

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

Achddu Villa Dental

Practice/Swansea Bay University  
Health Board

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2019

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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 inspection of Achddu Villa Dental Practice at, 18 Stepney Road, Burry Port, Carmarthenshire SA16 0BH within Hywel Dda University Health Board on the 24 September 2019.

Our team, for the inspection comprised of two HIW inspectors one of whom was the inspection lead 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 Achddu Villa Dental Practice was providing safe and effective patient centred care.

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

However, we found evidence that the practice was not fully compliant with the regulations and other relevant legislation and guidance.

This is what we found the service did well:

- Staff we spoke to appeared happy and were seen to work well as a team
- Staff were seen to be polite and professional when speaking to patients
- Processes were in place to protect the dignity and confidentiality of patients
- There were a number of policies and procedures in place to ensure the safety of patients and staff
- There was evidence that changes had been made as a result of an incident
- The practice had a well thought out website that contained a variety of helpful patient information.

This is what we recommend the service could improve:

- A better system is required to ensure pre-employment checks are carried out for all staff; particularly immunisation status for Hepatitis B
- The practice needed to undergo a thorough deep clean which included removing surface dust and dirt from high reaching areas
- General maintenance was required to the upstairs surgery to ensure appropriate cleaning can take place

- A nappy bin was required to accompany the baby changing facilities
- The fire officer needed to undertake official fire training
- Further verifiable training was required by the clinical staff in Infection Prevention and Control.

We identified the service was not compliant with immunisation status for a member of the dental staff and implementing changes identified by the fire risk assessment.

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

## 3. What we found

### **Background of the service**

Achddu Villa Dental Practice provides services to patients in the Burry Port area. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

The practice has a staff team which includes three dentists, one dental hygienist, five dental nurses including one trainee nurse, one receptionist 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 Achddu Villa 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.

The service had processes in place to maintain the dignity and confidentiality of its patients.

There were systems in place for patients to provide feedback about the service which provides the practice with a means of identifying themes for improvement from a patient perspective.

The service had a thoughtfully laid out website containing a variety of relevant patient information.

Prior to our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received seven 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; over half of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent'. Patient comments included:

*"Very professional and always helpful, staff are excellent"*

*"Excellent service, no need for any improvements"*

Patients were asked on the questionnaires how the dental practice could improve the service it provides. One patient commented:

*"Downstairs toilets"*

## Staying healthy

### Health promotion protection and improvement

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

We saw health promotion information was available in the waiting area, including practice specific information leaflets and a selection of other leaflets, including information about private treatments and smoking cessation. However, we recommended that additional written information on maintaining good oral hygiene for both children and adults is also made available within the waiting area for patients to read and take away.

#### Improvement needed

The practice must provide patients with a selection of written information on how children and adults can best maintain good oral hygiene, including leaflets about treatments and preventative advice.

## Dignified care

Every patient who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. We saw that surgery doors remained closed during treatments. We observed staff speaking to patients in a friendly but respectful and professional manner.

Staff were able to hold private conversations with patients within the dental surgeries (if empty) or a private area upstairs, away from the reception/waiting area, if required.

The General Dental Council's (GDC) 9 principles<sup>1</sup> were displayed in one of the surgeries in line with the Private Dentistry (Wales) Regulations 2017 to ensure patients were aware of the standards of care they should receive from dental professionals.

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<sup>1</sup> The GDC Nine principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

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 behind the reception desk.

### **Patient information**

All but one 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. All of the patients also said they had received clear information about available treatment options and all but one said the cost was always made clear to them before they received any treatment.

The practice had its own information leaflet which was available on the reception desk. A review of the patient information leaflet showed it contained most of the information required by the Private Dentistry (Wales) Regulations 2017. We recommend the leaflet is updated to include details of the current dental team and the arrangements for the appropriate development and training of staff members.

The statement of purpose contained all the areas required by the Private Dentistry (Wales) Regulations 2017 and is available to patients upon request. However, we saw that details of a previous employee were listed and recommended replacing these details with that of the new associate dentist.

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

#### **Improvement needed**

The service needs to update the statement of purpose and patient information leaflet with details of the current dental team and provide copies to HIW.

The service needs to include arrangements for the appropriate development and training of employees in its patient information leaflet.

### **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. The practice had a number of Welsh speaking staff who told us that they would make every effort to ensure patients were able to speak to staff in their preferred language. To assist with this commitment we would suggest the practice review the language

preferences of their patients and consider ways they could support any patient wanting to receive services in their preferred language.

