

# General Dental Practice Inspection (Announced)

Neat Teeth Orthodontics

Swansea Bay 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 Neat Teeth Orthodontics at Lamberts Road, SA1 Waterfront, Swansea, SA1 8EL within Swansea Bay University Health Board on 25 June 2019.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) 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 Neat Teeth Orthodontics provided safe and effective care. The practice had good levels of equipment and modern facilities that were well maintained. Patients of the practice were very satisfied with the care they receive and staff felt well supported. We identified some areas where the practice needs to strengthen governance arrangements.

This is what we found the service did well:

- A highly professional and modern practice
- Very high levels of patient satisfaction
- Well-equipped surgeries that were clean, tidy and well organised
- Arrangements for cross infection control
- Arrangements in place for the safe use of X-ray equipment
- Staff told us they were happy, felt well supported and took pride in their jobs.

This is what we recommend the service could improve:

- Clearly display the complaints process for private patients
- Record additional information in the patient notes, for example ongoing medical history
- Introduce additional audits, for example an audit of patient notes
- Further develop the existing policies and job descriptions
- Refine roles to show management responsibilities for team leaders.

There were no areas of non-compliance identified at this inspection.

## 3. What we found

### **Background of the service**

Neat Teeth Orthodontics provides orthodontic dental services to patients in Swansea and the surrounding areas. The practice forms part of orthodontic services provided within the area served by Swansea Bay University Health Board.

The practice has a staff team which includes six orthodontists, three therapists one of whom is also the practice manager, ten dental nurses, one trainee dental nurse and seven reception staff. Five of the reception staff are also trained dental nurses.

Neat Teeth Orthodontics is a mixed practice providing both private and NHS orthodontic 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 that Neat Teeth Orthodontics was committed to providing a positive experience for patients. The level of patient satisfaction evidenced by both the HIW questionnaire and the internal practice questionnaire was very high.

The practice had recently enhanced the facilities for patient privacy by creating a new dedicated room for confidential discussions. We saw that comprehensive systems were in place for responding to patient feedback and complaints, however, the practice must ensure that the complaints process for private patients is clearly displayed.

Prior to our inspection we asked the practice to distribute HIW questionnaires to patients to obtain views on the orthodontic services provided at the practice. We received 26 completed questionnaires. The majority had been completed by individuals who had had been a patient at the practice for at least one year.

Overall patient feedback was very positive; the majority of the patients who completed a questionnaire said that they would rate the service provided by the practice as excellent. Some of the comments provided by patients on the questionnaires included:

*"Fantastic communication and very welcoming. Top work carried out, what more can you ask for"*

*"Excellent care, very friendly staff. Made to feel part of the treatment and treated with dignity"*

*"Always found care and service is excellent"*

*"I cannot thank the staff enough for the service they have provided"*

Patients were asked on the questionnaire how the practice could improve the service it provides, however no improvements were identified.

## **Staying healthy**

### **Health promotion protection and improvement**

All but one of the patients who completed a questionnaire told us that the orthodontic team had spoken to them about how to keep their mouth and teeth healthy.

We saw that health promotion information was available in the main reception and clinical areas to promote the need for patients to take care of their own oral health and hygiene. The reception area included a wall display that showed the amount of sugar in common soft drinks and promoted drinking water for oral health.

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

The sample of patient records that we reviewed showed diet and oral hygiene was discussed with all of the patients.

## **Dignified care**

All of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

During our visit we observed staff on reception speaking to patients in a friendly, respectful and professional manner. The practice had a dedicated room in the back office to take incoming phone calls. This allows the reception staff to speak with patients without being disturbed and therefore contributed to the calm welcoming atmosphere that we experienced on the day of the inspection.

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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.

The practice had redesigned the waiting area to create a new room behind the main reception specifically for confidential discussions with patients. The newly furnished room was officially opened on the day of our inspection. We suggested it would be beneficial for patients if a sign was displayed in reception showing that a facility for confidential discussion was available.

The General Dental Council's (GDC) nine principles<sup>2</sup> were not displayed in the waiting area as per the guidance in the Private Dentistry (Wales) Regulations 2017.

We found that there were sufficient systems in place to ensure the security of patient information. Paper files were kept securely in a locked cabinet that was in a lockable room at the back of the practice.

#### Improvement needed

The practice must ensure the General Dental Council's (GDC) nine principles are made available for patients.

