

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

St Mellons Dental Practice  
(Restore Dental Group)/Cardiff &  
Vale 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 St Mellons Dental Practice (Restore Dental Group) at 16 Crickhowell Road, Cardiff, CF3 0EF within Cardiff and Vale University Health Board on the 13 August 2019.

Our team, for the inspection comprised of two HIW inspectors 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 St Mellons Dental Practice was working hard to provide a high quality experience to their patients.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained. We have recommended that any actions arising from risk assessments are evidenced when completed.

The patient records we reviewed were comprehensive and current, but medical history information needs to be improved and better recorded.

Infection control procedures were aligned to the necessary guidance and regular checks of the equipment and decontamination processes were taking place.

Staff were up to date regarding their training and systems were in place to ensure staff were supported in their role.

This is what we found the service did well:

- Systems were in place to capture patient feedback, comments and complaints
- Patients who completed a HIW questionnaire rated the service provided at the practice as excellent or very good
- Staff we spoke to were happy in their roles and understood their responsibilities
- Systems were in place to ensure staff were supported and had the necessary training to deliver their roles efficiently
- The environment provided clinical facilities that were well-equipped, maintained and visibly clean and tidy.

This is what we recommend the service could improve:

- An environmental risk assessment needs to be completed

- Any actions identified within the risk assessments need to evidence when they are completed
- Medical histories need to be reviewed to ensure all patients complete one at every course of treatment, they are signed by the patient and countersigned by the dentist.

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

## 3. What we found

### **Background of the service**

St Mellons Dental Practice provides services to patients in the Cardiff area. The practice forms part of dental services provided within the area served by Cardiff and Vale university health board.

The practice has a staff team which includes 8 dentists, 9 dental nurses, 1 hygienist and a practice manager.

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

## Quality of patient experience

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

Overall, we found St Mellons Dental Practice was committed to providing a positive experience for patients. The majority of patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

Relevant patient information was displayed in the reception/waiting areas.

There were systems in place for patients to provide feedback regarding the service they receive, however, we recommended that a documented analysis of feedback is completed to provide the practice with a means of identifying themes with a view to making any improvements to services.

Prior to our inspection, we asked the practice to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 26 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; the majority of the patients that completed a questionnaire said 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:

*"Helpful efficient team from front of house to dentist. Considerate and professional at all times. Surgeries always clean, staff always well presented"*

*"Everybody are always willing to go above and beyond. I have never had any problems making appointments neither cancelling. Fab team"*

*"Brilliant service and friendly team"*

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients were generally happy with the practice, but the following comments were made:

*“Clearer explanation of NHS charges”*

*“Give more emergency appointments and help to understand procedures of getting appointments”*

## **Staying healthy**

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

The majority of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Health promotion information was available in the reception/waiting areas, including practice specific information leaflets and a patient information booklet, which was a central reference file of patient information<sup>1</sup>. Various health and cosmetic promotion leaflets were also available.

The names of the dentists was displayed outside by the main entrance, along with the name of the practice, telephone number, opening hours and out-of-hours telephone number. These details were also included in the patient information leaflet and booklet.

There were signs within the practice displaying 'No Smoking', staff confirmed the practice adhered to the smoke free premises legislation<sup>2</sup>.

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<sup>1</sup> The Patient Information Booklet contained information including staff details, NHS and private dental costs, medical history reminder, claiming free treatment, Putting Things Right, data protection, equality and diversity policy and the patient information leaflet.

<sup>2</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.

## **Dignified care**

We saw evidence that patients were provided with care in a dignified and respectful manner and we heard staff speaking to patients in a friendly and professional way. All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff were able to have private conversations with patients within the dental surgeries and there was also space available, away from the reception/waiting area, if required.

The General Dental Council's (GDC) 9 principles<sup>3</sup> were displayed in the waiting areas and in the patient information booklet and therefore in line with the Private Dentistry (Wales) Regulations 2017.

We found that there were sufficient systems in place to ensure the security of patient information. Electronic records were backed up daily and paper files were kept securely in a locked cabinet.

## **Patient information**

Where applicable, all patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and the majority said that they had received clear information about available treatment options.

The majority of patients also said that the cost of any treatment was always made clear to them before they received any treatment. Price lists for NHS and private treatments were displayed in the waiting areas and in the patient information booklet.

