

## **Dental Follow-up Inspection (announced)**

Sketty Road Dental, Swansea  
Bay University Health Board

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2019

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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 follow-up inspection of Sketty Road Dental, 17 Sketty Road, Swansea, SA2 0EU within Swansea Bay University Health Board on the 10 June 2019.

Our team, for the inspection comprised of two HIW Inspectors and one clinical peer reviewer. The inspection was led by a HIW inspection manager.

Further details about how we conduct follow-up inspections can be found in Section 5.

## 2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. The practice has taken significant action since its last inspection, and as a result HIW has determined that the practice is no longer a service of concern.

The practice must ensure that improvements continue to ensure the best possible care for patients is delivered.

This is what we found the service did well:

- The practice has addressed the majority of the issues identified at the last inspection to ensure the practice environment is fit for purpose
- The practice has appointed a practice manager to ensure the smooth and effective running of the practice.

This is what we recommend the service could improve:

- The practice must ensure that it undertakes a broad range of audits to ensure patient safety
- The practice must ensure that patient records are kept in line with regulations.

## 3. What we found

### Background of the service

HIW first inspected Sketty Road Dental on 15 October 2018. An unannounced follow up inspection was then completed on 20 November 2018 due to the nature of the concerns following the initial inspection.

The key areas for improvement we identified at the initial inspection included the following:

- Infection control and hygiene arrangements within the practice, including general hygiene and cleanliness inside and outside clinical areas
- Processes and procedures to demonstrate the safe use of equipment used to sterilise dental instruments
- Damage to the building including damp and erosion which impacted clinical areas
- The utilisation of using single use endodontic drill bits multiple times on patients
- Training for staff to ensure they had the appropriate skills and knowledge to provide safe and effective dental care.

The purpose of this inspection was to follow-up on the above improvements identified at the previous inspections. Other areas within the regulations were not considered during this visit.

## 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 did not consider any aspects of patient experience during the follow up inspection.

## 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 are satisfied that the practice has taken sufficient action to ensure that it was delivering safe and effective care.

The practice has taken considerable action in ensuring that the environment is fit for purpose, including damp proofing the walls and re-decorating the rear surgery.

The practice must ensure that it undertakes a broad range of audits, and that it continues to improve patient records.

### Safe care

#### Managing risk and promoting health and safety

#### What improvements we identified

Areas for improvement identified at last inspection included the following:

##### *Managing risk and promoting health and safety*

- The practice must put a risk management policy in place
- The practice must ensure that staff are suitable trained in fire safety as per the regulations
- The practice must ensure that all equipment is suitable for use and within their expiry dates.
- The practice must ensure that a deep clean is undertaken of the bathroom area.

#### What actions the service said they would take

The service committed to take the following actions in their improvement plan:

##### *Managing risk and promoting health and safety*

- Risk management policy has been written and is in a risk management folder
- A fire safety contract has been taken out with Chubb with immediate effect
- All current equipment and dental materials are now within expiry dates
- Bathroom area is cleaned daily and a deep clean is performed twice a week by an outside contracted cleaner

## What we found on follow-up

### Managing risk and promoting health and safety

A risk management policy had been put in place to support the wider risk assessments for the practice. However, we felt that the policy was vague, did not include a range of information including where equipment was found within the practice and responsibilities of individuals. We recommended that the policy needed to be expanded to include a clear, comprehensive explanation of risk management practices and responsibilities for staff.

We saw that a fire contract had been taken out to ensure the practice was fully compliant with fire safety regulations. Training was being arranged with the contractors to ensure all staff were suitably trained in fire safety actions.

During the inspection we undertook a review of the dental materials within the practice, and found that all of the equipment seen was within date. We saw a protocol for regular checking of equipment within the practice by the dental nurses.

We found that the practice was significantly cleaner in both the clinical and non-clinical areas. The bathroom area was noticeably clean and tidy, and was significantly improved from the previous inspection. We saw evidence of the cleaning contract in place, and were satisfied that this provided suitable deep cleaning for the practice alongside daily cleaning by staff.

#### Improvement needed

The practice should have a clear, comprehensive risk management policy to ensure all staff are aware of their roles and responsibilities.

### Infection prevention and control

## **What improvements we identified**

Areas for improvement identified at last inspection included the following:

### *Infection Prevention and Control and Decontamination*

- The practice must ensure a protocol is put in place to clarify the date stamping of sterilised equipment
- The practice should consider the use of re-sheathing devices for needles
- The practice must ensure that all staff are protected against Hepatitis B
- The practice must ensure an infection control audit is undertaken

## **What actions the service said they would take**

The service committed to take the following actions in their improvement plan:

### *Infection Prevention and Control and Decontamination*

- A protocol has been put in place
- Re-sheathing devices are under consideration
- All staff have been immunised apart from a trainee who has had two parts of the three stage process

## **What we found on follow-up**

We noted that a protocol for sterilising and date stamping equipment had been put in place.