We saw that most patient information was available in both English and Welsh. In addition, staff told us that if patients required written information in Welsh or another language, they would try to arrange this.

## **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 who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it.

The vast majority of patients who completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. An out of hours telephone number was displayed on the outside of the dental practice and emergency appointment information was listed within the patient information leaflet.

## **Individual care**

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

We viewed a sample of patient records and found that they were generally of a high standard and supported the practice to deliver quality patient care.

All but one of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. However, we saw little evidence to confirm that these were being recorded appropriately in patient records as required by professional guidelines. Recommendations regarding record keeping are mentioned later in the report.

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

### **People's rights**

The practice had a car park at the rear of the building close to the entrance. The practice was accessible for people with mobility difficulties. There was a ramp with a hand rail leading up to the entrance. The reception, waiting area and two dental surgeries were all based on the ground floor and accessible to all. However, the toilet facilities were situated on the first floor and therefore not

accessible for patients with significant mobility issues or those who used wheelchairs. The arrangements for accessibility are made clear in the patient information leaflet and statement of purpose.

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

As the practice offers a mix of NHS and private treatments, we saw a policy on the practice arrangements for acceptance of new patients as required by the regulations.

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

We saw that paper feedback forms were available in the waiting area for patients to provide positive comments about their experience or to make suggestions on how the practice could improve the service it provides. We were told that patient comments are monitored and discussed as a team.

Information on the procedure for patients to raise a complaint or concern was contained within the patient information leaflet and also displayed for patients in the waiting area. The complaints procedure was outlined for staff in a complaints policy and we found it was compliant with Putting Things Right guidance<sup>2</sup> and the Private Dentistry (Wales) Regulations 2017.

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<sup>2</sup> Putting Things Right is the process for managing patient concerns about care and treatment in NHS 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.*

Overall, we found evidence that patients were being provided with safe and effective dental care.

The practice had various policies, procedures and risk assessments in place to ensure the premises were safe and fit for purpose.

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

The emergency drugs and resuscitation equipment was kept in accordance with current guidelines.

Patient records were generally maintained to a high standard.

The service needed to carry out a thorough deep clean of the surgeries to ensure the build-up of surface dirt is removed.

### Safe care

Our concerns regarding the immunisation status of staff and the failure to implement of changes identified on the fire risk assessment were dealt with under our non-compliance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and wellbeing of staff and visitors to the practice. The practice had various policies, procedures and risk assessments in place to ensure the premises were safe and fit for purpose.

The reception and waiting areas were welcoming and bright and we saw that most areas of the practice were clean, tidy and free from obvious hazards. The building appeared well maintained internally and externally. 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'. However, on inspection we found that the surgeries required cleaning in places such as picture frames, drawer handles and around electrical switches. We recommend the service carry out a thorough deep clean of the surgeries to remove surface dust and dirt.

We saw appropriate fire extinguishers were available at various locations around the building and noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. A comprehensive fire risk assessment had been undertaken in 2016 which listed remedial actions that needed to be implemented by the practice. Not all of the remedial actions had been carried out and as a result we were not assured that the practice had taken reasonable actions to ensure the premises were protected from fire risks. This resulted in a non-compliance notice being issued. We also advised having an up to date fire risk assessment carried out by a qualified professional in fire safety in order that all current risks are identified.

The registered manager was the appointed fire safety officer but had not received training in fire safety. We recommend the fire safety officer undertakes relevant training by a fire safety expert and subsequently educates staff at the practice about the correct procedures to follow in the event of a fire and how to spot potential fire hazards.

Emergency exits were signposted and a no smoking sign was displayed which reminds staff and patients of the smoke free premises legislation<sup>3</sup>. A Health and Safety poster telling staff what they need to do to ensure their health and safety in the workplace was displayed within the practice.

Staff could change in the upstairs toilet which had a lockable door to protect their privacy and dignity. We saw that staff were able to store their personal possessions in the staff room. However, we recommended that the service install a lock on the door in order that staff belongings are stored securely as required by the regulations.

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<sup>3</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.

We saw that a number of Control of Substances Hazardous to Health<sup>4</sup> (COSHH) assessments had been undertaken.

A business continuity policy and disaster recovery strategy was in place but we recommend the practice develop these further to include the emergency contact details of all staff and essential business contractors to avoid confusion in the case of an emergency.

#### Improvement needed

The practice needs to undertake a thorough deep clean of the surgeries.

The registered manager needs to undertake formal training in fire safety training by a fire safety expert and subsequently educate staff at the practice about the correct procedures to follow in the event of a fire.

The service needs to install a lock on the staff room door in order that staff personal possessions are stored securely in line with the regulations.