The practice had its own patient information leaflet which was available in the waiting areas/patient information booklet. A review of the patient information leaflet showed it contained the information required by the Private Dentistry (Wales) Regulations 2017.

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<sup>3</sup> The GDC 9 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.

The statement of purpose<sup>4</sup> also contained all the areas required by the Private Dentistry (Wales) Regulations 2017 and is available to patients upon request.

We found policies and procedures in place detailing the arrangements for consent.

### **Communicating effectively**

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

Staff told us that any patient wishing to converse in a language other than English would be accommodated. The practice had access to organisations to assist with this request. We suggested the practice consider displaying information regarding this service so it can be easily seen by patients.

We saw some information was displayed in both English and Welsh. In addition, staff told us that if patients required written information in Welsh or another language, they would endeavour to meet the patients' request.

Of the patient records we reviewed, we saw evidence of written treatment plans on file. This ensures that patients are provided with information to make informed choices about their treatment.

### **Timely care**

The practice endeavours to provide dental care in a timely manner and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. All of the patients that completed a questionnaire felt that it was very easy or fairly easy to get an appointment when they needed it.

The majority of patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. An out of hours telephone number was displayed on the main entrance

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<sup>4</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)

door and included within the patient information leaflet and booklet. Staff said the information was also on their answer machine.

## **Individual care**

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

We reviewed a sample of patient records and found that there were records of treatment options and planning, and consent was obtained for treatment from each patient.

All of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. However, the records we reviewed were not in keeping with this finding. Details are listed under the patient record section.

### **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 patient information leaflet contained arrangements for access to the practice. The practice had some surgeries and other patient facilities located on the ground floor. Staff told us they would ensure patients were accommodated in the appropriate surgery if a patient had a mobility aid and/or pushchair.

The patient toilet was clearly signposted. The toilet provided hand washing and drying facilities. There were no handrails to provide support if required.

### **Listening and learning from feedback**

The practice had a complaints policy and procedure in place. Information for patients on how to raise a concern was displayed in the waiting area, the patient

information leaflet and booklet. The NHS Wales Putting Things Right<sup>5</sup> poster was located in the patient information booklet.

The complaint information displayed for private treatment included response timescales and details of organisations that could be contacted to assist patients with their concerns if required.

The practice had systems in place to record, monitor and respond to any complaints received. Staff told us that they would review any complaints to identify any themes with a view to making improvements to the services provided.

The practice had feedback/compliment cards, pens and a box for patients to submit feedback. These cards were also used by staff for capturing any verbal comments or general feedback from patients. In addition, patient questionnaires were also available. Staff told us feedback is reviewed, however, we recommended that this is documented to enable the identification of any themes arising.

#### Improvement needed

The registered provider should ensure that the analysis of patient feedback is documented to enable the identification of any themes with a view to making any improvements to services.

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<sup>5</sup> 'Putting Things Right' is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

## 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 the practice was being run with the intention of meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice provided a clean and clutter-free environment and facilities for staff and visitors. There were contracts in place to ensure the environment and facilities were safe and well maintained.

We have recommended that an environmental risk assessment is completed. In addition, actions listed within other risk assessments need to record that appropriate action has been taken. .

The patient records reviewed were good, with clear, legible entries; however, we have made recommendations for improvement. Specifically, we have asked the practice to look at the recording of medical histories.

## Safe care

### Managing risk and promoting health and safety

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

The practice occupied a two storey building, with staff and patient areas located over the two floors. Access to the building was via a ramp which enabled anyone using a mobility aid/pushchair access to the building.

The reception, waiting area, patient toilets and two surgeries were located on the ground floor. Three surgeries and staff areas were on the first floor. The dental surgeries were modern in appearance and well equipped.

The building was visibly well maintained both internally and externally. All areas within the practice appeared clean and free from trip hazards.

There were no concerns given by patients over the cleanliness of the dental practice; the majority of patients that completed a questionnaire felt that, in their opinion, the dental practice was “very clean”.

Fire safety equipment was available at various locations around the practice and we saw this was regularly serviced. One staff member was the designated fire marshal and all staff had completed fire safety training. Fire drills were carried out and a log kept to evidence these. Emergency exits were signposted and a Health and Safety poster was displayed within the practice.

