback was positive, and all of the patients who completed a questionnaire said the service was 'excellent' or 'very good'.

During our inspection, we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 40 completed questionnaires. The majority of the completed questionnaires were from patients who had been at the practice more than two years.

Overall, patient feedback was positive; all of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'.

Some of the comments provided by patients on the questionnaires included:

*"Staff are always happy, approachable and eager to help. I've always been able to set up an appointment speedily and the dentist always makes me feel relaxed. I always leave smiling"*

*"Very helpful, professional dentist. Explained every step of the way"*

*"Very clean and staff are always polite and very professional always putting patients at ease"*

Patients were asked on the questionnaires how the dental practice could improve the service it provides, patient comments included:

*"Everything is excellent, free Wi-Fi would be nice"*

*"Would be nice to be able to book online or change appointments"*

## Staying healthy

### Health promotion protection and improvement

There was ample, dedicated dental health promotion information available in the entrance hallway, reception and waiting area, which meant patients had access to information that could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice and oral health. However, some of the health promotion posters in the entrance hallway were displayed very high up making them difficult to view.

All but one of the patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy. We noted that information on prices was available to view in the waiting area which meant patients had access to information on how much their treatment may cost.

A sign displaying 'No Smoking' was displayed by the main entrance which confirmed the emphasis being placed on compliance with smoke free premises legislation<sup>1</sup>.

#### Improvement needed

The practice should consider lowering some of the health promotion posters in the entrance hallway to ensure patients are able to view these.

## Dignified care

Without exception, all of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff advised us that, if there was a need to hold a private conversation with a patient, they would offer to take them into a separate room where this could take

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<sup>1</sup> The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

place. However, this arrangement was not clearly highlighted to patients. We recommended that a poster be displayed in the reception and waiting room to advise patients that this was available.

We noted that the nine Principles, as set out by the General Dental Council (GDC),<sup>2</sup> were available to patients, upon request, in the reception area and were also on display in the waiting room and each of the dental surgeries. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

#### Improvement needed

Poster to be created to advise of options available to patients should they need to have a conversation in private.

#### Patient information

All of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. Where applicable, they also said that they had received clear information about available treatment options and patients said the cost was always made clear to them before they received any treatment.

General information about the practice was displayed throughout the reception and the waiting areas. The practice had a patient information leaflet which was reviewed annually and available in the reception area. The leaflet contained all the information required by the regulations. However, it was not available in Welsh, although the Practice Manager advised us that she and the staff are aware of the Health Board Translation Line if the service was required. There was also no option for information to be made available in braille if required. However, there was a hearing loop present in reception which was working.

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<sup>2</sup> <https://standards.gdc-uk.org/>

### Improvement needed

Patient leaflet to be translated into Welsh and made readily available for patients.

Options for other forms of communication such as braille to be considered.

### Communicating effectively

All of the patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

The practice did not operate a bi-lingual service. Whilst some written information was available in Welsh, this was predominantly presented in English only. Given that the service operates in Wales, arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'<sup>3</sup>

### Improvement needed

Arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'

### Timely care

The majority of the patients who completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care, when the practice was closed, were displayed at the entrance to the practice.

All of the patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it.

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<sup>3</sup> An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a Dentist was running late they would advise the patient waiting of any delay and allow them to reschedule if necessary.

## Individual care

### Planning care to promote independence

We viewed a sample of patient records and, overall, we found that they were very detailed and of good quality. However, treatment options were not always recorded and consent to treatment was obtained on an ad hoc basis.

All patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

#### Improvement needed

To ensure consistent recording the clinical staff are encourage to always record treatment options and consent for treatment on patient records.

### People's rights

We noted that the practice had an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment. This also meant that the practice was able to deliver on its commitments under the Equality Act 2010.

Access to the practice is via a concrete step with a supporting handrail (a ramp is available if required). The clinical facilities are located on the first floor level. The ground floor level is fully accessible to patients with mobility difficulties via the back and front entrance and there is a doorbell for patients to request assistance by staff.

Wheelchair users are unable to access the surgery but where dental care is required, appropriate referral to the Community Dental Services within Betsi Cadwaladr University Health Board is arranged.

It was established from the patient questionnaires that 'Staff are always happy approachable and eager to help'. One patient shared:-

*"I've always been able to set up an appointment speedily and the dentist always makes me feel relaxed. I always leave smiling"*

## Listening and learning from feedback

We saw that the practice had a written complaints policy in place which was compliant with NHS Putting Things Right<sup>4</sup>. We were satisfied that the practice was implementing this policy appropriately.

The procedures for making a complaint, or how to raise a concern, were clearly on display in reception / waiting area. Details were also included within the patient information leaflet. The Putting Things Right poster was displayed and leaflets were also available from reception on request.

