

General Dental Practice Inspection (Announced)

Wellwood Dentistry and
Aesthetics

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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 Wellwood Dentistry and Aesthetics at 5 Cornerswell Rd, Penarth, CF64 2UW on 03 June 2019.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, and other relevant legislation and guidance.

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 Wellwood Dentistry and Aesthetics was providing safe and effective patient centred care.

Feedback received from HIW questionnaires confirmed that the majority of patients rated the service provided at the practice as excellent or very good.

However, we found evidence that the practice was not fully compliant with the Private Dentistry (Wales) Regulations 2017 in some areas.

This is what we found the service did well:

- Staff were polite and professional to patients.
- Good oral hygiene information for both children and adults was available to patients within the waiting area.
- Suitable arrangements were in place to protect patients' privacy.
- Patient records were being maintained to an excellent standard.
- Effective infection control measures were in place and in line with best practice guidelines.
- The practice was committed to continuously improving patient care and outcomes.

This is what we recommend the service could improve:

- Issue regular patient questionnaires to monitor and assess the quality of the service it provides.
- Make copies of the patient information leaflet and statement of purpose available on their website.
- Install storage facilities for staff to securely store their personal possessions.
- Secure the external hazardous (clinical) waste bin to the wall to reduce the risk of unauthorised access.

We identified the service was not compliant with Regulations 22(4a) and 22(4b) of the Private Dentistry (Wales) Regulations 2017 regarding fitness of premises. Remedial actions to adequately protect employees and people visiting the practice in the event of a fire as identified in a recent fire risk assessment had not been undertaken.

These are serious matters and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

3. What we found

Background of the service

Wellwood Dentistry and Aesthetics provides services to patients in Penarth and surrounding areas.

The practice has a staff team which includes two dentists, one hygienist, one dedicated dental nurse, a reception manager and a practice manager. Both the reception manager and practice manager are also qualified dental nurses.

The practice provides a range of private general dental services and cosmetic treatments.

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.

We found Wellwood Dentistry and Aesthetics was committed to providing a positive experience for patients in a modern environment conducive to providing dental treatments.

All areas of the practice were based on the ground floor and accessible for everyone, including anyone with mobility difficulties.

Patients received focussed individualised care documented in patient records that were comprehensive, accurate and of excellent quality.

We found the practice could do more to capture patient feedback to monitor and assess the quality of the service it provides.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received six completed questionnaires.

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:

"Always an excellent service from all staff"

"Excellent, clean and friendly"

"Lovely staff and practice"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; all comments provided by patients were positive, complementary and no improvements were suggested.

Staying healthy

Health promotion protection and improvement

We saw that a wide range of written information on maintaining good oral hygiene for both children and adults was available to patients within the waiting area, including information on smoking cessation. All of the patients who completed a questionnaire confirmed that the dental team had also spoken to them about how to keep their mouth and teeth healthy.

Dignified care

The staff presented as a friendly team and we observed them speaking to patients in a respectful and professional manner. 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.

The practice had suitable arrangements in place to protect patients' privacy. Staff were able to have private conversations with patients within the dental surgery or other treatment room and we observed staff ensuring that the door to the dental surgery was closed when patients were receiving treatment. We saw that the practice had a confidentiality policy in place.

We noted that the set of 9 Principles¹ registered dental professionals must keep to at all times as set out by the General Dental Council (GDC) were not on display within the dental practice. The principles set out what patients can expect from a dental professional and we recommend that they are displayed in an area where it can be easily seen by patients.

Improvement needed

The practice to arrange for the 9 principles as set out by the GDC to be displayed in an area where it can be easily seen by patients.

¹ The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

Patient information

Patients who completed a questionnaire said that they had received clear information about available treatment options and that the cost was always made clear to them before they received any treatment. We saw that a price list for treatments was displayed in the waiting area.

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.

The practice had a patient information leaflet available in the reception area that contained the information required by the Private Dentistry (Wales) Regulations 2017.

The statement of purpose² provided to us on the day of the inspection mostly complied with the regulations; we noticed that the dental hygienist was not on the list of dental care professionals employed at the practice. The registered manager corrected this straight away.

