



General Dental Practice Inspection (Announced)

94 Dental / Aneurin Bevan
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 94 Dental at 94 Caerleon Road, Newport, NP19 7BY, within Aneurin Bevan University Health Board on the 20 January 2020.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that 94 Dental was committed to providing a positive experience for patients.

Patients rated the service provided by the practice as excellent or very good and told us that they were able to get an appointment when they needed it.

Staff were supported by good management and leadership arrangements.

However, we identified some improvements to help the practice meet current regulations, standards and best practice guidelines.

This is what we found the service did well:

- Staff were polite, respectful and professional to patients
- Patients were provided with sufficient information to make an informed choice about their treatment
- Clinical facilities were well-equipped and visibly clean
- Weekly documented checks were being undertaken on the emergency drugs and equipment to ensure they remained in date and safe to use
- Suitable infection control measures were in place in relation to the cleaning and sterilisation (decontamination) of dental instruments.

This is what we recommend the service could improve:

- Inform patients that documentation can be made available in other languages and accessible formats upon request
- Some policies need amending to provide further clarification to patients and staff at the practice
- Further advice is needed from professional experts in some areas to help ensure the premises are fit for purpose

- Ensure patient records are being maintained to an agreed professional standard.

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

3. What we found

Background of the service

94 Dental provides services to patients in the Newport and surrounding areas. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes two principal dentists, two hygienists, four dedicated dental nurses and two practice managers, one of whom is also a dental nurse.

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, 94 Dental had suitable processes in place to help patients receive a positive experience at the practice.

Written information on maintaining good oral hygiene for both adults and children was available in the waiting area.

The practice had good mechanisms in place to capture patient feedback which were used to regularly monitor and assess the service provided.

More could be done to inform patients that documentation is available in other languages and accessible formats upon request.

Verbal medical history checks undertaken at every appointment with patients need to be documented in patient records in line with professional guidelines.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 41 questionnaires were completed.

Overall, patient feedback was positive; the majority of patients who completed a questionnaire said that they would rate the service provided by the practice as excellent or very good.

Patient comments included the following:

"Excellent service and friendly staff. Have restored my faith in dentists as had a bad experience years ago so glad I came here"

"The staff are always pleasant caring and professional"

“Excellent service from all healthcare employees at the practice. Friendly professional and welcoming. Would highly recommend”

Staying healthy

Health promotion protection and improvement

We saw that health promotion information was available in the main waiting area for patients to read and to take away. This included information on smoking cessation and how to maintain good oral hygiene for both children and adults.

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

Dignified care

We observed staff throughout the inspection speaking to patients in person and on the telephone in a polite and professional manner. Every patient who completed a HIW questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

We noted the reception desk and main waiting area were close together but staff confirmed that private conversations with patients would take place in any available empty room if necessary. The practice had a confidentiality policy in place that helped staff recognise the importance of keeping patients’ information confidential and described how such information should be used.

During our tour of the practice we saw that there was a transparent glass panel on the door to the dental surgery used by one of the hygienists. This meant that we were able to see patients receiving treatment. We spoke to the registered manager about this who agreed that the glass would be covered with a non-transparent material to maintain patients’ privacy during treatments. We received evidence shortly after the inspection that this had been carried out.

We noted that a copy of the 9 Principles¹ developed by the General Dental Council (GDC) was contained within a patient information folder in the main waiting area to inform patients of the standards of care they should receive from dental professionals.

Patient information

We saw that information about charges for NHS patients and a price list for private treatments were contained within the patient information folder. Each patient who completed a HIW questionnaire said that the cost was always made clear to them before they received any treatment.

The practice had copies of their patient information leaflet available for patients by the reception desk. We looked at the patient information leaflet and a copy of the statement of purpose² and found both documents contained all the information required by the regulations.

We saw that the names and GDC numbers of the full dental team were displayed outside the building and were contained within the patient information folder which was in accordance with professional guidelines.