We saw evidence that the practice had systems in place to record, monitor and respond to any complaints received. At the point of inspection there had not been any formal complaints received prior to twelve months, but the practice did have a complaints log that was ready to use if necessary.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception area. We were advised that this had been taking place since 2008 but it was only the week before the inspection the practice had started dating the questionnaires. The practice advised that this change would assist in analysis, learning and feedback to patients. Previous feedback had been obtained via the Wales Denary comment cards in a comments box within the waiting room. However, we were advised that these are not completed by patients very often. We advised the practice to ensure feedback is shared with the practice team and display an analysis of any feedback received in the waiting area, demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery, which they agreed to do.

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<sup>4</sup>[http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166\\_Putting%20Things%20Right\\_a5%20leaflet\\_English\\_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf](http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf)

## Delivery of safe and effective care

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

We found the practice to be well run and meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

We found that patients were provided with safe and effective dental care.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the relevant guidance and audit tools. We also saw evidence that regular checks of equipment and decontamination processes were taking place.

Record keeping was of a good standard.

## Safe care

### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice.

The building appeared to be well maintained internally. During a tour of the building we saw that all areas were very clean, tidy and free from obvious hazards.

The stairs up to the dental surgery were very narrow and due to the curved aspect at the top of the stairs, the tread area was reduced. However, the practice advised that this had been assessed in 2008 by the Flintshire Local Health Board, who recommended hand rails be fitted on both sides of the stairs and anti-slip floor covering to be provided. We were advised that the assessment took place because there had been one incident where a patient had fallen down the stairs.

The assessment and recommendations made by the HSE had been addressed, but we recommended that another HSE assessment be arranged to ensure the risk of slip, trips and falls had been mitigated sufficiently.

During our time in the practice, we witnessed staff asking patients if they required assistance with the stairs, which was in line with the procedures they had in place.

There were no concerns expressed by patients over the cleanliness of the practice; all of the patients who completed a questionnaire felt that, in their opinion, the practice was very clean.

There were adequate toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly very clean.

All staff had received fire training. Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months. The Practice Manager was also the Fire Warden which worked well within the practice as she monitored risks daily.

Emergency exits were visible and a Health and Safety poster was displayed within the practice. Regular fire drills took place and were recorded, however these were recorded on a laminate poster which only recorded the last fire drills. This meant that there was no historic evidence of fire drills taking place.

We saw that there were a number of policies in place relating to the management of the premises, including a health and safety policy, and policies for using equipment. These were clearly presented in files with an organised index. From viewing each of the policies, it was noted that they were reviewed on a yearly basis and were signed by all staff to confirm that they had been read and understood.

Some risk assessments were readily available to review. However, we felt that the risk assessments were vague and did not give sufficient detail to ensure there were clear protocols for keeping staff and patients safe. We recommended that the practice reviews its risk assessments fully to ensure that they are comprehensive, practice specific and consistent with professional guidelines.

There was easy access available for patients via the rear of the practice. We were advised that the door is normally locked, but on this occasion it was seen to be unlocked. We advised that, in order to maintain safety of staff and patients, the security of this entrance was to be reviewed and risk assessed. We were also advised that there is an accessible door bell, so this would be taken into consideration during the risk assessment.

We saw that contracts were in place for the transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. During the course of the inspection, we noted that items such as teeth and gypsum models were being disposed of in correct containers.

Clinical waste was stored appropriately in a locked cupboard.

Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002<sup>5</sup>, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. The practice confirmed the use of mercury and there was both a COSHH assessment and mercury spillage kit available. All staff were aware of how to use this kit.

We saw that portable appliance testing (PAT) for small electrical items was up to date to help demonstrate they were safe to be used. We also saw that there were up to date certificates in place for the servicing of the gas boiler and electrical wiring to show that they were safe for use.

The practice had a resuscitation policy in place and we saw that all staff had received cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had one first aider who was fully trained; this was the dentist which meant she was always available when the practice was open.

Emergency drugs and resuscitation equipment were regularly checked, logged and all stock was in date.

#### Improvement needed

The practice should create a comprehensive fire log for audit trail purpose and to also keep a track on fire training dates

Risk assessments should be amended in line with the HEIW Risk Assessment training. Risk assessments should be carried out.

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<sup>5</sup> [http://www.hse.gov.uk/foi/internalops/ocs/200-299/273\\_20/](http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/)

The practice should request for the HSE to re-visit and assess the stairs to ensure that they meet with alterations previously recommended.

Risk assessment should be carried out on the rear entrance to the building to mitigate safety risks for patients and staff.

### Infection prevention and control

The practice had dedicated facilities within the unused surgery for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>6</sup>. The facility was very clean, organised, well equipped and uncluttered.

Arrangements for decontamination were found to be satisfactory. Staff demonstrated the decontamination process. We observed the following:

- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection
- Instrument storage containers were sturdy with secure lids.