The practice has a website that contains information about the private dental treatments that it provides and details of the practice team and opening hours. We recommend that a copy of the patient information leaflet and statement of purpose is made available on the practice's website in line with the regulations.

We saw that the practice's opening hours, together with the names and qualifications of all of the dentists were displayed on the front door of the practice.

Improvement needed

The practice to make a copy of the patient information leaflet and statement of purpose available to patients on their website.

² Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used.

Communicating effectively

The practice did not operate a bi-lingual service. However, every patient who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

We were told that any request for alternative versions of key documents by patients would be accommodated. During the inspection the registered manager arranged for a Welsh version of the patient information leaflet to be produced and displayed in the waiting area.

In the patient records we reviewed we saw evidence of written treatment plans that included notes of the costs and of treatment options discussed during appointments. This ensured that patients were provided with information to make informed choices about their treatment.

Timely care

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

We observed patients being treated in a timely manner during our inspection. The registered manager told us that patients are informed about any delays to their appointment times on arrival, or as soon as possible.

Patients that require emergency care during working hours are accommodated on the same day. Information about how patients can access treatment out of hours was displayed on the main entrance door and contained within the patient information leaflet. All 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.

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were comprehensive, accurate and of excellent quality, supporting the practice to deliver quality patient care. Appropriate risk assessments were documented and consent to treatment was obtained from each patient.

Patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment and we saw evidence to confirm that these were being recorded appropriately in patient records.

The treatments and services offered by the practice were in accordance with their statement of purpose.

People's rights

The practice did not have a car park, but there was ample parking available on the street nearby. The practice was accessible from the street for people with mobility difficulties. The reception, waiting area, toilets and dental surgery were all based on the ground floor and accessible to all.

We noted that the practice had an equality and diversity policy in place, which demonstrates a commitment to ensure that everyone has access to the same opportunities and to the same fair treatment.

Listening and learning from feedback

We saw that the practice had a written complaints policy in place. Information on the procedure for patients to raise a concern was contained within the patient information leaflet and also displayed for patients in the waiting area. However, we noticed that the procedure did not contain the contact details of HIW as required by the regulations. During the inspection the registered manager arranged for all copies of the complaints procedure displayed in the practice to be updated with the contact details for HIW.

Although the practice had not received any complaints since registering with HIW in October 2018, we saw that the practice had suitable systems in place ready to record and respond to any concerns or complaints they may receive in future.

We were told that patient feedback about the services and care received is obtained by encouraging patients to complete Facebook or Google reviews. Patient comments are monitored and discussed in team meetings.

Patient questionnaires had been developed by the practice but were not being issued to patients. We recommend that these questionnaires are used regularly by the practice to ensure the views of all patients are considered and that patients are informed of the results. We suggested that in addition, the practice may want to consider displaying any information about improvements that have been made in response to the patient feedback received.

Improvement needed

The practice to begin using patient questionnaires to regularly capture patient feedback about the services and care received and ensure that results are communicated to patients.

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 evidence that patients were being provided with safe and effective dental care.

Clinical facilities were in excellent condition, well equipped, and arrangements were in place for the safe use of X-ray equipment.

Effective infection control measures were in place and procedures for cleaning, sterilisation and storage of instruments were in line with best practice guidelines.

We found the practice could do more to protect the health, safety and welfare of staff and patients and ensure compliance with relevant regulations and standards.

We identified some improvements that could be made to the safeguarding arrangements in place at the practice.

Safe care

Managing risk and promoting health and safety

During the inspection we looked at the arrangements in place to protect the safety and well-being of staff working at, and people visiting, the practice. The building appeared very well maintained internally and externally. The reception and waiting area was welcoming and bright and we saw that all areas of the practice were very clean, tidy and free from obvious hazards.

There were no concerns given by patients over the cleanliness of the dental practice; every patient that completed a questionnaire felt that, in their opinion, the dental practice was very clean. Suitable toilet facilities were available for use by staff and patients and were clearly signposted.

All staff had received fire training. Fire safety equipment was available however we found that it had not been serviced within the last 12 months. Upon review of a fire risk assessment undertaken in October 2018, we noticed that the practice

had not undertaken remedial actions as required to adequately protect employees and people visiting the practice in the event of a fire.