Communicating effectively

All of the patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language. The practice confirmed that they would use a language translation service for patients whose first language wasn't English to help patients understand all aspects of their care and treatment.

We saw that some patient information was available for patients in English and Welsh. However, we recommend that the practice does more to proactively meet the individual language and communication needs of its patients by making

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

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

patients aware that documentation can be made available in other languages and accessible formats upon request.

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

Improvement needed

The practice must inform patients that documentation can be made available in other languages and accessible formats upon request.

Timely care

Each patient who completed a HIW questionnaire felt that it was easy to get an appointment when they needed it. During the inspection we observed patients being treated in a timely manner.

We were told that any patients requiring emergency treatment during working hours are accommodated on the same day wherever possible. Around a third of patients who completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem. However, we saw details informing patients how they can access treatment out of hours displayed outside the main entrance and in the patient information leaflet.

Individual care

Planning care to promote independence

During the inspection we reviewed a sample of patient records to check they were being maintained in line with professional guidelines. We saw treatment plans for patients that included notes of the treatment options discussed during appointments. This is in line with best practice and meant that patients were provided with sufficient information in order to make an informed choice about their treatment.

Where applicable, each patient who completed a HIW questionnaire confirmed that the dentist enquired about their medical history³ before undertaking any treatment. However, we did not see evidence in the patient records we reviewed that verbal medical history checks were being recorded at each appointment. Each dentist must ensure that verbal medical history checks are recorded in the patient records as required by professional guidelines.

Improvement needed

The practice must ensure that each dentist records in the patient records any verbal medical history checks undertaken with patients at each appointment.

People's rights

We saw that the practice had an equality, dignity and human rights policy to help ensure everyone has access to the same opportunities and to the same fair treatment in accordance with the Equality Act 2010. The practice also had a policy that detailed the arrangements for their acceptance of new patients as required by the regulations.

In terms of physical access, the practice did not have a car park but parking was available close by on local residential streets. A ramp led to the front door and the reception desk; the main waiting area and wheelchair accessible toilets were all available on the ground floor.

Listening and learning from feedback

We saw that mechanisms were in place to collect feedback from patients about their experiences which helped the practice to monitor the quality of the general dental services they provide. Suggestion forms were available on the reception desk and questionnaires were provided to patients throughout the year. We were told that patient feedback is analysed and discussed regularly with staff in team meetings and we were given examples of changes implemented at the practice as a direct result of patient feedback.

³ A patient's medical history helps the dentist to understand potential diseases or identify medication that might impact on a patient's dental treatment.

The procedure for patients to raise a complaint or concern with the practice about their care was contained within the patient information folder. A separate complaints handling policy was available to enable staff to handle any complaints effectively and in a timely manner. We recommend that the contact details of HIW are added to both the complaints procedure and the complaints handling policy to inform patients receiving private treatment that they can contact HIW if no resolution can be found. Similarly, we recommend that Putting Things Right⁴ leaflets are made available at the practice to inform patients receiving NHS treatment that they can contact the health board if they are not happy with the outcome of their complaint.

We saw that a system was in place to log any formal or informal complaints received from patients.

Improvement needed

The practice must add the contact details of HIW to the complaints procedure and to the complaints handling policy.

The practice must arrange for Putting Things Right leaflets to be made available to patients.

⁴ 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 the practice was committed to providing patients with safe and effective dental care.

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

Suitable infection control measures were in place for cleaning, sterilisation and storage of instruments.

A range of risk assessments had been undertaken to help ensure the premises were safe and fit for purpose. However, we recommend further advice is sought from professional experts in some areas to ensure the premises are fit for purpose

More needs to be done to maintain patient records in line with current legislation, standards and best practice guidelines.

Safe care

Managing risk and promoting health and safety

Overall, we found the practice had policies, procedures and risk assessments in place to help protect the wellbeing of staff and visitors to the practice.