#### 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. They also 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.

The practice provides both private and NHS orthodontic treatments. Information on the fees for private orthodontic treatment was available on the reception desk that included finance options to spread the cost of payments over a defined

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<sup>2</sup> The GDC nine principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom. This means that the principles apply to all the dental team members and sets out what patients can expect from a dental professional.

timescale. Patients eligible for NHS orthodontic treatment were not expected to pay for their treatment.

We saw a copy of the information pack that is provided to all new private patients. It included a summary of the six orthodontists (education, training and areas of interest), and leaflets on the various orthodontic appliances that are available.

The Practice Information Leaflet was available to patients in reception and on the practice website. We were advised the leaflet is regularly updated when there are staff changes and it was in the process of being updated to reflect current staffing levels. The website included information on treatment times, types of braces and 'before and after' photographs for two case studies showing the results of orthodontic treatment.

### **Communicating effectively**

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

Staff told us that in the event a patient could not speak or understand English they could access a telephone translation service if required. We were advised the practice has only had to use this facility twice.

The information available in reception was mostly in English but we were advised Welsh translation could be printed off for some of the literature if requested by patients.

A hearing loop had been recently installed at the practice to assist patients with hearing aids. A sign showing this facility was clearly displayed on the reception desk.

The sample of patient records that we reviewed showed evidence of written treatment plans. This ensures that patients are provided with information to make informed choices about their treatment.

### **Timely care**

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

We found that the practice made efforts to ensure that patients were seen in a timely manner. We were advised that appointments rarely went over the allocated time but if there were any delays patients would be verbally updated by the

reception staff. We were also informed that the practice was in the early stages of considering installing an iPad in reception to give patients the option to book in electronically rather than going to the reception desk.

Just under a quarter of the patients who completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem. The out of hours mobile telephone number is left on the practice answerphone message and is included in the Patient Information Leaflet. We were advised as the practice provides orthodontic treatments rather than general dentistry, patients only ever call the number for advice rather than urgent treatment.

## **Individual care**

### **Planning care to promote independence**

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

We reviewed a sample of patient records and found that treatment options and the agreed treatment plan was discussed with patients and recorded in the notes.

The treatments and services offered by Neat Teeth were in accordance with the statement of purpose<sup>3</sup>.

### **People's rights**

We noted that the practice had a dedicated 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.

The practice was situated on the second floor of a purpose built premises with sufficient space for patients with mobility aids, wheelchairs or pushchairs. This included a spacious lift, wide doors and a toilet for patients with disabilities.

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<sup>3</sup> 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. For more information visit [hiw.org.uk](http://hiw.org.uk)

## Listening and learning from feedback

The practice had the NHS Putting Things Right<sup>4</sup> poster on display in reception to show the process for making a complaint for NHS patients. An information notice was displayed for private patient complaints that outlined key principles the practice would follow, for example 'we will demonstrate good customer service'. Information on the actual process for making a complaint was not displayed nor was information such as timescales and who to contact. We did however see the necessary information in the full complaints policy that named the head receptionist as the designated lead for all patient complaints.

Although the practice does not regularly receive complaints we saw evidence of a comprehensive complaints log that included the category of complaint (parking, waiting lists, clinician etc.), mode of complaint (verbal, phone, email or social media) and details of the concern along with action taken. We suggested it would be beneficial to include the date the complaint was resolved and were informed this is already something the practice has been considering.

We were advised that each patient is asked to complete a patient satisfaction questionnaire on completion of their treatment and the results are collated and analysed each month. The questionnaire contains ten questions that include 'how satisfied are you with your new smile' and 'standard of treatment received'. We viewed the results from 2018 and 2019 that showed very high levels of patient satisfaction across the ten key questions. The vast majority of patients were very satisfied some were satisfied and virtually no patients were unsatisfied. Patient feedback and video testimonials were available on the practice website.

We were advised the practice regularly reviews areas for improvement from the questionnaires and where possible makes changes. This has previously included making the car park patient only rather than patient and staff in response to concerns over the lack of parking. We suggested the practice may want to consider adding a suggestion box in the reception area as an additional way of capturing patient feedback.

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<sup>4</sup> Putting Things Right is the process for managing concerns in NHS Wales.

### Improvement needed

The practice should ensure information on the complaints process for private patients is clearly displayed in reception.