Our concerns regarding these issues with fire safety were dealt with under our immediate non compliance process; details of the immediate improvements we identified are provide in Appendix B.

During our tour of the practice we did not see a 'No Smoking' sign to remind staff and patients of the smoke free premises legislation³. We discussed this with the registered manager and they immediately arranged for a 'No Smoking' notice to be added to the electronic slide show presentation on display to patients in the waiting room. We recommend that a permanent sign is also displayed in an area where it will be easily seen by everyone visiting the practice.

A Health and Safety poster telling staff what they need to do to ensure their health and safety in the workplace was displayed within the practice.

We saw that a resuscitation policy was in place and that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training. The practice had three appropriately trained appointed first aiders.

We were told that staff were able to change in the staff room which had a lockable door to protect their privacy and dignity. However, facilities for staff to securely store their personal possessions as required by the regulations were not available.

Improvement needed

The practice must arrange for a permanent 'No Smoking' sign to be displayed within the practice in an area where it will be easily seen by staff and patients.

The practice must install storage facilities for staff to securely store their personal possessions.

Infection prevention and control

³ 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.

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁴. The decontamination room was small but visibly very clean and tidy and we saw evidence that effective infection prevention and control measures were in place. We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

We saw evidence that the log books for checking the start and end of day checks of the sterilisation equipment were maintained and there was an infection control policy in place. Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

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.

We saw evidence that an infection control audit had been recently undertaken using a recognised audit tool 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.

The practice had appropriate arrangements in place to deal with any sharps injuries, including the use of re-sheathing⁵ devices.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored in a lockable bin outside of the practice; we recommend that the bin is secured to the wall due to it being located in an area accessible to the general public.

⁴ 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

⁵ Re-sheathing involves the manual replacing of the protective sheath over the tip and shaft of a needle after use, and is a technique well known to have been associated with needlestick injuries in the past

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 this blood borne virus.

Improvement needed

The practice must secure the external hazardous (clinical) waste bin to the wall to reduce the risk of unauthorised access.

Medicines management

The practice held appropriate emergency drugs and emergency resuscitation equipment, as recommended within the UK Resuscitation Council guidance⁶. All items were stored appropriately and easily accessible for use in an emergency situation for example, patient collapse. We saw evidence that an effective system was in place to ensure the drugs and equipment were being checked on a regular basis to ensure they remained in date and safe to use.

The practice had a policy in place for managing medical emergencies that was based on current national guidelines for resuscitation, and included the procedure for how to contact emergency services.

Staff were aware of the practice procedure to report any adverse reactions with medicines or medical devices via the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card Scheme⁷.

We also noted that prescription pads were kept securely.

Safeguarding children and adults at risk

The practice had a safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. We noticed that the policy did not contain the contact

⁶ <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

⁷ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

details for relevant local child protection agencies and the registered manager ensured that these were added to the policy straight away.

We saw that all staff had up to date training in adult and child safeguarding. However, staff were unaware of the All Wales Child Protection Procedures 2008, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales. During the inspection the reception manager arranged for a copy of the procedures to be sent to the practice, and we recommend that all staff familiarise themselves with the content.

The practice had a member of staff who was the nominated safeguarding lead who takes responsibility for ensuring that the safeguarding policy is adhered to and can provide some guidance on safeguarding issues.

Staff told us about the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included obtaining references from previous employers and undertaking Disclosure and Barring Service (DBS)⁸ checks.

Improvement needed

All staff at the practice to familiarise themselves with the national guidelines contained within the All Wales Child Protection Procedures 2008.

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the practice and found that the dental surgery was furnished to a very high standard and all dental equipment was in excellent condition.

Suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. We saw training certificates demonstrating that the dentists had up to date ionising radiation training and were meeting guidance set out by the

⁸ 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).

General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

We saw the local rules⁹ displayed by the X-ray equipment to identify the key working instructions to ensure that exposure to staff is restricted. The practice provided documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information, including a radiation policy.

We saw that image quality audits of X-rays had been completed as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made, if required.

Effective care

Safe and clinically effective care

It was evident that the practice was seeking to continuously improve patient care and outcomes. We were able to see that audits had been recently completed, including integrating smoking cessation into routine dental practice. The dental practitioners may wish to consider undertaking an antimicrobial prescribing audit to further quality assure the care and treatment being provided.