The building appeared well maintained externally and internally and all areas of the practice were tidy and free from obvious hazards. Patients who completed a HIW questionnaire felt that, in their opinion, the dental practice was clean.

We saw that a health and safety policy was in place and risk assessments had been undertaken annually to help identify and mitigate against potential risks to staff and patients. A Health and Safety poster was displayed in the staff room to inform staff how they can best protect their own health and safety within the workplace.

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. We saw evidence that various checks to ensure fire safety, including emergency lighting tests and fire drills had been undertaken and recorded in a log book. During the inspection we discussed with the registered manager whether internal fire doors needed to be installed upstairs and whether fire boards needed to be installed under the stairs. We recommend the practice seeks professional advice on these matters from a fire safety expert.

Emergency exits were signposted and a no smoking sign was displayed to remind staff and patients of the smoke free premises legislation⁵.

We saw that a legionnaire risk assessment had been undertaken by a specialist company. The risk assessment stated that all three of the dental units at the practice used a bottled water system. However, we noted that one of the dental units did not use a bottle water system and was linked to the mains water. We recommend the practice seeks clarification with the specialist company about this inaccuracy and to identify what approach should be taken to appropriately disinfect the water line used by that specific dental unit.

The practice had a disaster planning and business continuity policy as required by the regulations which detailed the contingencies in place to ensure the safe running of the practice in the case of an emergency or natural disaster. We saw that the emergency contact details of all staff and essential business contractors were listed on the staff notice board which we noted as best practice.

Staff could change in a number of lockable rooms throughout the practice to help protect their privacy and dignity. Facilities were also available for staff to store their personal possessions as required by the regulations.

⁵ 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.

Improvement needed

The practice must seek advice from a fire safety expert on whether internal fire doors need to be installed upstairs and whether fire boards need to be installed under the stairs.

The practice must seek clarification from the company that undertook the legionnaire risk assessment to identify what approach should be taken to appropriately disinfect the water line used by the dental unit that is supplied by the mains water.

Infection prevention and control

We looked at the arrangements in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05 guidance⁶. The decontamination process was being carried out within each dental surgery. We discussed this approach with the registered manager, who confirmed that the decontamination process does not take place while a patient is present to avoid the risk of exposure to aerosol dispersion or splashes. The registered manager informed us that plans were in place to extend the building to incorporate a separate decontamination room, which we support.

Although space was limited within each dental surgery, we noted that dirty to clean decontamination routes had been identified and staff had access to and used personal protective equipment (PPE) during the process to help minimise the possibility of exposure to infections.

The practice had a suitable process in place to ensure the correct pre-sterilisation of instruments. Autoclaves were then used for the automatic sterilisation process. We saw that a log book had been maintained by staff to document the daily and weekly checks undertaken to ensure that the autoclaves were functioning correctly and had been meeting validation requirements.

⁶ 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.

We saw that these arrangements, along with other infection control measures such as suitable hand hygiene, were outlined in an infection control policy.

During the inspection the practice could not provide us with the evidence to demonstrate that their dental professionals had undertaken the required number of hours (five) of verifiable training in disinfection and decontamination during their previous five year cycle as recommended by the GDC. We informed the practice that we required this evidence to be provided to HIW as part of their completed improvement plan in Appendix C.

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

We looked at staff records and found an acceptable Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Improvement needed

The practice must provide evidence to HIW that their dental professionals have undertaken the required number of hours (five) of verifiable training in disinfection and decontamination in their previous five year cycle.

Medicines management

The practice had a medicines management policy that detailed the procedures and arrangements in place at the practice in relation to the handling, safe-keeping and disposal of medicines.

The practice had emergency drugs and emergency resuscitation equipment available that were in line with the Resuscitation Council (UK) guidelines⁷. Weekly documented checks were being undertaken on the emergency drugs and equipment to ensure they remained in date and safe to use. We saw that medicines and their associated flow charts that outlined the steps to take in a

⁷ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

medical emergency were being stored together in separate bags which we noted as good practice.

