

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

Mount Pleasant Dental  
Practice/Cardiff and 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 Mount Pleasant Dental Practice at 36 Mount Pleasant Avenue, Llanrumney, Cardiff, CF3 5SZ within Cardiff and Vale University Health Board on the 13<sup>th</sup> January 2022.

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 the service provided safe and effective care.

We found that the building was kept to a good standard with clinical areas that were well equipped and maintained.

We saw evidence that effective infection control procedures were in place to protect patients and staff.

However, we found that the practice did not sufficiently protect patients, staff and visitors from the risks of fire and exposure to ionising radiation.

This is what we found the service did well:

- Staff we spoke to felt supported in their roles
- The practice had appropriate policies and procedures in place to keep staff and patients safe
- Patients were happy with the care they had received from the practice
- The practice followed infection prevention and control guidelines and equipment and surroundings provided a clean, welcoming and pleasant environment for patients and staff.

This is what we recommend the service could improve:

- Controlled areas for when the x-ray unit is in use should be more clearly identified
- Fire safety risk assessments should be carried out on a regular basis
- Leaflets and written information concerning oral health promotion should be available for patients to take away with them
- Patient views and feedback about the practice should be gathered and acted upon to ensure continued improvement

- Bins used for the safe disposal of sharps should be stored appropriately to prevent the risk of injury to staff.

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

We identified regulatory breaches during this inspection regarding fire safety, the lack of an accessible practice statement of purpose and the gathering of patient views. Further details can be found in Appendix C. Whilst this has not resulted in the issue of a non-compliance notice, there is an expectation that the registered person takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

## 3. What we found

### **Background of the service**

Mount Pleasant Dental Practice provides services to patients in the Llanrumney area of Cardiff. 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 two dentists, three qualified dental nurses and one receptionist.

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.*

We found that Mount Pleasant Dental Practice was committed to providing a positive experience for their patients.

All patients provided positive responses to us when asked about the dental practice.

However, the practice should provide written information for patients on oral healthcare.

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 twenty were completed. Patient comments included the following:

*"The care has always been excellent"*

*"There is nothing they can do to improve the service. Excellent practice"*

*"Always have good service and an emergency appointment if needed. Dentist and staff always polite."*

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patient comments included the following:

*"More dentists for more available appointments."*

## Staying healthy

### Health promotion protection and improvement

All but two of the patients who completed the questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. This was supported by the dental records that we inspected. Evidence within the dental records documented that patients were provided with advice on smoking cessation, oral hygiene and diet. Every patient who filled out the questionnaire

stated that they felt involved in decisions surrounding their dental treatment and care.

However, we found that, while issuing of leaflets is currently discouraged due to COVID-19 infection risk, the practice should consider the availability of sufficient written information for when COVID-19 restrictions allow in order to promote oral health and hygiene or to explain the different dental treatments that they may be offered.

#### Improvement needed

The registered manager must ensure that written information is available to patients in preparation for the lowering of COVID-19 restriction in order to promote oral health and hygiene and to explain the treatments offered.

### **Dignified care**

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

We observed patients at the practice being spoken to by reception staff in a friendly and professional manner. Telephone calls to the practice were handled by a member of staff on reception. Should a patient request a confidential conversation with a member of staff, this would be undertaken in a spare surgery behind a closed door to protect patient privacy. We saw evidence that the practice had appropriate policies concerning dignity and respect and that doors to treatment rooms were kept closed whilst in use, also to protect patient privacy.

The practice did not display a copy of the Code of Ethics and Professional Practice by the General Dental Council (GDC). This document outlines the professional standards under which patients can expect dental care professionals should act. The inspector brought this to the attention of the registered manager during the inspection and this has now been rectified.

Window blinds had been removed to allow for additional ventilation to be installed as part of measures to protect against COVID-19. As the windows were quite large and the practice situated in a very busy residential area, this meant that passers-by and houses opposite the dental practice were able to see into the treatment rooms. Therefore, patient privacy could not always be guaranteed.

### Improvement needed

The registered manager must ensure that windows to patient facing areas are adequately protected from the view of others outside the practice.

### Patient information

All of the patients that completed the questionnaire reported that the dental team helped them to understand, in an appropriate manner, their treatment needs and the options available to them. Every patient also stated that they felt involved in the decisions being made regarding their treatment.