#### Infection prevention and control

All dental care professionals have a duty to keep their skills and knowledge up to date as a condition of their continued registration. On the day of the inspection four members of staff could not provide evidence that they had completed the required amount of verifiable training on infection, prevention and control; the practice must ensure all members of the dental care team have an acceptable level of competence in this area to help protect patients and staff against infection.

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 . The decontamination room was visibly clean and tidy and staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections.

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<sup>4</sup> COSHH Regulations provide a framework to protect people at work against health risks that may arise from work activities that expose them to hazardous substances.



Separate storage boxes were available for the isolation of sterile [clean] and used [dirty] instruments. The boxes were labelled 'clean' and 'dirty' to reduce the risk of the wrong box being used.

We saw evidence of a log book that confirmed staff had been undertaking daily checks to ensure that the sterilisation equipment was functioning correctly and had been meeting validation requirements.

We saw hazardous (clinical) waste was being stored securely and saw evidence that a contract was in place for the safe transfer and disposal of such hazardous waste.

However, we noticed that while the practice provided baby changing facilities, a separate dedicated baby nappy bin was not available. We recommend that the practice installs an appropriate baby nappy bin and ensures the waste is disposed of appropriately in accordance with the Environmental Protection Act 1990.

We looked at records evidencing acceptable Hepatitis B immunisation status for all clinical staff working in the practice. However, we were not able to ascertain the immunisation status for one staff member which resulted in a non-compliance notice being issued. HIW have since received evidence that the staff member has sufficient immunity and was able to continue to practice safely. We recommended the practice put in place a better process for checking the immunisation status of newly appointed staff as part of the pre-employment checks to ensure all staff and patients are protected from this blood borne virus.

#### Improvement needed

The service must ensure that all GDC registered staff undertake the required amount of verifiable training in infection, prevention and control.

The practice needs to install an appropriate baby nappy bin and ensures the waste is disposed of appropriately in accordance with the Environmental Protection Act 1990.

#### Medicines management

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment was 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).

There was a system in place to check emergency drugs and equipment however these need to be more regular (weekly) in line with Resuscitation Council (UK) standards<sup>5</sup>.

Emergency drugs kept at the practice were seen to be stored appropriately. However, for ease of access in an emergency situation we advised the service to re-organise the draws in the resuscitation trolley. We saw that the oxygen was being checked on a weekly basis.

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.

#### Improvement needed

The service needs to check the emergency drugs and stock weekly in line with resuscitation council guidelines.

#### 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. The policy included contact details for staff to appropriately report any concerns to the relevant local safeguarding agencies.

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.

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<sup>5</sup> <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the registered manager 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 (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 inspected the clinical facilities at the practice and found that the dental equipment in all three dental surgeries was safe, in good condition and suitable for the purpose it was used for. Reusable medical equipment were seen to be handled safely and disinfected appropriately. There was evidence that all staff had received the relevant training on the medical devices and equipment. We saw a up to date inventory of the medical devices owned by the practice. This meant we could be assured that the practice was providing a safe and effective service in terms of the medical devices being used.

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. We saw the local rules were displayed near the X-ray equipment to identify the key working instructions and to ensure that exposure to staff is restricted.

We saw training certificates demonstrating that the dental staff 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.

## **Effective care**

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

The practice had carried out some audits to monitor the quality and safety of the care and treatment provided to patients. However, we recommend that the audit programme is expanded to include but not limited to smoking cessation and antimicrobial prescribing.

We recommend that the audit activities described to us by the registered manager are detailed in a policy on the arrangements for clinical audit as required by the regulations.

The practice had appropriate arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

#### Improvement needed

The service needs to expand the audit programme to further quality assure the care and treatment provided.

The registered manager must develop an audit policy to include details on the arrangements for clinical audit as required by the regulations.

#### 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 confidentiality, disclosure and data protection policy which set out procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulation (GDPR). This meant that staff had access to suitable guidance with regard to their day to day work.

#### Record keeping

The sample of patient records we reviewed were generally of a high standard and supported the practice to deliver quality patient care. There was evidence that the practice was storing their clinical records appropriately. Entries were clear and legible and we found the records contained sufficient information regarding patient identifiers, previous dental history and reasons for attendance.

However we did identify areas where records need to be improved;

- There was limited evidence in the notes we reviewed of medical history being recorded.
- There was limited evidence of oral cancer screening taking place.

- The service needs to evidence that patient recall is in line with National Institute of Clinical Excellence (NICE)<sup>6</sup> guidelines.
- Verbal consent needs to be gained and recorded. It is important that consent is recorded and if the patient is under 18 years of age, who is in the room and providing the consent.