We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training. A number of staff had also been trained in first aid to ensure that any persons at the practice that require first aid can be treated appropriately.

Staff were aware of the need to report any adverse reactions with medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme⁸ to help the MHRA monitor whether healthcare products are acceptably safe for patients and those that use them.

Safeguarding children and adults at risk

The practice had a safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. The policy included flowcharts that informed staff of the actions to take and agencies to contact should any safeguarding issue arise which we recognised as good practice.

During the inspection we spoke with staff members and they were able to describe the procedures to follow in the event of any safeguarding concerns they may have. We saw that all staff had either received or were booked to shortly undertake training in the safeguarding of children and vulnerable adults.

All staff currently working at the practice had undertaken a Disclosure and Barring Service⁹ (DBS) clearance check to help the service comply with the regulatory requirements that all staff are of good character and fit to work in a dental practice.

⁸ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

⁹ 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).

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the practice and found that the dental equipment in the dental surgeries had been well maintained and was in good condition.

The practice uses traditional reusable metal local anaesthetic syringes. We recommend that a risk assessment is undertaken of this process and that appropriate safety devices such as needle guards are used to mitigate against the risk of accidental injury. Alternatively, the practice could use single use disposable local anaesthetic delivery syringes that incorporate a safety mechanism to protect against accidental injury.

The practice had arrangements in place for the safe use of radiographic (X-ray) equipment that met guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. We saw that the X-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment. A comprehensive radiation policy was in place and local rules¹⁰ were displayed by the X-ray equipment to set out the working procedures to ensure that radiation exposure to staff is restricted.

While most of the dental team had received up to date ionising radiation training, we found that two members of staff had last received such training during their previous five year continuing professional development (CPD) cycle. We recommend that both members of staff undertake their five hours of verifiable training in radiography and radiation protection as early as possible in their new cycle to help satisfy the requirements of the GDC and of the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017 and the Ionising Radiations Regulations 2017 for continuing education and training in radiation protection.

¹⁰ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

Improvement needed

The practice must undertake a sharps audit and risk assessment to outline how the practice can protect staff against the risk of accidental injury if continuing to use traditional metal syringes; alternatively, the practice could make single use disposable local anaesthetic that incorporate a safety mechanism available for staff to use.

Two dental professionals must undertake their five hours of verifiable training in radiography and radiation protection as early as possible in their new CPD cycle.

Effective care

Safe and clinically effective care

The practice has undertaken, and continues to conduct, a range of clinical audits to help monitor and contribute to the delivery of safe and effective care provided to patients. We saw that audits on compliance with the Welsh Health Technical Memorandum (WHTM) 01-05 decontamination best practice guidelines are undertaken annually and audits of radiograph images to help ensure the quality of the images taken conformed to minimum standards (70% excellent, 20% acceptable and no more than 10% unacceptable) are undertaken twice a year.

We advised the practice to also consider undertaking other clinical audit activities, for example, audits of antibiotic prescribing, integrated smoking cessation to further quality assure the care and treatment being provided.

Quality improvement, research and innovation

The registered manager explained that all staff often work together to identify areas for improvement at the practice and we suggested that the practice might also wish to consider making use of the Health Education and Improvement Wales Maturity Matrix Dentistry¹¹ practice development tool to do this more formally.

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

The practice confirmed that they do not undertake any research.

Information governance and communications technology

The practice had numerous policies in place that set out procedures to help protect patient information and to safely manage patient records in compliance with the General Data Protection Regulation (GDPR).

Patient records were being maintained electronically and we were told that they are regularly backed up to protect the original data and ensure it can be restored should something happen to the computer systems.

We saw that old paper patient records were being kept in line with relevant retention guidelines and securely stored to prevent unauthorised access.