## 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 that Neat Teeth Orthodontics provided patients with safe and effective care.

The practice premises were modern and maintained to a high standard. There were comprehensive processes in place for fire safety that included daily checks that were well maintained for audit purposes.

A thorough process for cleaning and sterilising dental instruments was demonstrated and we saw good evidence of robust processes and staff knowledge of infection control.

A range of audits were already in place and we identified some additional audits the practice should introduce to maximise patient safety.

The patient records that we reviewed were of a good standard but we identified some areas where improvement can be made to ensure full information regarding each patient is evidenced.

### Safe care Managing risk and promoting health and safety

The practice was based on one level situated on the second floor of a purpose built building, and appeared to be well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards. The reception area was spacious and comfortable with modern furnishing in excellent condition. The practice had dedicated staff areas including a changing area with lockers for personal belongings, a toilet and a kitchen. We saw some minor cosmetic water damage to ceiling tiles that had resulted from a flood and were advised the practice had already scheduled the repair works.

There were nine orthodontic treatment 'pods' in a large open plan clinic and a private single patient surgery. We saw that patient stools in the treatment areas were on mobile castors and suggested the practice may want to consider

purchasing some fixed chairs for patients or relatives with mobility difficulties to reduce the risk of slipping on the stool.

There were no concerns given by patients over the cleanliness of the dental practice. Every patient who completed a questionnaire felt that, in their opinion, the dental practice was very clean or fairly clean.

We saw that fire safety equipment was available at various locations around the practice and had been serviced within the last 12 months. All staff had up to date fire safety training and the practice had a dedicated lead fire marshal who was supported by a deputy. The fire marshal completed a daily check for obstructions to fire exits and we saw the fire audit file that was well maintained and updated daily. We saw records of fire evacuation drills and weekly checks on fire alarms and emergency lighting. There were two fire exits at either end of the clinic and the staff we spoke to appeared knowledgeable about what to do in the event of a fire. The annual fire risk assessment was done as part of the overall environmental risk assessment and a service contract was in place for the annual maintenance of equipment and extinguishers.

A first aid kit was well maintained and kept in cupboard that was easily accessible. The staff records that we reviewed showed staff had undertaken up to date first aid training. A Health and Safety poster was displayed within the staff canteen room.

The staff records we reviewed showed all staff were up to date regarding their cardiopulmonary resuscitation (CPR) training. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>5</sup>.

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<sup>5</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

## Infection prevention and control

The practice had a designated room away from the clinical areas for the cleaning and sterilisation (decontamination) of dental instruments, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>6</sup>. The room was visibly clean and tidy. We reviewed the log books that were well maintained for autoclaves<sup>7</sup> and the washer-disinfector. We saw there was a clear daily maintenance programme that included a daily check list that was clearly visible in each surgery. The transporting of instruments between surgeries and the decontamination area was appropriate and was done via clearly labelled clean and dirty boxes. During our review of the decontamination room we saw the magnifying glass used for inspecting instruments was relatively small and suggested that the practice considers installing a larger wall mounted magnifying light for the inspection of instruments.

We saw that an infection control policy was in place and it had been signed by all staff to show they had read it. We also saw that hand hygiene posters were displayed across the practice and the environment was well maintained to allow for effective infection control. We spoke to the lead nurse responsible for infection control who demonstrated an excellent knowledge and leadership of this area in the practice that included routine infection control audits.

We saw that sharps bins were wall mounted and correctly labelled and the staff we spoke to were aware of the sharps protocol. We advised the practice that it would be beneficial to have a staff injuries poster on display and this was actioned on the day of the inspection.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was stored securely

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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

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

outside of the practice building whilst waiting to be collected by the contractor company.

The staff records that we reviewed showed that staff had received immunisation against Hepatitis B to protect themselves and patients against infection.

### **Medicines management**

The practice had a clear medical emergency plan in place that was reviewed annually. The staff we spoke with had a good knowledge on what to do in the event of a medical emergency. We saw records that showed staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency Medicines were stored in a lockable cupboard. All emergency drugs were present and within date. We saw log books that were maintained for recording the use and expiry date of emergency drugs. No prescription medicines were prescribed at the practice. We did not find where the practice records concerns about adverse reactions to drugs and suggested the practice considers adding an adverse reaction column to emergency drugs in the log book.