We were provided with a comprehensive range of practice policies and procedures. We also saw the detailed patient information leaflet that covered all of the information required by the Private Dentistry (Wales) Regulations 2017. However, this was currently only available to patients upon request in order to comply with the infection prevention and control guidelines in place concerning COVID-19.

The practice had information displayed within both waiting areas with details of costs for NHS treatment. However, there was not any information displayed regarding the price for different private treatments that were offered at the practice.

### Improvement needed

The registered manager must:

- Display information relating to the cost of private and NHS treatments that are offered at the practice
- Ensure that patients are aware of the patient information leaflet and make it more readily available to patients as COVID-19 restrictions permit.

### Communicating effectively

We were told that the practice had access to a telephone translation service available via the health board for patients to access, should they prefer to communicate in a language other than English. However, less than a third of patients that completed the questionnaire stated that they were asked their

preferred language. Most patients answered that healthcare information was available in their preferred language although several said it was not.

The practice did not have any notices or information on display to encourage patients who would prefer to communicate through the medium of Welsh to do so. Arrangements should be made to provide further information in Welsh and to help staff make an 'Active Offer'<sup>1</sup> .

### Improvement needed

The registered manager must:

- Ensure that patients are asked their preferred language when visiting the practice
- Ensure that patients who wish to communicate through the medium of Welsh are encouraged and facilitated to do so
- Display signage and posters in Welsh as well as English.
- Arrangements should be made to provide further information in Welsh and to help staff make an 'Active Offer'.

### Timely care

17 of the 20 patients who completed the questionnaire stated that it was “very easy” or “fairly easy” to obtain an appointment when they needed one.

The practice made efforts to ensure that all patients were seen on time. Should a dentist be running over with another patient, we were told that reception staff would inform patients and offer to rebook an appointment if needed.

Patients requiring an emergency appointment during practice opening hours would be seen on the same day whenever possible. Patients requiring out of hours emergency dental care were directed to a dedicated telephone number displayed on the door of the practice or to NHS direct for advice. The information was also included in the practice’s patient information leaflet. However, six patients stated that they did not know how to access the out of hours emergency dental service should they have an urgent dental problem. The practice must

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<sup>1</sup> An ‘Active Offer’ means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>.

ensure that patients are aware of how to access emergency treatment when needed.

#### Improvement needed

The registered manager must ensure that patients are aware of how to access emergency dental treatment when needed.

## Individual care

### Planning care to promote independence

Almost all patients that completed the questionnaire reported that they were always asked questions concerning their medical history when they attended the practice. This was confirmed by the sample of patient records that we reviewed. We found that initial and updated medical histories were consistently and appropriately recorded. This is required by professional guidelines to ensure the dental team are aware of, and understand potential interactions between, the dental treatment carried out and any pre-existing medical conditions the patient may have.

We also confirmed that effective treatment planning was recorded in the patient dental care records. Every patient dental care record reviewed showed evidence that patients were given advice regarding improving their oral healthcare.

### People's rights

The practice had an Equal Opportunities Policy in place that demonstrated a commitment to ensuring patients had access to fair treatment. In line with the Equality Act 2010, the policy acknowledged the need to deliver treatment and services to all patients regardless of any protected characteristic<sup>2</sup>.

We found access to the practice was good. Although the practice was based over two floors, there was a waiting area and surgery located downstairs next to the main reception area. However, the patient toilet was located on the first floor, accessible only via a flight of stairs. This was not immediately apparent upon

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<sup>2</sup> The Equality Act 2010 makes it an offence to discriminate against someone because of a protected characteristic. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

entering the practice, neither was it included in the patient information leaflet<sup>3</sup>. This must be included in the leaflet to ensure that those patients with accessibility difficulties are informed prior to visiting the practice.

### Improvement needed

The registered manager must ensure that:

- The patient information leaflet is updated to highlight any access challenges
- The acceptance of patients policy is updated to ensure new patients are made aware of the access challenges prior to attending the practice

### Listening and learning from feedback

Prior to the pandemic, the practice welcomed feedback via a suggestions box located at the reception desk. However, this had been removed to adhere to COVID-19 infection prevention and control guidelines which meant that patient feedback was no longer being gathered.

Recently, informal feedback provided to the practice had resulted in improvements to the patient toilet to assist those patients with mobility difficulties. This improvement was displayed on a “you said, we did” laminated poster in the patient waiting areas.