We saw that the practice had a policy on effective assessment, diagnosis and treatment of patients in line with the regulations. A policy on the arrangements for the acceptance of patients was not in place; however, we saw evidence that the practice had introduced an appropriate policy for this by the end of the inspection.

Quality improvement, research and innovation

The practice regularly undertakes a programme of internal audits to enable themselves to demonstrate best practice in providing dental care. Staff told us that peer reviews between the clinical teams take place, especially for clinical records. These activities have contributed to the quality and safety of the care

⁹ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

provided to patients, evidenced by the high standard of patient records we reviewed during the inspection.

The practice might wish to consider making use of the Welsh Deanery Maturity Matrix Dentistry practice development tool¹⁰, which encourages the dental practice team to focus on best practice and legislative requirements and on how they can identify further ways to work effectively together.

Information governance and communications technology

We found that the practice had an appropriate records management policy and system in place to ensure patient records are safely managed, including the protection of patient information in ways that comply with the General Data Protection Regulation (GDPR).

All electronic files were stored on a cloud based system and access to computer screens was secure and discreet. A data protection policy was in place to guide staff about what was required of them.

Record keeping

We noted earlier in the report that the practice was keeping excellent clinical records demonstrating that care was planned and delivered to a high standard, and helping to maintain patients' safety and dental wellbeing.

The records we reviewed were very clear, legible and contained all relevant information regarding discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. We noted that X-rays were timely and good quality. Justification for X-rays was clearly documented and where applicable, reasons for not taking X-rays were made clear in the notes.

¹⁰ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

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.

We found evidence of effective management procedures in place, including annual staff appraisals and regular staff meetings.

Staff worked well together and were committed to continually improving the care provided to patients. All staff had received the necessary training for their roles and responsibilities.

A wide range of policies and procedures were in place to ensure the safety of staff and patients, but we could not be assured that all staff had read and understood each policy.

Governance, leadership and accountability

Wellwood Dentistry and Aesthetics is jointly owned by the two dentists, one of whom is the nominated responsible individual¹¹. They are supported by a wider team of clinical and non-clinical staff, including a practice manager who is the registered manager¹².

We found the practice to have good leadership and clear lines of accountability. It was evident that the staff work well together, and this was evidenced by their

¹¹ A 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 (Private Dentistry (Wales) Regulations 2017)

¹² A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

interaction with patients and their co-operation and demeanour throughout the inspection process.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. The registered manager told us policies are regularly reviewed in line with the regulations and updates are communicated to the team; there was provision for each member of staff to sign and evidence that they had read and understood each policy, however we noticed that only two staff signatures were present on each policy. As a consequence, we could not be assured that all staff had seen each policy.

The registered manager confirmed that she was aware of her duties as registered manager regarding notifications of serious injury to patients or of absence or changes that must be sent to HIW under regulations 25-29 of the Private Dentistry Regulations.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We noted the practice's public liability insurance certificate and HIW registration certificates were displayed.

Improvement needed

All staff at the practice to comply with the process in place to sign and evidence their awareness and understanding of the content of each policy.

Staff and resources

Workforce

The practice had a number of human resources (HR) related policies in place. These included the recruitment [of new staff] policy, equality and diversity policy, and a comprehensive whistleblowing policy.

We saw evidence that staff appraisals take place on an annual basis which were documented, together with personal development plans.

We saw certificates for staff that evidenced they had attended a range of topics relevant to their roles and meeting the continuing professional development (CPD) requirements.

The practice holds regular team meetings for all staff. We saw minutes relating to these meetings that are signed by all staff to evidence that they have been read and understood.

Schedule 3 of the Private Dentistry (Wales) Regulations 2017 requires all staff managing or working at a private dental service in Wales to have a Disclosure and Barring Service (DBS) certificate issued within the previous three years. We saw evidence that these checks had been carried out for all but one member of staff, who was in the process of obtaining their certificate.

The practice must ensure that they keep comprehensive records for all members of staff to ensure they are suitably qualified and protected to work with patients.