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

We found the practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults. A safeguarding policy was in place and the staff we spoke with were clear that the safeguarding lead of practice was the owner and principal orthodontist. The staff also advised they could take any safeguarding concerns to the practice manager and were confident they would be acted upon. The staff records that we reviewed showed staff had undertaken regular training on safeguarding children and adults at risk.

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

We saw that the treatment areas contained appropriate and high quality equipment that appeared safe and in good working order. Staff told us the practice has an induction process in place for new members of the clinical team to provide training on the equipment.

We concluded that the practice had effective arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was

available and up to date. We saw the local rules<sup>8</sup> displayed by the X-ray equipment to identify the key working instructions to ensure that exposure to staff is restricted.

We spoke to the radiation protection lead who demonstrated excellent knowledge and organisation of the radiation folder with comprehensive logs available and up to date training records. All radiographs were logged along with the justification.

We saw training certificates showing the relevant clinical staff were up to date with their ionising radiation training and were therefore meeting guidance set out by the General Dental Council<sup>9</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>10</sup>.

We saw that image quality audits of X-rays had been completed as part of the quality assurance monitoring. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made. The results of the audits showed nearly all had been audited as grade 1 (the best quality).

## **Effective care**

### **Safe and clinically effective care**

The statement of purpose was clearly displayed in the practice and staff that we spoke with had a good knowledge of the document and their associated responsibilities.

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<sup>8</sup> Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry. They are intended to identify the key working instructions to ensure that exposure to staff is restricted

<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 treatment was being provided in accordance with regulations in line with British Orthodontic Society<sup>11</sup> and guidelines in the General Dental Council.

The practice carried out a number of audits to monitor the quality and safety of the care and treatment provided to patients for example cross infection, radiographs and new patient outcomes. However, we did not see any evidence of audits for clinical records. We recommended the practice introduces this as a way of continually improving the quality of patient records. We also recommend the practice completes the Clinical Audit Peer Review Office (CAPRO) integrating smoking cessation audit.

#### Improvement needed

The practice should expand its audit programme to specifically include audits of clinical records and the CAPRO integrating smoking cessation audit.

#### Quality improvement, research and innovation

There was no evidence of any formal dentist peer reviews taking place in the practice. We suggested that the practice may want to consider introducing a process of peer reviews for orthodontists and dental nurses to support and enhance their skills.

The practice might wish to consider applying for the Welsh Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

The practice does not undertake any research so there was no policy or procedure in place for this.

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<sup>11</sup> British Orthodontic Society - <https://www.bos.org.uk/>

### Improvement needed

The practice should put a programme of peer reviews in place to support learning.

### Information governance and communications technology

The storage of patient information was appropriate to ensure the safety and security of personal data. There was a secure filing system for paper records where record cards are held for a minimum of eight years for private patients and 11 years for NHS patients. Electronic files such as digital photographs were stored securely and were backed up off site regularly.

The practice had a number of appropriate information governance policies and procedures in place that included a data protection and data security policy. This meant that staff had access to suitable guidance with regard to their day to day work.

### Record keeping

We reviewed a sample of patients' orthodontic records to assess the quality of record keeping. Overall the paper notes were sufficiently detailed and we considered them to be of a good quality although some of the handwriting was difficult to follow. We suggested the practice may want to consider introducing computerised notes to help ensure all notes are easy to read. We identified the following areas where improvements should be made:

- There were omissions for alcohol and smoking questions in the medical history
- The practice did not undertake and therefore record undertaking Basic Periodontal Examination<sup>12</sup> (BPE) for patients

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<sup>12</sup> A periodontal examination is a clinical examination of the periodontium (gums).

- Medical history was recorded at outset of treatment but was not updated during the course of treatment
- Although consent is obtained for each patient via an in-house consent to treatment form we found that the NHS consent form (FP17DCO) was lacking from the NHS records. When we raised this with the practice we were advised it would be implemented immediately.

#### Improvement needed

The practice should ensure dental records are updated to record the following:  
Alcohol and smoking in the medical history, medical history during a course of treatment and BPE exams.

## 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.*

There was strong evidence that there was a positive culture and working environment at Neat Teeth Orthodontics where staff feel very supported and happy in their roles.

We found that the Practice Manager is balancing a wide portfolio of both management and clinical responsibilities and identified the potential to formally define the management roles for team leaders.