Record keeping

We noted earlier in the report that we reviewed a sample of patient records during the inspection. We found that some areas of the patient records we reviewed were being maintained in line with professional guidelines. However, we did identify the following areas that should be documented in patient records to fully promote the wellbeing and safety of patients:

- Ongoing verbal consent from patients for treatment at each appointment
- The justification for recall intervals need to be in line with National Institute for Health and Care Excellence (NICE) guidelines¹² and recorded in patient records
- The evidence that treatment provided to patients follows the Delivering Better Oral Health guidelines¹³ needs to be recorded
- Oral cancer and clinical needs risk assessments performed on patients

¹² <https://www.nice.org.uk/guidance/cg19>

¹³ [Delivering better oral health: an evidence-based toolkit for prevention](#)

- The justification for the taking of radiographs and subsequent clinical findings need to be documented in more detail
- Intraoral and extraoral needs to be specified in soft tissue examinations performed on patients.

The practice must also improve its acknowledgement of incoming referrals for dental treatment.

Improvement needed

Patient records must be fully maintained in keeping with current guidance and professional standards for record keeping (including those recommended within this report).

The practice must improve its acknowledgement of incoming referrals for dental treatment.

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.

94 Dental is a well-established practice and we found evidence of good management and leadership arrangements in place to help staff fulfil their roles and responsibilities.

Staff had access to training opportunities and all clinical staff were registered to practice with the General Dental Council.

A minor improvement to the whistleblowing policy was needed.

Governance, leadership and accountability

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.

We found a wide range of policies and procedures were in place to ensure the safety of both staff and patients. However we noted that only some policies had been signed by staff to confirm that they have read and understood the content. We advise that a new system is implemented that will provide better assurance that all members of staff have read and understood each policy and procedure in place at the practice.

Each registered manager confirmed that they were aware of their duties under the regulations regarding the notifications that must be sent to HIW 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. We saw certificates evidencing that the practice had public liability insurance to protect the practice against compensation claims and associated legal costs and that the practice was legally registered to provide private dental services as required by the regulations.

Staff and resources

Workforce

We found suitable governance arrangements in place at the practice. Members of staff had a contract of employment and a job description setting out their roles and responsibilities and these were retained on staff files.

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 CPD requirements.

Practice meetings are held regularly 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 are made available to all staff to ensure any absent members of staff are aware of what was discussed.

We saw records that confirmed annual appraisals had taken place for all members of staff which provided opportunities for staff to hear feedback about their performance and to review any CPD opportunities.

A recruitment and selection policy set out the process to follow to recruit new permanent members of staff and an induction policy set out the process to follow to help new staff gain an effective understanding of their new role.

We were told that the practice sometimes employs temporary locum dental nurses through an agency to ensure they maintain an appropriate number of qualified staff working at the practice at all times. The practice are provided with evidence by the agency that the dental nurses are qualified, competent and fit to work before starting work at the practice.

The practice had a whistleblowing policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care. We recommend the policy is updated to list HIW as an organisation that staff can contact in the event of any concerns they may have.

Improvement needed

The practice must update their whistleblowing policy to include the contact details for HIW as an organisations that staff can contact in the event of any concerns.

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](#), 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: 94 Dental

Date of inspection: 20 January 2020

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non-compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non-compliance issues were identified on this inspection.				