We saw evidence that infection control audits took place on a six monthly basis, using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit.

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<sup>6</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.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave<sup>7</sup> and we saw evidence that start and end of the day safety checks were taking place.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

### **Medicines management**

The practice had procedures in place showing how to respond to patient medical emergencies.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

### **Safeguarding children and adults at risk**

We found that the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There were safeguarding policies in place to protect children and vulnerable adults. The policies contained the contact details for the local safeguarding team along with

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<sup>7</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam

detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. The practice had identified a member of staff as the nominated safeguarding lead who was the dentist/owner and they took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and guidance to staff on safeguarding issues.

The practice manager described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and undertaking Disclosure and Barring Service<sup>8</sup> (DBS) checks on staff appropriate to the work they undertake. We confirmed that all staff working at the practice had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council. There was a policy in place which clearly states the need for a DBS check and obtaining two references for new employees.

### **Medical devices, equipment and diagnostic systems**

We inspected the clinical facilities and found that the surgery contained relevant equipment for the safety of patients. The surgery was well organised, very clean and tidy.

All radiological equipment was maintained and in good working order. We saw evidence that the practice had completed extensive radiographic audits on a quarterly basis which were of an excellent standard.

In accordance with the requirements of the General Dental Council<sup>9</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>10</sup> we saw evidence that all clinical staff had completed the required training.

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<sup>8</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

<sup>9</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>10</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. Sharps bins were available and easy to access, as were clinical waste bins.

## Effective care

### Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that relevant audits had been completed and or arranged by the practice such as hand hygiene, cross infection, waste, clinical notes and X-ray quality. We were also informed that plans were in place to complete audits on patients' feedback once this had been established fully.

We were verbally assured that guidance and safety notices were reviewed and actioned within the practice but there was no formal assurance that this was taking place such as evidence of discussion in team meetings.

#### Improvement needed

Practice to introduce a monthly team meeting which has a set agenda and minutes are to be taken.

### Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff has been undertaken which contributes to the quality and safety of the care provided to patients.

We were also told that the practice was actively using practice development tools such as the Deanery Maturity Matrix<sup>11</sup> and the British Dental Association (BDA) Good Practice Guide<sup>12</sup>. This was also confirmed in the practice documentation we reviewed.

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<sup>11</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

<sup>12</sup> <https://www.bda.org/goodpractice>

## Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, paper copies of files were stored safely and locked away in filing cabinet when not in use. We noted that a data protection policy was in place to guide staff about what was required of them.

## Record keeping

A sample of patient records were reviewed for the dentist. We found that, overall, there was evidence of good practice in keeping clinical records demonstrating that care, in most cases, is being planned and delivered to ensure patients' safety and wellbeing. However, we did identify the following areas that could be improved:

- Informed Consent should always be obtained and documented
- Discussion of risks, options and benefits should always be documented
- When children are seen, records should always document who is present with the patient, i.e, Mother or Father
- Up-to-date X-ray guidance should be reviewed
- X-ray audit should be carried out by a member of the nursing team to ensure independent review
- Periodontal disease screening for smokers guidelines should be revisited.
- The dentist should review documentation guidelines to ensure practice in line with guidance - medical history / oral hygiene / diet not always recorded
- Antibiotic prescribing guidelines should be reviewed

### Improvement needed

The registered provider must ensure that patient records are maintained in keeping with current guidance and professional standards for record keeping.

## 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 services review and monitor their own performance against the Health and Care Standards.*

The registered manager and lead dentist was responsible for the day to day management of the practice and we found evidence of a positive, supportive attitude with staff.

The staff appeared very happy in their roles and were competent in carrying out their duties and responsibilities. Staff said they felt supported and worked well together.

We saw that staff had completed training in a number of areas which helped to ensure they had up-to-date skills and knowledge to assist them with their work.

We saw that the practice had a range of policies and procedures in place to support staff in delivering safe and effective care.

## Governance, leadership and accountability

The dental practice is owned and run solely by the Responsible Individual<sup>13</sup>, who is also the principal dentist.

We found that staff were very clear and knowledgeable about their roles and responsibilities. All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures.

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<sup>13</sup> “responsible individual” means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice;

We saw evidence showing staff had signed various key policies to confirm they had been read and understood. All policies and procedures contained a review date and all highlighted the practice name appropriately.

We saw evidence that all clinical staff, were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place.

The practice's public liability insurance certificate was displayed in the reception area.

The day to day management of the practice is the responsibility of the Practice Manager who was efficient and competent in her role. Since most of the staff had worked together for many years, there was a very good rapport amongst them.