We identified the need for the practice to add greater detail to the existing policies and job descriptions.

## Governance, leadership and accountability

The practice is owned by the principal orthodontist and is managed by a practice manager who is supported by a team of clinical and non-clinical staff. There are two designated team leaders in the dental nurse teams and a head receptionist. We were advised that five of the six reception staff are also qualified orthodontic nurses and this allows the practice to move staff in between roles to provide cover and negates the need for agency staff.

We found generally clear lines of accountability and staff told us they understood their roles and responsibilities. The staff that we spoke with told us they felt very well supported in their roles and were happy within the workplace. It was evident from our discussions that the staff took a great deal of pride in their work.

The practice manager was responsible for a wide portfolio of work that included staff management and clinical work as an orthodontic therapist. We found the practice manager had overall line management for the entire staff team. We were advised that the practice is already considering how it can further develop the roles of the team leaders. We recommended that the role of the team leaders is reviewed to include formal line management (including appraisals) for any direct

reports. This will provide additional support to the practice manager along with improved business resilience.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. We were advised the policies were reviewed annually and shared with staff who signed each policy to show they had read it. When we reviewed the policies we found there were some examples where staff signatures were missing and the policies did not have any version control or dates to show when the original policy was reviewed and any changes made. We recommended that the practice introduces a process to record version control for all policies and creates an overall log that all staff must complete on an annual basis to evidence they have read the policies.

We found that although the practice had a range of bespoke policies in place some of the policies were very brief in bullet point format. We recommended that the practice reviews and develops the existing policies to include greater detail and context. Similarly we saw that the job descriptions for staff were very succinct in bullet point format. We recommended that the practice develops the existing job descriptions to include greater detail in particular showing the specific responsibilities for team leader roles.

Staff felt that communication in the practice was good. We saw evidence that formal team meetings were held regularly and we were advised that informal meetings are held within the nursing teams to discuss clinical issues. The team meetings followed a comprehensive set agenda that included health and safety, accidents and risks, patient concerns and staff issues. All the staff we spoke to said they felt comfortable being able to raise issues during the team meetings. We were advised that if a member of staff did not attend a team meeting they would be provided with a copy of the meeting minutes and were required to sign a form to show they had read them. When we reviewed the records of minutes we found there were examples where not all staff members had signed to show they had seen the minutes and actions. We recommended that the practice ensures that all staff members who do not attend a staff meeting are required to formally sign the minutes.

Up to date Disclosure and Barring Service<sup>13</sup> (DBS) certificates were available for all of the orthodontists working at the practice and all clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had a current public liability insurance certificate on display in the reception.

### Improvement needed

The practice should complete the following to strengthen governance arrangements:

- Develop the existing policies to include greater detail and context
- Develop the job descriptions to include greater detail in particular showing the specific responsibilities for team leader roles
- Introduce a process to record version control for all policies and create an overall log that all staff must complete on an annual basis to evidence they have read the policies
- Ensure that all staff members who do not attend a staff meeting are required to formally sign the minutes.

## Staff and resources

### Workforce

The practice had a number of human resources (HR) related policies in place. These include the recruitment of staff policy, equal opportunities policy, and whistleblowing policy. We saw evidence of an induction process for new staff and were advised there is ongoing 'on the job' training to support new starters. We were also advised all new staff are given copies of the HR policies and procedures to read. The staff records that we checked contained necessary pre-

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<sup>13</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).

employment information that included a contract of employment, references and DBS checks.

The staff that we spoke with felt very supported in terms of ongoing Continuing Professional Development (CPD) and training. This view was reinforced by the sample of staff training records that we reviewed that showed certificates where staff had attended training on a variety of topics relevant to their role.

On the day of the inspection there were no records available for staff appraisals in the past 12 months. However we were advised the practice has moved away from formally recording appraisals and has been trialling alternative informal methods for appraising staff. In the past 12 months staff completed a self-assessment appraisal followed by an informal discussion with the practice manager. The staff we spoke to were very positive about this approach and all recalled having a discussion about their performance although it was not documented. We recommended that if the practice follows an informal approach to staff appraisals then a written record is maintained to show when the meeting took place to ensure all staff receive an appraisal once every 12 months.

#### Improvement needed

The practice should ensure there is a written record to show when staff appraisals are completed to ensure all staff receive an appraisal once every 12 months.