Appendix C – Improvement plan

Service: 94 Dental

Date of inspection: 20 January 2020

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice must inform patients that documentation can be made available in other languages and accessible formats upon request.	Health and Care Standards 2015 Standard 3.2	We have placed a notice in reception and also a copy on our slideshow which is played throughout the day on our TV. This is to let patients know that we also have policies available in Welsh if they wish to have one.	Dee Evans	Completed
The practice must ensure that each dentist records in the patient records any verbal medical history checks undertaken with patients at each appointment.	Private Dentistry (Wales) Regulations 2017 Regulation 20	Although the clinicians always check the patient's medical history, they weren't always making notes that they had done so. We now make sure that on every visit, a	Laura Castaldi & Ashish Gadhia	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Faculty of General Dental Practice Clinical Examination and Record-Keeping guidelines	note is made in the patient's notes to say this has been carried out.		
The practice must add the contact details of HIW to the complaints procedure and to the complaints handling policy.	The Private Dentistry (Wales) Regulations 2017 Regulation 21(4a)	We have added HIW contact details to both our Complaints Procedure G110C & Complaints Handling G110.	Dee Evans	Completed
The practice must arrange for Putting Things Right leaflets to be made available to patients.	Health and Care Standards 2015 Standard 6.3	We now have these leaflets available to our patients, they are in reception.	Dee Evans	Completed
Delivery of safe and effective care				
The practice must seek advice from a fire safety expert on whether internal fire doors need to be installed upstairs and whether fire boards need to be installed under the stairs.	The Private Dentistry (Wales) Regulations 2017 Regulation 13	Elena Marino has been in contact with a fire safety expert and is currently trying to arrange them to visit the practice as soon as possible.	Elena Marino	1 Month

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must seek clarification from the company that undertook the legionnaire risk assessment to identify what approach should be taken to appropriately disinfect the water line used by the dental unit that is supplied by the mains water.	Health and Care Standards 2015 Standard 2.1	Elena had been in contact with the company that undertook the risk assessment for us and we are currently in the process of sending another water sample out to them so the report can be amended.	Elena Marino	1 Month
The practice must provide evidence to HIW that their dental professionals have undertaken the required number of hours (five) of verifiable training in disinfection and decontamination in their previous five year cycle.	The Private Dentistry (Wales) Regulations 2017 Regulation 17(1a) Health and Care Standards 2015 Standard 2.4	Unfortunately, we do not have the evidence to support this. We had a Disinfection & Decontamination (Dentisan) in house Course October 2018, we assumed this would be sufficient to cover all members of staff for their 5-year cycle but the course only provided us all with 2 hours of CPD. All staff members have been signed up to Isopharm, funded by the practice. We will all ensure we get 5 hours of CPD for each cycle in future.	Dee Evans	Future Progress
The practice must undertake a sharps audit and risk assessment to outline how the practice can protect staff against the risk of accidental injury if continuing to use traditional	The Private Dentistry (Wales) Regulations 2017	We carry out annual Health and Safety audits and risk assessments, which touch on sharps. We haven't however	Dee Evans	1 Month

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
metal syringes; alternatively, the practice could make single use disposable local anaesthetic that incorporate a safety mechanism available for staff to use.	Regulation 17(1a) Health and Care Standards 2015	completed a specific Sharps Audit. It is on our to-do list for this month.		
Two dental professionals must undertake their five hours of verifiable training in radiography and radiation protection as early as possible in their new CPD cycle.	Standard 2.9	Both dental professionals are working very hard to complete as early as possible.	Dee Evans	1 Month
Patient records must be fully maintained in keeping with current guidance and professional standards for record keeping (including those recommended within this report).	Private Dentistry (Wales) Regulations 2017 Regulation 20 Faculty of General Dental Practice Clinical Examination and Record-Keeping guidelines	Since our inspection, the clinicians are working towards Delivering Better Oral Health. This wasn't something they had come across beforehand. The practice is also taking part in the GDS Reform contract come April 1 st 2020.	Laura Castaldi & Ashish Gadhia	As of April 1 st 2020
The practice must improve its acknowledgement of incoming referrals for dental treatment.		We have implemented an acknowledgment letter and will respond to any future Implant referrals, with our acknowledgement letter.	Elena Marino	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of management and leadership				
The practice must update their whistleblowing policy to include the contact details for HIW as an organisations that staff can contact in the event of any concerns.	Private Dentistry (Wales) Regulations 2017 Regulation 17(3e)	We have added HIW contact details to our Whistleblowing Policy.	Dee Evans	Complete

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): Dee Evans

Job role: Registered Manager

Date: 16 March 2020