#### Improvement needed

The service needs to ensure all details of assessments and treatments are accurately recorded in line with current guidelines. These must include medical history, oral cancer screening taking place, more reference to NICE guideline and evidence that consent has been gained.

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<sup>6</sup> <https://www.nice.org.uk/guidance/cg19>

## 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 that the registered manager has been committed to improving the care provided to patients since taking over the practice earlier this year.

Staff worked well together and had received the necessary training for their roles and responsibilities.

A wide range of policies and procedures were in place to ensure the safety of staff and patients, but more policies needed to be created to comply fully with the regulations.

Staff said they felt supported and worked well together.

## Governance, leadership and accountability

Achddu Villa Dental Practice is owned by the principal dentist, who is both the responsible individual and registered manager. They are supported by a wider team of clinical and non-clinical staff.

We found the practice to have good leadership and clear lines of accountability. We observed staff working well together, evidenced by their interaction with patients and their co-operation and demeanour throughout the inspection process.

The practice might wish to consider making use of the Health Education and Improvement Wales Maturity Matrix Dentistry practice development tool which encourages the dental practice team to work together to identify key areas for improvement based on professional guidelines and on legislative requirements.

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 policies had been regularly reviewed in line with the regulations. However, we

recommend that the service implement a more efficient system to evidence that all staff have read and understood each policy.

The principal dentist confirmed that they were aware of their duties as registered manager regarding notifications that must be sent to HIW under the regulations such as in the event of serious injury to patients.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place so that patients can claim any compensation to which they may be entitled.

We noted that certificates were on display evidencing that the practice had public liability insurance and that the practice was legally registered to provide dental services as required by the regulations.

#### Improvement needed

The service need to implement a more efficient system to evidence that all staff members have read and understood each policy.

## Staff and resources

### Workforce

We found suitable governance arrangements in place at the practice. Staff had a contract of employment and a job description setting out their roles and responsibilities and these were retained on staff files. New members of staff are given an induction training programme outlined in an induction training file. However, as discussed earlier in this report the service needs to ensure all required pre-employment checks are made before staff can commence employment.

All staff had access to training opportunities and we saw certificates for staff that evidenced they had attended training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements. We were told that the Practice Manager and lead receptionist had been booked onto management training to ensure they have the skills to continue to manage the practice efficiently.

The registered manager told us that appraisals with all members of staff will take place later in the year to provide feedback to staff about their performance and to review any CPD opportunities. We were told that performance related issues

would be managed with one to one meetings where an action plan is implemented.

Practice meetings are held at least once a month to allow staff to identify lessons learned and provide an opportunity for staff to raise any issues they may have. Minutes of each meeting are taken and sent to all staff to ensure any absent members of staff are aware of what was discussed. We saw that an 'agenda' book was kept behind the reception desk which provided the opportunity for staff to make suggestions for topics of discussion prior to the meeting taking place.

The regulations require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for all clinical staff to help ensure the safety of patients and staff.

We were told that the practice manages to maintain an appropriate number of qualified staff working at the practice at all times without having to employ temporary locum dental nurses. A recruitment policy was in place that set out the process to follow to recruit potential new members of 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 2017](#), 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.			

## Appendix B – Immediate improvement plan

**Service:** Achddu Villa Dental Practice

**Date of inspection:** 24 September 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
This is because on the day of the inspection, we could not be assured of the immunity for one member of clinical staff to the Hepatitis B virus.	The Private Dentistry (Wales) Regulations 2017 Regulation 13 (6)(c)(i)	Response from Registered Manager– ‘Please find attached Hepatitis B assay showing correct antigen levels as of 25/9/19’ for the newly appointed dentist		
This is because the service had not taken remedial actions as identified in a fire risk assessment undertaken 2016 to adequately protect employees and people visiting the practice in the event of a fire.	The Private Dentistry (Wales) Regulations 2017 Regulation 22(4)(a)	Response from Registered Manager– ‘I have a new fire risk assessment booked for Achddu Villa Dental practice for 14/10/19 as previous report was filed in 2016 and some internal changes have taken place since then. I		

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		hope this is satisfactory and I am striving to address this issue'.		