We saw evidence of a comprehensive complaints policy and procedure that complied with the specific requirements outlined within the Private Dentistry (Wales) Regulations 2017. This policy was displayed to patients on noticeboards within the waiting areas and outlined how patients could complain formally to the practice. This included who to address a complaint to and a timescale in which to expect a response. However, although the policy referred to third parties that could assist with making a complaint, there were not any contact details provided

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<sup>3</sup> A “Patient Information Leaflet” is a document compiled according to the Private Dentistry (Wales) Regulations 2017 and informs patients of the services on offer at the practice as well as other information such as names of dental professionals working at the practice and how to make a complaint.

for these organisations. In addition, details of how to contact HIW were not present.

When questioned, staff were not aware if the practice had a log for patient complaints. Although staff reported that complaints were rarely made, should multiple complaints concerning similar issues arise, common themes and areas for improvement might be missed.

#### Improvement needed

The registered manager must:

- Gain patient feedback regarding the practice to ensure continued improvements are made
- Update the complaints policy to include full contact details including the address and telephone numbers for Healthcare Inspectorate Wales (HIW), NHS Putting Things Right and the Dental Complaints Service.
- Implement a written log for complaints to ensure key themes and areas requiring improvement are noted and acted upon.

## 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 evidence that patients were provided with safe and effective dental care

We saw that the dental practice environment was well equipped and had effective infection prevention and control measures in place.

We found evidence that some improvements were needed in order to ensure patients, staff and visitors are appropriately protected from risks relating to fire and exposure to ionising radiation.

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

Overall we found suitable arrangements were in place to ensure the safety and wellbeing of staff and visitors to the practice. The exterior of the practice was well maintained and inside the practice was clean, light and airy. However, we noted that the practice was carpeted in non-clinical areas. The registered manager should consider changing this flooring to impervious or wipe clean flooring.

We saw a range of policies and procedures that were up to date to ensure the practice was safe and fit for purpose. These had been signed by all staff and included a business continuity plan and health and safety policy as well as a practice risk assessment.

The practice was operating a locked door policy for patients, allowing only those patients with an appointment to enter the premises. Hand gel was available upon entry to the practice and patients were asked to attend wearing a mask. Toys and magazines had been removed from the waiting areas in line with COVID-19 guidelines and only one patient was permitted in each waiting area at any one time.

We found that a first aid kit was available at the practice, this was in date and contained appropriate equipment and materials. The registered manager was first aid trained.

The practice had four fire extinguishers across both floors of the practice. These were fixed to the wall and were maintained and serviced on an annual basis. All staff had undergone fire training and staff knew the procedure for prompt

evacuation of the practice in the event of fire. Fire exits were clearly marked with appropriate signage and no smoking signs were displayed to remind staff and visitors of the smoke free premises legislation. The practice had a fire policy in place. However a comprehensive risk assessment had not been carried out at the practice. This must be completed in order to protect the health and safety of staff, patients and visitors.

During the inspection we found that work surfaces within the decontamination room were loose and the seal to the wall was no longer adequate. This could create an area that cannot be adequately cleaned and in turn lead to a risk of infection.

#### Improvement needed

The registered manager must ensure that:

- A fire risk assessment is undertaken and any actions identified within it are addressed promptly
- The cupboards within the decontamination room are fixed securely to the wall and an adequate sealant is used for the join to the wall.

#### Infection prevention and control (IPC)

We found evidence that the practice had suitable IPC measures, policies and procedures in place for the decontamination (cleaning and sterilisation) of dental instruments and equipment. This was in line with Welsh Health Technical Memorandum 01-05<sup>4</sup> (WHTM 01-05) guidelines and included an infection control policy and a sharps safety policy for staff.

We also saw evidence of contracts that were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. Clinical waste was stored appropriately in a locked garage.

The practice had a process for the cleaning and sterilisation (decontamination) of dental instruments within a dedicated decontamination room. We saw evidence that daily and weekly parameter checks of the autoclave and ultrasonic cleaner were recorded to ensure they were working correctly and a maintenance contract was in place for regular servicing of the autoclave. The practice had a

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<sup>4</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.

dirty to clean workflow in operation within the decontamination room to prevent contamination of clean instruments. We saw evidence that secure boxes were used to transport contaminated instruments from the dental surgery to the decontamination room in a safe manner. Staff were provided with a dedicated area to change into and out of their clinical uniforms.