We saw evidence of immunisation for all current members of staff within the practice other than the trainee dental nurse. We noted that the trainee will receive the appropriate third dose of the immunisation when it is scheduled. We were unable to see confirmation of Hepatitis B and training in relation to one staff member, who was not currently in work. The manager confirmed that the health board has advised this evidence is received prior to taking up post within the practice. We supported this advice.

We also noted that an infection control audit has been started, however very little work had been undertaken on this. Further information can be found below.

We saw that re-sheathing devices were now in place.

## Medicines management

### What improvements we identified

Areas for improvement identified at last inspection included the following:

#### *Medicines Management*

- The practice must put a resuscitation policy in place
- The practice must ensure that there is a trained first aider on site at all times
- The practice must ensure that all staff files are kept up to date with the latest training to ensure staff are fit to work
- The practice must ensure that evidence is retained of the regular checks that are undertaken of the emergency resuscitation and first aid equipment.

### What actions the service said they would take

The service committed to take the following actions in their improvement plan:

#### *Medicines Management*

- Resuscitation policy has been put in place
- Two full time members of staff have undertaken first aid training
- All files are now up to date
- A log is kept of regular checks of emergency resuscitation and first aid equipment.

### What we found on follow-up

#### *Medicines Management*

The practice has put a resuscitation policy in place to ensure staff are sufficiently prepared for medical emergencies within the practice. However, as with the risk management policy, the policy was vague and did not include a range of information which we would expect to see. We recommended that the policy

should be expanded to include a clear, comprehensive explanation of resuscitation practices and responsibilities for staff.

We saw evidence that various members of staff had undertaken first aid training, and as such the practice ensured that staff were sufficiently prepared in the event of a first aid incident.

We saw that all staff files, apart from one individual, were up to date and included all required evidence that staff were safe to practice within the dental surgery. This included CPR training and first aid training for staff.

We saw that a log was now in place for regular checks of the emergency resuscitation equipment. This included all the essential checks expected of the practice. However, we saw that the checks of the first aid kit within the log were limited, and advised the practice to create a comprehensive log to provide assurance that all of the items within the kit were safe for use. We saw that all of the equipment within the first aid and emergency resuscitation kits were in date and in good condition.

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

### **What improvements we identified**

Areas for improvement identified at last inspection included the following:

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

- The practice must ensure that all staff have received safeguarding training at a level that is appropriate for their role.

### **What actions the service said they would take**

The service committed to take the following actions in their improvement plan:

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

- All staff have completed appropriate training

### **What we found on follow-up**

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

We saw evidence on the day that all staff currently working at the practice had undertaken and provided evidence of sufficient safeguarding training for children and vulnerable adults.

## Medical devices, equipment and diagnostic systems

### What improvements we identified

Areas for improvement identified at last inspection included the following:

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

- The practice must seek professional advice regarding the location of the isolation switch for the x-ray equipment within the rear surgery
- The practice must provide evidence that all staff have carried out sufficient Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) training.

### What actions the service said they would take

The service committed to take the following actions in their improvement plan:

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

- Isolation switch has been relocated to outside the controlled area
- All staff have completed IR(ME)R training.

### What we found on follow-up

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

The practice had sought professional advice and has undertaken the action of moving the isolation switch for the x-ray equipment to a safe location. The practice has also provided sufficient evidence that all staff currently working at the practice have undertaken sufficient IR(ME)R training.

## Quality improvement, research and innovation

### What improvements we identified

Areas for improvement identified at last inspection included the following:

#### *Quality improvement, research and innovation*

- The practice must ensure that appropriate audits, such as infection control and record keeping, are carried out.

## **The service committed to take the following actions in their improvement plan:**

*Quality improvement, research and innovation*

- Appropriate audits have commenced.

## **What we found on follow-up**

*Quality improvement, research and innovation*

We were unable to see evidence that a range of audits including infection control (WHTM 01-05) audit had been undertaken. We noted that the WHTM 01-05 had recently been started but very little work had been undertaken. We recommended that these audits to provide assurances of safe practice must be completed.

### **Improvement needed**

The practice must ensure that a range of audits including record card audit and infection control audit must be undertaken.