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: Achddu Villa Dental Practice**

**Name (print): Matthew Hopkins**

**Job role: Registered Manager**

**Date:**

## Appendix C – Improvement plan

**Service:** Achddu Dental Practice

**Date of inspection:** 24 September 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 provide patients with a selection of written information on how children and adults can best maintain good oral hygiene, including leaflets about treatments and preventative advice.	Health & Care Standards 1.1	We have setup an oral health/hygiene corner in the waiting room. It contains leaflets, posters and educational material as well as free toothbrushes. We encourage patients to	Matthew Hopkins principle/owner	Immediate completed 28/9/19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The service needs to update the Statement of Purpose and Patient Information Leaflet with details of the current dental team and provide copies to HIW.</p> <p>The service needs to include arrangements for the appropriate development and training of employees and provide a cop to HIW.</p>	<p>The Private Dentistry (Wales) Regulations 2017 Reg 6 Schedule 1(5) Schedule 2 (1)(a) &amp; (4)</p>	<p>The current Patient info leaflet and statement of purpose will be updated with the current teams details. Personal development plans will be updated using staff appraisals to kick start this process</p>	<p>Matthew Hopkins Principle/ owner</p>	<p>New patient info leaflets have been produced which display the up to date team information and statement of purpose completed</p>
<b>Delivery of safe and effective care</b>				
<p>The service needs to install a lock on the staff room door in order that staff personal possessions are stored securely in line with the regulations.</p>	<p>The Private Dentistry (Wales) Regulations 2017 Reg 22 (3)</p>	<p>A key pad combination lock has been installed on the staff room door to provide security required</p>	<p>Matthew Hopkins Principle/ owner</p>	<p>completed</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager needs to undertake formal training in fire safety training by a fire safety expert and subsequently educates staff at the practice about the correct procedures to follow in the event of a fire.	The Private Dentistry (Wales) Regulations 2017 Reg 22 (4)(c)	A new fire risk report/assessment was carried out on October 14 <sup>th</sup> . This service provided training templates and several training improvements which I am actioning	Matthew Hopkins Principle/ owner	Ongoing
The practice needs to undertake a thorough deep clean of the surgeries.	The Private Dentistry (Wales) Regulations 2017 Reg 22 (2) (a)	All three surgeries were deep cleaned following the HIW inspection	Matthew Hopkins Principle/ owner	Surgery 1- 13.11.19 Surgery 2- 14.11.19 Surgery 3- 8.11.19
The service must ensure that all GDC registered staff undertake the required amount of verifiable training in infection, prevention and control.	The General Dental Council Enhanced CPD Scheme 2018	Two members of staff require update in infection prevention control. Contacted HEIW	Matthew Hopkins Principle/ owner	Awaiting HEIW course date. Two members of staff will attend next course



Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		and awaiting date for next IPC course		
The practice needs to install an appropriate baby nappy bin and ensures the waste is disposed of appropriately in accordance with the Environmental Protection Act 1990.	The Environmental Protection Act 1990	Have obtained a quote from PHS for nappy bin services. This service will commence in January 2020	Matthew Hopkins Principle/ owner	Commence January 2020
<p>The practice needs to complete and implement a series of clinical and practice audits as recommended by nationally recognised guidance.</p> <p>The registered manager needs to develop an audit policy in order to support the completion of clinical audits.</p>	<p>Health and Care Standards 2015 Standard 3.1</p> <p>Private Dentistry (Wales) Regulations 2017 Regulation 8(n) &amp; 16</p>	<p>Appointment booked with Kath Marshall to implement Maturity Matrix Dentistry (MMD) . A clinical audit plan will be generated following this meeting and carried out over a</p>	Matthew Hopkins Principle/ owner	<p>Monday 28<sup>th</sup> November</p> <p>Audit for cross infection and radiography in place</p> <p>clinical audit - ongoing</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		suitable time period		
The service needs to ensure all details of assessments and treatments are accurately recorded in line with current guidelines. These must include medical history, oral cancer screening taking place, more reference to NICE and evidence that consent has been gained.	The Private Dentistry (Wales) Regulations 2017 Reg 20 (1)	A new checkup template has been introduced through Exact/S.O.E to reflect current guidelines covering MH, OCSG and in depth aspects of the consent process	Matthew Hopkins Principle/ owner	Completed
Quality of management and leadership				
The service need to implement a better system to evidence that all staff members have read and understood each policy.	The Private Dentistry (Wales) Regulations 2017 Reg 8 (???)	A policy and procedures log book has been introduced containing every policy and	Matthew Hopkins Principle/ owner	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	<i>AP not sure which section this would come under?</i>	procedure in practice. Staff have been given protected time to read and sign/date for each policy /procedure. This will be updated following any change to a policy/procedure and updated annually as a matter of course		

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): Matthew Hopkins**

**Job role: Principle/owner**

Date: 11.12.19