We saw that the dental surgery treatment room had been decluttered to allow for effective cleaning in response to the pandemic. We were told that instruments would be prepared prior to treatment. We confirmed that adequate time was allocated in between patients to allow for fallow time<sup>5</sup> following an aerosol generating procedure (AGP)<sup>6</sup> and the thorough cleaning of the surgery using approved cleaning materials.

We were told that all staff undertaking AGP's had been correctly fit tested<sup>7</sup> for Filtering Face Piece (FFP3)<sup>8</sup> masks. We witnessed staff using the correct personal protective equipment (PPE)<sup>9</sup> at all times throughout the practice.

The practice regularly completed IPC audits and all staff had undertaken training in IPC procedures for dentistry.

However, we found that sharps bins were stored incorrectly within cupboards in the dental surgeries. This meant that staff had to remove the sharps bin each time they needed to dispose of their sharps. This in turn meant that staff were at increased risk of obtaining a sharps injury as the bin could fall or tip upon removal from the cupboard. The registered manager must therefore improve the placement of in-use sharps bins to prevent this risk.

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<sup>5</sup> Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place which allows any droplets to settle before cleaning and decontamination takes place

<sup>6</sup> An aerosol generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

<sup>7</sup> Face fit testing is a method of checking that tight-fitting facial PPE matches the wearer's facial features and seals adequately to their face

<sup>8</sup> The need for FFP3 Mask (oral nasal disposable mask respiratory protection) to be worn is identified through clinical risk assessment. The mask is used to protect against respiratory borne pathogens. To use these masks, relevant staff must be 'face fit tested' to ensure that they can achieve a suitable face fit of the mask and that it operates at the required efficiency.

<sup>9</sup> PPE is equipment that will protect the user against health or safety risks at work

In addition, we found pre-sterilised items within the drawers of the surgeries that were stored incorrectly with damaged packaging that had been torn or ripped. Where sterilisation pouches become damaged items within should be reprocessed and stored in a new sterilisation pouch. As this was not the case, we could not be assured of the sterility of these items.

### Improvement needed

The registered manager must ensure that:

- Sharps bins currently in-use are located safely to prevent the risk of sharps related injury
- Instruments and equipment are stored appropriately within undamaged packaging. Items stored in packaging that is damaged should be immediately reprocessed.

### Medicines management

We confirmed that the practice had a policy in place to cover the use of resuscitation equipment and emergency drugs. This was in line with current standards issued by the Resuscitation Council (UK) and was reviewed annually. Resuscitation equipment, including an automated external defibrillator (AED<sup>10</sup>) and emergency oxygen, had been checked weekly and were stored safely.

We saw evidence that all staff had been appropriately trained and were up to date in emergency Cardiopulmonary Resuscitation (CPR<sup>11</sup>) and medical emergencies training.

We saw evidence of relevant policies for the safe and effective storage, handling, ordering and dispensing of medicines. Prescribed medication was documented in the patients dental records and followed current prescribing guidelines. Staff were aware of how to report an adverse reaction to a medication via the yellow card scheme<sup>12</sup>.

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<sup>10</sup> An AED, or automated external defibrillator, is used to help those experiencing sudden cardiac arrest

<sup>11</sup> CPR is an emergency procedure for a person whose heart has stopped or is no longer breathing. CPR can maintain circulation and breathing until [emergency medical help](#) arrives

<sup>12</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

An observation of each surgery found prescription pads left in surgery drawers. Prescription pads should be kept locked until needed, in order to prevent unauthorised use.

#### Improvement needed

The registered manager must ensure that:

- Prescription pads are locked away when not in use.

### Safeguarding children and adults at risk

We found that all staff were aware of, and had undertaken training in, how to safeguard children and vulnerable adults to an appropriate level. The registered manager was also the designated safeguarding lead for the practice and had completed a higher level of safeguarding training in order to fulfil this role. Additionally, the All Wales Safeguarding Procedures were available to staff via a mobile phone application. We saw evidence that all staff had undertaken satisfactory Disclosure and Barring System (DBS) <sup>13</sup> checks.

Although staff were aware that they needed to contact their local safeguarding team should they have a concern about a child or adult at risk, staff did not have contact details readily available to them. This could inhibit the timely reporting of a witnessed incident that might indicate a child or adult at risk. .

#### Improvement needed

The registered manager must ensure that staff have up to date contact details for the local safeguarding team easily available to them.