## **Staff and resources**

### **Workforce**

All staff had a contract of employment that was retained on staff files. We also saw that the practice had an induction programme in place, which covered training and relevant policies and procedures.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The Practice Manager advised that all staff were accountable for their own personnel matters such as Hep B immunisations, indemnity, registration and all relevant training. Although it was noted that this was excellent practice for the individual staff members, it was highlighted to the Practice Manager that they also have a responsibility as their employer to ensure these areas were maintained, that lapses were not evident and staff were appropriately adhering to the contracts they have in place. We recommended that the Practice Manager creates a log/register to monitor compliance with these matters.

Staff told us that the practice holds regular huddles (informal team meetings) but nothing was kept on file to evidence this. For any member of staff unable to attend the huddle, the member of staff would be updated upon their return.

Whilst we would see the daily "huddles" as good practice there was not evidence that the practice met as a team formally to consider matters affecting the whole practice. We would recommend that regular formal meetings are held to ensure that policy updates, safety notices, planning and learning from complaints /

patient feedback are discussed fully and communicated effectively to the whole practice team.

As previously mentioned in the report, we saw evidence that DBS clearance checks had been carried out for all staff at the practice.

As noted previously, the practice must ensure that they keep comprehensive records for all members of staff to ensure they are suitably qualified and competent to work with patients.

#### Improvement needed

Log to be considered to monitor training, GDC Registration and Hep B immunisations.

Practice to introduce a monthly team meeting.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Flint Dental Practice

**Date of inspection:** 3 June 2019

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified during this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Flint Dental Practice

**Date of inspection:** 3 June 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The practice should consider lowering some of the health promotion posters in the entrance hallway to ensure patients are able to view these.	1.1 Health promotion, protection and improvement	These will be lowered for ease of reference to patients	Rebecca Jubert	Completed.
Poster to be created to advise of options available to patients should they need to have a conversation in private.	4.1 Dignified Care	A poster will be created to inform patients of availability for confidential conversations in private if required.	Rebecca Jubert	Completed.
Patient leaflet to be translated into Welsh and made readily available for patients.	4.2 Patient Information	We will make arrangements for this to be translated.	Yvonne Hopkins	October - November 2019.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Options for other forms of communication such as braille to be considered.</p> <p>Arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'</p>		<p>Other forms of communication such as braille will be considered.</p> <p>Information will also be made available in Welsh.</p>	<p>Yvonne Hopkins</p> <p>Yvonne Hopkins and Rebecca Jubert</p>	<p>September - October 2019</p> <p>October - November 2019</p>
<p>To ensure consistent recording the clinical staff are encourage to always record treatment options and consent for treatment on patient records.</p>	<p>6.1 Planning Care to promote independence</p>	<p>The dentist will ensure treatment options and consent are recorded on patients records.</p>	<p>Yvonne Hopkins</p>	<p>Immediately</p>
<p>The practice must proactively learn from feedback and ensure that this is advertised on the notice board within the practice.</p>	<p>6.3 Listening and Learning from feedback</p>	<p>We will start logging feedback and arrange for the outcomes to be advertised on the noticeboard.</p>	<p>Rebecca Jubert</p>	<p>October - November 2019</p>
<p><b>Delivery of safe and effective care</b></p>				
<p>The practice should create a comprehensive fire log for audit trail purpose and to also keep a track on fire training dates</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>We will create a comprehensive fire log and fire training schedule.</p>	<p>Rebecca Jubert</p>	<p>October - November 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Risk assessments should be amended in line with the HEIW Risk Assessment training. Risk assessments should be carried out.</p> <p>The practice should request for the HSE to re-visit and assess the stairs to ensure that they meet with alterations previously recommended.</p> <p>Risk assessment should be carried out on the rear entrance to the building to mitigate safety risks for patients and staff.</p>		<p>Risk assessments will be amended and carried out in line with HEIW.</p> <p>We will arrange a new inspection.</p> <p>We will arrange a risk assessment on rear entrance</p>	<p>Yvonne Hopkins and Rebecca Jubert</p> <p>Yvonne Hopkins</p> <p>Yvonne Hopkins and Rebecca Jubert</p>	<p>October - November 2019</p> <p>By end of 2019.</p> <p>October - November 2019.</p>
<p>The registered provider must ensure that patient records are maintained in keeping with current guidance and professional standards for record keeping.</p>	3.5 Record keeping	<p>The dentist will ensure going forwards that the records are maintained in keeping with current guidance and professional standards. She will revisit any guidelines.</p>	Yvonne Hopkins	Immediately
<b>Quality of management and leadership</b>				
<p>Log to be considered to monitor training, GDC Registration and Hep B immunisations.</p>	7.1 Workforce	<p>Logs will be created for staff records</p>	Rebecca Jubert	<p>October - November 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
Practice to introduce a monthly team meeting.		We will introduce monthly team meetings with agendas and minutes.	Rebecca Jubert	Immediately.

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

### Service representative

**Name (print):** Dr Yvonne Hopkins

**Job role:** Dentist / Owner

**Date:** 18/07/2019