The practice had various policies and procedures, as well as risk assessments in place. We recommended that an environmental risk assessment is completed because the document provided on the day was more a training aid rather than an assessment. The risk assessments that we saw had some actions identified. Despite staff providing verbal reassurance that the actions had been reviewed and action taken where appropriate, there was no written evidence to confirm they had been completed. Therefore we recommended that any actions identified within the risk assessments are documented to clearly show they have been completed. This will ensure the premises remain fit for purpose.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had three named, appointed first aiders. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>6</sup>.

#### Improvement needed

The registered provider must ensure that an environment risk assessment is completed

The registered provider should ensure that any actions identified within the risk assessments are clearly documented to evidence if they have been completed

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<sup>6</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 dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>7</sup>. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

We saw evidence that the log books for checking 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.

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

We saw that all staff had undertaken up to date infection control training, however, for some staff this did not meet the five hour requirement set out by the General Dental Council. We recommended that an additional set of training must be undertaken to ensure all staff meet their minimum training requirements.

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 appropriately. Collections by the local council were in place for the disposal of non-hazardous (household) waste.

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

The practice had made appropriate arrangements with the local occupational health service to deal with any sharps injuries and/or vaccinations. We saw records relating to Hepatitis B immunisation status for all clinical staff working in

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<sup>7</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices

the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

#### Improvement needed

The registered provider must ensure that all staff have undertaken at least five hours of infection control training.

### Medicines management

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)<sup>8</sup>.

The practice had a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Prescription pads were kept securely.

Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

### Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There was a safeguarding policy for the protection of children and vulnerable adults in place.

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<sup>8</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.

A flowchart was available which contained details of who to contact and the actions required by staff should a safeguarding issue arise.

We saw that staff had up to date training in adult and child safeguarding. The practice had a member of staff who was the nominated safeguarding lead. They take responsibility for ensuring that the safeguarding policy is adhered to and can provide some guidance on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the clinical lead and/or practice manager and were confident those concerns would be acted upon.

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included undertaking Disclosure and Barring Service<sup>9</sup> (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

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

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. Staff told us that the clinical team were adequately trained to use the equipment.

The surgeries were clean and organised. Floors and surfaces within the surgeries were easily cleanable to reduce the risk of cross infection. We found that the dental instruments were in good condition and sufficient in number.

We concluded that the practice had 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.

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<sup>9</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).

We saw the local rules<sup>10</sup> displayed by the X-ray equipment to identify the key working instructions to ensure that exposure to staff is restricted.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

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**

The practice carried out a number of audits to monitor the quality and safety of the care and treatment provided to patients. Results of the audits will help to identify areas for improvement and support any changes to dental team practises.

Staff told us they obtain up to date guidance via circulars from external bodies and from staff attending conferences and training.

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

The practice had a programme of internal audits which they undertake to enable themselves to demonstrate best practice in providing dental care. The practice was conducting peer reviews and observations of staff completing specific tasks to ensure skills and knowledge was shared and maintained. This will contribute to the quality and safety of the care provided to patients.

The practice does not undertake any research.

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<sup>10</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.

Staff told us they were going to be undertaking the Welsh Deanery Maturity Matrix Dentistry practice development tool<sup>11</sup>. 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.

### **Information governance and communications technology**

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly.

The practice had a number of appropriate policies and procedures in place including 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**

There was evidence that the practice was keeping their clinical records to a good standard. This demonstrated that care was planned and delivered to a high standard, maintaining patients' safety and dental wellbeing.

Of the records we reviewed, we found they contained sufficient information regarding discussions held about treatment options, how patient consent was obtained, recall information and justification of X-rays. There was also evidence of treatment planning and treatment plans were given to patients for consideration.

We found anomalies within the records we reviewed regarding medical histories. Three out of the 10 records observed did not have an updated medical history, the last were dated 2016. One record had a medical history that had not been signed by the patient or anyone else and two forms had not been counter-signed by the dentist. Therefore, we recommended that this aspect of record keeping is reviewed and the recording of medical histories improved in-line with the other areas that were being completed fully.

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

The notes were appropriately stored and record entries were clear, legible and good quality.

#### Improvement needed

The registered provider must review the recording of medical histories to ensure they are completed by patients at each course of treatment, signed by the patient and countersigned by the dentist

## 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 systems and processes in place which ensured the practice and the staff were supported and committed to providing a high quality service.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The policies and procedures had issue and review dates and evidence that staff had read and understood their responsibilities.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas which helped to ensure they had up to date skills and knowledge to assist them with their work.