### Medical devices, equipment and diagnostic systems

We inspected the clinical facilities and other areas of the practice and found that the dental equipment was in excellent condition and well maintained. We saw that the surgery contained appropriate equipment for the patient and dental team.

We saw that all clinical staff had undergone the necessary training relevant to their role and there was a practice radiation policy. We saw evidence that the practice had written protocols, policies and procedures in place for each type of

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<sup>13</sup> DBS check is a process used by employers and organisations to get a clear picture of an individual's criminal record.

radiographic exam offered at the practice. These had been reviewed and signed by all staff. Radiographic equipment was also correctly registered with the Health and Safety Executive (HSE) in line with the legislation governing ionising radiation. The practice had a nominated Radiation Protection Advisor<sup>14</sup>. We saw evidence that the practice had a contract in place to ensure regular servicing and maintenance of the radiography equipment and that regular radiographic audits were being undertaken. We also saw that the practice had displayed the local rules<sup>15</sup> for each x-ray machine at the practice in an appropriate place.

However, signage to warn patients, staff and visitors of areas that were controlled due to the presence of ionising radiation was not displayed correctly. We found that only one small sign was visible, next to each of the radiograph machines. The practice did not have signs present on the doors to the controlled areas to warn patients, staff and visitors of the additional risk from ionising radiation should they enter.

In addition, the practice did not have a dedicated radiation protection file<sup>16</sup>. Documentation was instead split across several other document files. Should an incident occur relating to the radiography equipment at the practice, this may delay prompt remedial action by the registered manager.

#### Improvement needed

The registered manager must ensure that:

- Suitable signage is displayed internally and externally to the controlled area to warn patients, staff and visitors of the increased risks due to ionising radiation.
- A dedicated radiation protection file is assembled to hold all of the necessary documentation and information relating to the radiographic equipment at the practice.

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<sup>14</sup> “Radiation protection advisor” this is a legally recognised position and is someone who is competent to advise employers on the safe and compliant use of ionising radiation (“x-rays”).

<sup>15</sup> <sup>15</sup> Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/474136/Laser\\_guidance\\_Oct\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

<sup>16</sup> A radiation protection file should hold the local rules and written procedures established by the legal person (the radiation protection advisor).

## Effective care

### Safe and clinically effective care

We saw evidence that the practice had appropriate arrangements relating to the acceptance, assessment, diagnosis and treatment of new patients. We also saw evidence of an up to date consent policy to ensure that the correct informed consent was gained prior to any dental treatment taking place.

We noted that the practice had a policy in place to ensure that professional, regulatory and statutory guidance, were given due consideration and followed where appropriate. These include National Institute for Care and Excellence (NICE)<sup>17</sup> guidelines.

When reviewing the patient dental care records we noticed that the practice was not using the Local Safety Standards for Invasive Procedures (LocSSIPs)<sup>18</sup> checklists. We would recommend that the practice uses these whenever a surgical treatment or simple extraction is undertaken at the practice. This ensures that safe patient care is always provided

#### Improvement needed

The registered manager must ensure that:

- LocSSIPs checklists are used when undertaking surgical treatments or simple extractions

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<sup>17</sup> The “National Institute for Health and Care Excellence” (“NICE”) is the body that provides guidance and advice to improve health and social care.

<sup>18</sup> “Local Safety Standards for Invasive Procedures” (LocSSIPs) – these are checklists that have been designed to ensure that surgical “never events” (eg wrong site tooth extraction in a dental setting) do not occur

## Quality improvement, research and innovation

We saw evidence of completed audits that had been regularly undertaken by the practice. These included the WHTM 01-05 audit for infection control and antimicrobial prescribing audit. We also saw evidence of a recently completed Maturity Matrix Dentistry tool<sup>19</sup>.

We found that the registered manager was undertaking appropriate peer review as part of his work with an external peer reviewer as per General Dental Council (GDC) conditions.

As the practice did not gather patient views and feedback, we did not see evidence of improvements to service provision as a result of this. However, review of the practice accident book suggested that following incidents, working practices would be changed to prevent them from reoccurring.

## Information governance and communications technology

We saw evidence that the practice had an appropriate management policy and system in place to ensure patient dental care records were safely managed. We found that the practice managed patient information in a manner that complied with the General Data Protection Regulations (GDPR<sup>20</sup>).

Patient records were stored electronically on password protected computers. Copies of these electronic records were regularly backed up, so that the original data could be accessed in the event of computer failure.