Improvement needed

The practice to provide a copy of the outstanding Disclosure and Barring Service (DBS) certificate to HIW upon completion.

4. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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: Wellwood Dentistry and Aesthetics

Date of inspection: 03 June 2019

The table below includes any immediate non-compliance 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.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
The service must ensure that all fire extinguishers at the practice are serviced/maintained immediately, and are serviced/maintained annually thereafter.	The Private Dentistry (Wales) Regulations 2017	Fire Rite Fire Protection Specialists contracted to attend the practice on 12th June 2019 and annually thereafter to service and maintain fire extinguishers.	Fire expert	Maintenance/service to be complete on 12th June 2019.
The service must inform HIW of what actions it will take to sufficiently (as determined by a relevant fire safety expert) address the issue regarding safe departure via the rear fire exit door in the event of a fire as identified in the fire risk assessment undertaken in October 2018.	Regulations 22(4a) and 22(4b)	The front/main entrance is the only fire exit door, the rear exit to the building is not a fire exit, as discussed at the practice inspection. Fire exit signage has been removed and a report is being written by a fire safety		Signage to rear fire exit removed 10th June 2019. Written report to be complete by 13th June 2019.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
The service must take appropriate action on all other outstanding remedial actions identified in the fire risk assessment undertaken in October 2018.		expert to confirm that this meets the relevant regulations. Local fire and rescue have been notified that there are hazardous materials on site, and a sign has been constructed which is displayed outside the practice.		10th June 2019.

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): Anna Davies

Job role: Responsible Individual

Date: 11 June 2019

Appendix C – Improvement plan

Service: Wellwood Dentistry and Aesthetics

Date of inspection: 03 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/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice to arrange for the 9 Principles as set out by the GDC to be displayed in an area where it can be easily seen by patients.	Private Dentistry (Wales) Regulations 2017 Regulation 19	This has now been displayed in reception see attached evidence.	Rebekah Seymour	Actioned
The practice to make a copy of the patient information leaflet and statement of purpose available to patients on their website.	Private Dentistry (Wales) Regulations 2017	This has now been added to the practice website.	Rebekah Seymour	Actioned

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 5(2) & 6(2)			
The practice to begin using patient questionnaires to regularly capture patient feedback about the services and care received and ensure that results are communicated to patients.	Private Dentistry (Wales) Regulations 2017 Regulation 16(2c)	These have now been made available to patients, see evidence attached	Rebekah Seymour	Actioned
Delivery of safe and effective care				
The practice must arrange for a permanent 'No Smoking' sign to be displayed within the practice in an area where it will be easily seen by staff and patients.	The Smoke-free Premises etc. (Wales) Regulations 2007	We have added this information to the presentation in the reception area and placed for a sign in reception	Rebekah Seymour	Actioned
The practice must install storage facilities for staff to securely store their personal possessions.	Private Dentistry (Wales) Regulations 2017	Lockers for staff have been ordered	Rebekah Seymour	Actioned

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 22 (3b)			
The practice must secure the external hazardous (clinical) waste bin to the wall to reduce the risk of unauthorised access.	Health and Care Standards Standard 2.9	We have ensured the clinical waste bin is secured to the wall.	Rebekah Seymour	Actioned
All staff at the practice to familiarise themselves with the national guidelines contained within the All Wales Child Protection Procedures 2008.	Private Dentistry (Wales) Regulations 2017 Regulation 14(1a)	This has been downloaded for staff and files with our safeguarding policy	Rebekah Seymour	Actioned
Quality of management and leadership				
All staff at the practice to comply with the process in place to sign and evidence their awareness and understanding of the content of each policy.	Health and Care Standards Standard 7.1	All staff to sign all policies and procedures upon start of employment or as each policy and procedure is updated.	Rebekah Seymour	Actioned

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice to provide a copy of the outstanding Disclosure and Barring Service (DBS) certificate to HIW upon completion.	Private Dentistry (Wales) Regulations 2017 Regulation 18(3)	Rebekah's DBS provided in evidence. Osian's DBS is currently being processed, a copy of which will be forwarded to Huw Jones upon receipt.	Rebekah Seymour	Actioned

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): Rebekah Seymour

Job role: Registered Manager

Date: 16 July 2019