## **Information governance and communications technology**

### **What improvements we identified**

Areas for improvement identified at last inspection included the following:

*Information governance and communication technology*

- The practice must ensure that electronic and paper copies and secured appropriately in line with appropriate legislation.

## **The service committed to take the following actions in their improvement plan:**

*Information governance and communication technology*

- All computers have password protection.
- Paper copies are kept in a secured area.

## **What we found on follow-up**

## *Information governance and communication technology*

We saw that all computers were now password protected at all times. We also saw that paper copies of patient records were kept in locked cabinets.

### **Record keeping**

#### **What improvements we identified**

Areas for improvement identified at last inspection included the following:

##### *Record keeping*

- The practice must ensure patient records are completed in keeping with professional standards for record keeping.

#### **The service committed to take the following actions in their improvement plan:**

##### *Record keeping*

- All dental records are completed according to professional standards for record keeping.

#### **What we found on follow-up**

##### *Record keeping*

During the inspection we reviewed a sample of patient records. Whilst the quality of records had improved since the previous inspections, we found that improvements were still needed. This included the requirement to keep treatment plans as part of patient notes. The practice must ensure that patient records are in keeping with professional standards for record keeping.

##### **Improvement needed**

The practice must ensure patient records are completed in keeping with 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.*

Sketty Road Dental is owned by the principal dentist, who is also the responsible individual and registered manager. He is supported by two associate dentists and three dental nurses.

We found during the follow up inspection that significant improvements had been made since the last inspection regarding the governance arrangements within the practice. The practice has now put in place a schedule of staff appraisals and now holds comprehensive records regarding staff Continual Professional Development and General Dental Council requirements.

### Governance, leadership and accountability

#### What improvements we identified

Areas for improvement identified at last inspection included the following:

##### *Governance, leadership and accountability*

- The practice must ensure it retains documentation to demonstrate that all staff are registered with the General Dental Council
- The practice must ensure that the statement of purpose is updated to include all information required by the regulations
- The principal dentist must consider whether additional management support is required to ensure that the responsibilities of the registered manager in terms of assessing and monitoring the quality of service provision can be discharged effectively.

## **The service committed to take the following actions in their improvement plan:**

### *Governance, leadership and accountability*

- All documentation is now retained in staff folders
- The practice is updating the statement of purpose in line with regulations
- The principal dentist has engaged a practice manager who is currently on maternity leave but will commence on her return.

## **What we found on follow-up**

### *Governance, leadership and accountability*

We found that all staff currently working at the practice had current certification by the General Dental Council. We also saw that the statement of purpose had been amended to include all areas required by the regulations. Finally, a practice manager had been recruiting in to the role, but was yet to start. The registered manager was reminded that the relevant checks must be carried out to ensure the individual had the relevant skills, knowledge, experience and professional registration appropriate to the role.

## **Staff and resources**

### **Workforce**

## **What improvements we identified**

Areas for improvement identified at last inspection included the following:

### *Workforce*

- The practice must ensure that regular appraisals take place for all staff

## **The service committed to take the following actions in their improvement plan:**

### *Workforce*

- Regular appraisals will commence the first week in January

## **What we found on follow-up**

### *Workforce*

We saw evidence during the inspection that all staff now undertake regular appraisals with the registered manager, which began in January 2019.

## 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 conduct follow-up inspections

Follow-up inspections can be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the [Health and Care Standards 2015](#) relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels. We will also highlight any outstanding areas of improvement that need to be made.

Further detail about [how HIW inspects 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:** Sketty Road Dental

**Date of inspection:** 10/06/2019

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 found 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:** Sketty Road Dental

**Date of inspection:** 10/06/2019

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>Delivery of safe and effective care</b>				
The practice should have a clear, comprehensive risk management policy to ensure all staff are aware of the expectations from the practice	2.1 Managing risk and promoting health and safety	The practice risk management policy to be reviewed	Paul James	31/08/2019
The practice must ensure that a broad range of audits including record card audit and infection control audit must be undertaken.	3.3 Quality Improvement, Research and Innovation	The practice will engage with Health Education and Improvement Wales Professional Support Unit and the Local Health Board to develop and implement a Personal Development Plan at the HIEW level 2 support portfolio. Appropriate audits identified and agreed by the Post Graduate Dental Department	Paul James	01/09/2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		and the Health Board will be completed reflecting the concerns highlighted		
The practice must ensure patient records are completed in keeping with professional standards for record keeping.	3.5 Record keeping	Patient records are completed in keeping with professional standards	Paul James	22/07/2019

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): Paul James**

**Job role: Practice Owner**

**Date: 29/07/2019**