## Record keeping

During the inspection, we reviewed a sample of the patient dental records and found good practice overall.

We found that dental records were mostly accurate and were written contemporaneously. Patient dental records contained details of assessment and

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<sup>19</sup> The Maturity Matrix Dentistry (MMD) is a practice development tool for the whole dental team which helps dental teams deliver high quality care for patients

<sup>20</sup> The General Data Protection Regulation (GDPR) is a legal framework that sets guidelines for the collection and processing of personal information from individuals who live in the European Union (EU). Since the Regulation applies regardless of where websites are based, it must be heeded by all sites that attract European visitors, even if they don't specifically market goods or services to EU residents.

treatment planning as well as treatment provided during the appointment. Previous dental and social history were also noted alongside medical histories that were updated regularly.

Dental records were stored digitally and were retained for a period of eight years and were backed up externally.

Some of the dental records that we reviewed were missing some information in places, as follows:

- One patient did not have a periodontal classification or follow-up assessment of periodontal health
- Another did not appear to have evidence of radiographs
- One set of dental records did not appear to have recorded details of an examination.

It is important that dental records are full and completed, in order to ensure that appropriate assessment and treatment is provided to the patient in a timely manner.<sup>21</sup>

#### Improvement needed

The registered manager must ensure that dental record keeping audits are repeated regularly, according to audit results, in order that areas for improvement are acted upon in a timely manner.

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<sup>21</sup> “Periodontal Classification” - this is a classification of overall periodontal or “gum” health.

## 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 a close knit team that worked well together.

All members of the dental team were registered with their governing body and appropriate pre-employment checks were in place.

The practice had a range of policies and procedures in place to support the running of the dental practice.

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

Mount Pleasant Dental Practice was owned by the registered manager who was also the responsible individual and principal dentist. The day to day running of the practice fell to the registered manager who was also supported by a team of qualified dental nurses, who also fulfilled the role of receptionist when required.

All staff had been at the practice for a significant period of time and during the inspection, we observed staff working well together. When questioned, staff were aware of who to report to, should they feel they needed to raise a concern or grievance at the practice.

We noted that the practice had a wide range of policies and procedures in place to ensure the safety of staff and patients. A comprehensive patient information leaflet had been written and was available upon request to patients and we saw that the practice had displayed their certificate of Public Liability Insurance.

We noted that the registered manager was aware of their responsibilities under the Private Dentistry (Wales) Regulations 2017 regarding incidents that needed to be reported to HIW within a timely manner.

However, during the inspection, neither the staff or the registered manager were aware of the practice statement of purpose<sup>22</sup> or where this document might be

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<sup>22</sup> The "Statement of Purpose" is a document compiled according to the Private Dentistry (Wales) Regulations 2017 and details to patients the aims and objectives of the dental practice, the

located. Although this document was provided to the inspector at a later date, it had not been reviewed or updated in accordance with the regulations governing Private Dentistry in Wales.

### Improvement needed

The registered manager must ensure the practice statement of purpose is reviewed, updated and provided to HIW on an annual basis or sooner if a change is made to the practice.

## Staff and resources

### Workforce

A review of staff personnel files showed that all permanent staff at the practice had valid enhanced DBS certificates<sup>23</sup> for child and adult workforce. We also saw evidence within these files that all clinical members of staff were registered with the GDC. We were told by the registered manager that GDC registration was funded by them as well as indemnity insurance required as part of GDC registration.

In addition, all staff working clinically had provided evidence of Hepatitis B immunisation with an appropriate immune response. Staff had also provided evidence of COVID-19 vaccination where possible.

Staff mandatory training was up to date and copies of certificates were kept within staff folders as evidence. Training was in line with GDC recommendations and was funded where possible by the registered manager. We saw that all staff had undergone annual appraisals and records of these were also kept in staff files.

Although the registered manager had not yet attended any formal training, we were told that this would be explored as a means to further improve leadership and management at the practice.

Staffing levels were satisfactory and at all times the practice had suitably trained staff in attendance to ensure safe and effective patient care. The practice had a

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treatments offered, names and qualifications of dental professionals working at the practice and how to make a complaint.

<sup>23</sup> An enhanced Disclosure and Barring Service (DBS) check is required when a person is likely to be working in a role that could involve contact with children or vulnerable adults. Alongside the standard and basic checks carried out that look for convictions and cautions of a criminal nature, an enhanced check will also look for warnings and reprimands made on that person.

whistleblowing policy and staff were aware of how to raise a concern should they need to.