## Governance, leadership and accountability

St Mellons Dental Practice is part of the Dental Restore Group. The practice is managed by a practice manager who is supported by a wider team of clinical staff. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

All of the staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with the dentist/s or practice manager, or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures.

We saw that staff had signed to evidence they had read and understood the policies and procedures. Staff told us that all policies were reviewed annually or as and when required.

The practice's statement of purpose and patient information leaflet are documented under the patient information section in the quality of patient experience part of this report.

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.

To adhere to the Private Dentistry (Wales) Regulations 2017, we reminded the responsible individual of their responsibility to complete visits in accordance with regulation 23. This means they have overall responsibility for supervising the management of the regulated service and for ensuring the quality of the services provided.

## **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 that there was an induction programme in place for all new starters and this was evidenced on the new starters file we looked at. We saw that various pre-employment information had been obtained, which included a contract, job description and references.

All staff are required to have a disclosure barring service (DBS) certificate prior to starting their job role and we saw evidence of these for all of the staff group. Staff told us DBS certificates would be renewed every three years. This practise contributes to ensuring safer recruitment choices, including working with vulnerable groups such as children.

The practice had an appraisal process in place and we saw staff had received an annual appraisal.

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.

Staff told us that they held formal team meetings monthly, which were documented. For anyone unable to attend a meeting, the minutes are circulated to staff.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all clinical staff.

## 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:** St Mellons Dental Practice

**Date of inspection:** 13 August 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				

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:** St Mellons Dental Practice

**Date of inspection:** 13 August 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 registered provider should ensure that the analysis of patient feedback is documented to enable the identification of any themes with a view to making any improvements to services	The Private Dentistry (Wales) Regulations 2017 – Regulation 16 (1) (a) & (2) (b) (ii) (d) (iii)  Health & Care Standards – Standard 6.3 Listening &	The Practice manager will ensure to review and analyse patient feedback questionnaires to identify any positive or negative trends which can be addressed and shared with the team and summarise all findings.	Amber Beard	Ongoing

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Learning from Feedback			
<b>Delivery of safe and effective care</b>				
The registered provider must ensure that an environment risk assessment is completed	The Private Dentistry (Wales) Regulations 2017 – Regulation 13 (1) (b) & 16 (1) (b)  Health & Care Standards – Standard 2.1 Managing risk & promoting health and safety	An environmental risk assessment will be completed and this will include factors such as political, social, economic and technological risks.	Amber Beard	04/11/2019
The registered provider must ensure that all staff have undertaken at least five hours of infection control training.	The Private Dentistry (Wales) Regulations	Both individuals outlined in the pre inspection workbook that are short of infection control CPD hours have	Amber Beard	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	2017 – Regulation 17 (1) (a) & (3) (a)  Health & Care Standards – standard 2.4 Infection prevention & control & decontaminati on and 7.1 Workforce	completed the remaining. This was completed using Dentinal tubules		
The registered provider should ensure that any actions identified within the risk assessments are clearly documented to evidence if they have been completed	The Private Dentistry (Wales) Regulations 2017 – Regulation 13 (1) (b) & 16 (1) (b)  Health & Care Standards – Standard 2.1	The practice risk assessment has been reviewed and edited to show actions have been completed with dates and review dates if necessary and details moving forward. All members of the management team that are involved in completing risk assessments have been updated and informed of the importance to sign off and date actions.	Amber Beard	18/09/2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Managing risk & promoting health and safety			
The registered provider must review the recording of medical histories to ensure they are completed by patients at each course of treatment, signed by the patient and countersigned by the dentist	The Private Dentistry (Wales) Regulations 2017 – Regulation 20 (1) (a) (ii)  Health & Care Standards – Standard 3.5 Record Keeping	The recording of medical histories have been reviewed, all patients must complete a new medical history for every course of treatment and this is to be countersigned by the dentist whilst going through the questionnaire with the patient in surgery. This information is then collated at reception and scanned on to the patients' record on r4. Reception staff must ensure that it has been scanned on correctly.	Amber Beard	Ongoing
Quality of management and leadership				
No areas for improvement identified during this inspection				

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

**Service representative**

**Name (print): Amber Beard**

**Job role: Clinical Manager**

**Date: 19/09/2019**