## 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:** Neat Teeth Orthodontics

**Date of inspection:** 25 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
No immediate non compliance issues were identified on 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:** Neat Teeth Orthodontics

**Date of inspection:** 25 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
<b>Quality of the patient experience</b>				
The practice must ensure the General Dental Council's (GDC) 9 principles are made available for patients.	Health and Care Standards 1.4 Dignified Care; PDR section 19	The GDC's 9 principles have been listed and are displayed in a stand on the main reception desk for public view	Claire Ebley	Completed
The practice should ensure information on the complaints process for private patients is clearly displayed in reception.	Health and Care Standards 6.2 Peoples rights; PDR section 21	The information on display has been amended in a more patient orientated fashion. We have listed all the available methods on how to raise a concern, provide a named contact, what happens next and timescales	Claire Ebley	Completed

## Delivery of safe and effective care

The practice should expand its audit programme to specifically include audits of clinical records and the CAPRO integrating smoking cessation audit.

Health and Care Standards 3.1  
Safe and Clinically Effective care; PDR section 16

As you have suggested, we aim to complete a clinical records audit in the coming months, we are in the process of setting our standards. We will then aim to rerun the audit on an annual basis. We are piloting digital clinical note keeping at the moment which will make the audit process easier in the future. We have already completed an audit on recording radiographs taken and subsequent reporting and have amended our systems in line with our findings. A smoking cessation audit was not something we planned to do as the vast majority of our patients are children. Our young adult and adult patients generally do not smoke as this is a contra-indication for orthodontic treatment. We do, however, discuss diet and lifestyle with all patients prior to treatment and provide leaflets on smoking cessation if required.

Claire Ebley

Within months

6

<p>The practice should put a programme of peer reviews in place to support learning.</p>	<p>Health and Care Standards 3.3 Quality Improvement Research and Innovation</p>	<p>All clinicians have agreed to have an informal peer review meeting every 3 months, this is in addition to our monthly staff meetings. DCPs will do the same. We are also looking in to MMD</p>	<p>Claire Ebley</p>	<p>Next months 3</p>
<p>The practice should ensure dental records are updated to record the following: Alcohol and smoking in the medical history, medical history during a course of treatment and BPE exams.</p>	<p>Health and Care Standards 3.5 Record keeping; PDR section 20</p>	<p>We aim to have alcohol intake and smoking tick boxes added onto our medical history sheets before the next print, we will note by hand until such time. We have also, in line with your recommendations, committed to do a BPE exam on all new patients</p>	<p>Claire Ebley</p>	<p>With immediate effect</p>
<p><b>Quality of management and leadership</b></p>				
<p>The practice should complete the following to strengthen governance arrangements:</p> <ul style="list-style-type: none"> <li>• Develop the existing policies to include greater detail and context</li> <li>• Develop the job descriptions to include greater detail in particular showing the specific responsibilities for team leader roles</li> </ul>	<p>Health and Care Standards Governance, Leadership and Accountability; PDR sections 8 and 17</p>	<p>We will look at each policy in turn over the coming months and amend as necessary.</p> <p>Our job descriptions have been amended to provide more detail, we have also developed the team leader role and have rewritten the job description</p>	<p>Claire Ebley</p>	<p>With immediate effect</p>

<ul style="list-style-type: none"> <li>• Introduce a process to record version control for all policies and create an overall log that all staff must complete on an annual basis to evidence they have read the policies</li> <li>• Ensure that all staff members who do not attend a staff meeting are required to formally sign the minutes.</li> </ul>		<p>We have introduced a log for staff to sign and all future amendment dates will be recorded and not overwritten</p> <p>All staff not in attendance at staff meetings will be emailed the minutes to read. This will be logged on the attendance sheets</p>		
<p>The practice should ensure there is a written record to show when staff appraisals are completed to ensure all staff receive an appraisal once every 12 months.</p>	<p>Health and Care Standards 7.1 Workforce; PDR section 17</p>	<p>We are currently updating our policy on staff appraisals that reflects a more modern fluid approach but all staff will have a more formal review on an annual basis, a copy of which will be signed and dated and stored in personnel files.</p>	<p>Claire Ebley</p>	<p>With immediate effect</p>

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): Claire Ebley**

**Job role: Practice Manager**

**Date: 01.08.2019**