We were told that practice staff meetings were usually carried out on an informal, ad-hoc, basis and were not minuted. In order to ensure continued progress and improvement we would recommend that staff meetings should be carried out on a more formal basis and regular basis and minuted

**Improvement needed**

The registered manager must hold regular staff meetings that are minuted.

## 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 summarizes 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:** Mount Pleasant Dental Practice

**Date of inspection:** 13 January 2022

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
There were NO immediate non-compliance issues identified on this inspection.				

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

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Mount Pleasant Dental Practice

**Date of inspection:** 13 January 2022

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 manager must ensure that written information is available to patients in preparation for the lowering of COVID-19 restriction in order to promote oral health and hygiene and to explain the treatments offered.	1.1 Health promotion, protection and improvement; Regulation 9(a)(b) The Private Dentistry (Wales) Regulations 2017	We have ordered new patient information regarding promotion of Oral Health and Hygiene. Also leaflets explaining different treatment options	Edvard Akbas	4 weeks
The registered manager must ensure that windows to patient facing areas are adequately protected from the view of others outside the practice	4.1 Dignified Care; Regulation 15 The Private Dentistry (Wales) Regulations 2017	Company to fit new blinds have been contacted.	Edvard Akbas	4 weeks

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The Registered Manager must:</p> <ul style="list-style-type: none"> <li>• Display information relating to the cost of private and NHS treatments that are offered at the practice</li> <li>• Ensure that patients are aware of the Patient Information Leaflet and make it more readily available to patients as COVID-19 restrictions permit.</li> </ul>	<p>4.2 Patient Information, Regulation 9 (a)(b) and 6((1)(3)The Private Dentistry (Wales) Regulations 2017</p>	<p>Information regarding NHS and Private fees will be displayed in waiting rooms as soon COVID restrictions permit.</p> <p>Patient information leaflet to be updated and displayed in waiting rooms once Covid restrictions permit.</p>	<p>Kelly Kinson</p>	<p>ASAP</p>
<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>• Ensure that patients are asked their preferred language when visiting the practice</li> <li>• Ensure that patients who wish to communicate through the medium of</li> </ul>	<p>3.2 Communicating effectively; Regulation 13 (a) The Private Dentistry (Wales) Regulations 2017</p>	<p>We will display posters and information in multiple languages, if possible.</p> <p>Patients will be given the option to use the Welsh language or any other language of preference.</p>	<p>Edvard Akbas</p>	<p>2 weeks</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>Welsh are encouraged and facilitated to do so</p> <ul style="list-style-type: none"> <li>• Display signage and posters in Welsh as well as English</li> <li>• Arrangements should be made to provide further information in Welsh and to help staff make an 'Active Offer'</li> </ul>				
<p>The registered manager must ensure that patients are aware of how to access emergency dental treatment when needed.</p>	<p>5.1 Timely Access; Regulation 13(9) The Private Dentistry (Wales) Regulations 2017</p>	<p>We have information in waiting areas and displayed in windows facing entrance. Information is available on answering machine</p>	<p>Kelly Kinson</p>	<p>ASAP</p>
<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> <li>• The patient information leaflet is updated to highlight any access challenges</li> </ul>	<p>6.2 Peoples rights; Regulation 13(a) The Private Dentistry (Wales) Regulations 2017</p>	<p>Patient information leaflet to be updated and displayed in waiting areas as soon as Covid restrictions permit</p> <p>We will update our policy for new patients to make them aware of access</p>	<p>Edvard Akbas</p>	<p>ASAP</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>The acceptance of patients policy is updated to ensure new patients are made aware of the access challenges prior to attending the practice</li> </ul>		<p>challenges when attending the practice. We will display it in waiting areas once Covid regulations permit it.</p>		
<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>Gain patient feedback regarding the practice to ensure continued improvements are made</li> <li>Update the complaints policy to include full contact details including the address and telephone numbers for Healthcare Inspectorate Wales (HIW), NHS Putting Things Right and the Dental Complaints Service.</li> <li>Implement a written log for complaints to ensure key themes and areas requiring improvement are noted and acted upon..</li> </ul>	<p>6.3 Listening and Learning from feedback, Regulation 16(2)(b)(ii) , (2)(c) The Private Dentistry (Wales) Regulations 2017</p>	<p>We will seek patient feedback on changes done to practice.</p> <p>We will Update Complaints policy so it has full contact details for : HIW NHS putting things right and Dental complaints Service.</p> <p>We Will implement written log] for complaints</p>	<p>Edvard Akbas</p>	<p>4 Weeks</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> <li>A fire risk assessment is undertaken and any actions identified within it are addressed promptly</li> <li>The cupboards within the decontamination room are fixed securely to the wall and an adequate sealant is used for the join to the wall.</li> </ul>	<p>2.1 Managing risk and promoting health and safety; Regulation 22 (4)The Private Dentistry (Wales) Regulations 2017</p>	<p>Company to undertake Fire risk assessment has been contacted and will be booked in ASAP.</p> <p>Cupboards in decontamination room to be secured and sealed properly..</p>	<p>Edvard Akbas</p> <p>Kelly Kinson</p>	<p>Waiting for company to book in a date.</p> <p>2 Weeks</p>
<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>Ensure sharps bins currently in-use are located safely to prevent the risk of sharps related injury</li> <li>Instruments and equipment are stored appropriately within undamaged packaging. Items stored in packaging that</li> </ul>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination, Regulation 13 The Private Dentistry (Wales) Regulations 2017</p>	<p>Sharps bins were moved to secure location the day after inspection</p> <p>Changes/controls implemented to make sure that instruments are stored in undamaged packaging.</p>	<p>Kelly kinson</p>	<p>Done</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
is damaged should be immediately reprocessed.				
The registered manager must ensure that prescription pads are locked away when not in use.	2.6 Medicines Management; Regulation 13(9) The Private Dentistry (Wales) Regulations 2017	Protocols implemented to make sure that prescription pads are locked away when not in use.	Kelly Kinson	Done
The registered manager must ensure that staff have up to date contact details for the local safeguarding team easily available to them.	2.7 Safeguarding children and adults at risk; Regulation 14 The Private Dentistry (Wales) Regulations 2017	Up to date contact details for local safeguarding team made easily available to all staff	Kelly Kinson	4 week
<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> <li>Suitable signage is displayed internally and externally to the controlled area to</li> </ul>	2.9 Medical devices, equipment and diagnostic systems; Ionising Radiation	Signage displayed in areas of ionising radiation has been done week after inspection date.	<p>Kelly Kinson</p> <p>Edvard Akbas</p>	Done

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>warn patients, staff and visitors of the increased risks due to ionising radiation.</p> <ul style="list-style-type: none"> <li>A radiation protection file is assembled to hold all of the necessary documentation and information relating to the radiographic equipment at the practice</li> </ul>	<p>(Medical Exposure) Regulations 2017; Regulation 13 The Private Dentistry (Wales) Regulations 2017</p>	<p>Radiation protection assembled with all necessary information</p>		
<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>ensure that LocSSIPs checklists are used when undertaking surgical treatments or simple extractions</li> </ul>	<p>3.1 Safe and Clinically Effective care; Regulation 13(8) The Private Dentistry (Wales) Regulations 2017</p>	<p>We implement the use LocSSIPs checklists in the practice ASAP</p>	<p>Edvard Akbas</p>	<p>2 Weeks</p>
<p>The registered manager must ensure that dental record keeping audits are repeated regularly according to audit results in order that areas for improvement are acted upon in a timely manner.</p>	<p>3.5 Record keeping; Regulation 20 The Private Dentistry (Wales) Regulations 2017</p>	<p>We have decided to have yearly audit of record keeping audits</p>	<p>Edvard Akbas</p>	<p>Done</p>

## Quality of management and leadership

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must ensure the practice Statement of Purpose is reviewed, updated and provided to HIW on an annual basis or sooner if a change is made to the practice	Governance, Leadership and Accountability; Regulation 5 The Private Dentistry (Wales) Regulations 2017	The Practice Statement of Purpose will be reviewed yearly and can be forwarded on an annual basis	Edvard Akbas	1 Week
The registered manager must hold regular staff meetings that are minuted	7.1 Workforce; Regulation 15 (3) The Private Dentistry (Wales) Regulations 2017	Regular meetings are being held we will make sure that they are minuted	Edvard Akbas	ASAP

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):** Edvard Advar Akbas

**Job role:** Principal Dentist

**Date:** 07/03/2022