

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

**Aneurin Bevan Health  
Board, Lawn Dental  
Practice**

28 July 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Lawn Dental Practice at Unit 22, The Lawn Industrial Estate, Rhymney within the area served by Aneurin Bevan University Health Board on 28 July 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards<sup>1</sup>. Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff

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<sup>1</sup> <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

<sup>2</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>3</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

### 3. Context

Lawn Dental Practice provides services to patients in the Rhymney area. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board.

Lawn Dental Practice provides mainly NHS services and some private dental services.

The practice employs a staff team which includes two dentists (including the principal dentist), four nurses including the practice manager who is also a nurse and two receptionists. At the time of inspection, there was another dentist at the practice who was on long term sick leave.

Lawn Dental Practice has recently been accepted as a training practice for dentists with the Wales Deanery (School of Postgraduate Medical and Dental Education). At the time of this inspection, one dentist undertaking a foundation year of dental training was expected to start at the practice in September 2015, under the guidance of the principal dentist.

A range of general dental services are provided.

## 4. Summary

HIW explored how Lawn Dental Practice meets the standards of care set out in the Health and Care Standards (April 2015).

Patients told us they were satisfied with the service they received from the dental practice and that they were given enough information about their treatment. Feedback from HIW patient questionnaires was positive. However, the practice did not have a system for regularly gaining patient views as a way of continually assessing the quality of the service provided and we made a recommendation regarding this.

Overall, we found evidence to indicate that care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean, tidy and well-organised. We found that the practice had systems to help protect patients from the risk of cross-infection. However, we recommended that improvements should be made to the daily maintenance records for cleaning equipment and aspects of the decontamination processes. In the sample of patient records reviewed, we found the record keeping lacked sufficient detail and we identified improvements that should be made.

The practice had recently been taken over by the principal dentist and there was a new practice manager in place. The policies, procedures and risk assessments had been inherited from the previous practice owner and had not been updated for several years. In general, we saw that information was out of date and disorganised and we could not be assured that staff had adequate policies and procedures to guide their work and the care provided. We recommended the practice should formalise quality assurance arrangements, including the undertaking of audits and peer review.

The practice is located within a large integrated health and social care centre run by Aneurin Bevan Health Board. Because of this, the premises are leased by the practice and the building maintenance is the responsibility of the health board. We found the practice was visibly clean and well maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users. Patients toilets are available as part of the centre, but we found they were poorly signposted from the practice and recommended this be improved.

## 5. Findings

### *Patient Experience*

**Patients told us they were satisfied with the service they received from the dental practice and that they were given enough information about their treatment. Feedback from HIW patient questionnaires was positive. However, the practice did not have a system for regularly gaining patient views as a way of continually assessing the quality of the service provided and we made a recommendation regarding this.**

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views of the dental services provided. Eighteen patient questionnaires were completed prior to the date of inspection. Overall, patient feedback was positive. All patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. The majority of patients told us they did not experience any delay in being seen by the dentists. Those that had experienced delay said this had not happened often.

A sample of patient comments (with the permission of those who completed the HIW questionnaires) included the following:

*“I have always been put at ease in the practice. The staff are very nice and helpful.”*

*“Extremely friendly staff, always polite and helpful. The service and treatment is exceptional for an NHS practice.”*

*“The dentists and staff are always helpful and pleasant. I don’t like attending the dentist, but I don’t mind attending here.”*

*“Appointment system quick and very good.”*

*“Always made to feel welcome, friendly. Services accessible and helpful, even when in an emergency.”*

*“I am fully satisfied with all aspects of my treatment at this practice. I would recommend it to anyone.”*

All patients said they received enough information about their treatment. We also found that all patients said they knew how to access out of hours dental services. We saw a sign displayed with the emergency contact number and we confirmed there was a contact number provided on the practice’s answer phone



message. There was a flexible appointment system in place enabling appointments to be booked both in advance and on an emergency basis.

Practice information leaflets were not available on the day of inspection and we were told they were being updated. The practice had some health promotion information available in the waiting area, including smoking cessation advice. However, the practice may also want to consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages including Welsh. The need for this could be assessed through gaining patient feedback.

The practice did not have a method for regularly seeking patients' views. We discussed with the practice the importance of gaining patient feedback as a means of continually assessing the quality of the service provided.

***Improvement needed***

***The practice should develop a method of regularly seeking patient views.***

When asked about the complaints process, the majority of patients said they knew how to make a complaint. We saw that the complaints procedure was displayed in the reception area. However, this needed to be updated and we have made a recommendation regarding this within the Management and Leadership section of this report (page 18).

## *Delivery of Health and Care Standards*

**Overall, we found evidence to indicate that care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean, tidy and well-organised. We found that the practice had systems to help protect patients from the risk of cross-infection. However, we recommended that improvements should be made to the daily maintenance records for cleaning equipment and aspects of the decontamination processes. In the sample of patient records reviewed, we found the record keeping lacked sufficient detail and we identified improvements that should be made.**

### **Clinical facilities**

We looked at the clinical facilities of all three surgeries at the practice and found these contained relevant equipment for the safety of patients and staff. All surgeries were visibly clean, tidy and well-organised.

It was noted during the inspection that the premises are leased from Aneurin Bevan Health Board and are part of a large integrated health and social care centre. Due to this, we were told that aspects of maintenance of the premises such as portable appliance testing (PAT), clinical waste disposal, fire equipment, heating, equipment for compressed air for the surgeries and maintenance of the certain cleaning equipment (sterilisers) were the responsibility of the health board. On the day inspection, no documentation regarding this was available to view and we advised the practice to obtain copies from the health board.

### **Decontamination of instruments**

The practice had dedicated rooms for the cleaning and sterilisation of dental instruments, with one room for processing dirty instruments and another room for clean instruments. This is recognised as best practice by the WHTM 01-05 guidelines. However, we noticed that the flow of cleaning instruments in the dirty room could be improved to minimise potential cross contamination of instruments and work surfaces. We advised that this could be done by swapping the sinks used for cleaning and rinsing instruments.

We saw that the practice used plastic boxes for transporting clean and dirty instruments, but the lids on these boxes did not close properly to protect both

the instruments and staff member from inadvertent contamination. In accordance with Welsh Health Technical Memorandum<sup>4</sup> (WHTM 01-05), instrument transport boxes should be able to be closed securely.

***Improvement needed***

***The practice should replace the boxes used for instrument transportation with containers that are capable of being closed securely.***

We found in one surgery that one wrapped instrument was out of date and two others had no visible date of when they were last cleaned and processed. We highlighted this to the practice manager who arranged for these instruments to be re-processed straight away. We also noticed that while instruments were stamped with the date of expiry, they did not include the date they were cleaned in accordance with WHTM 01-05 guidelines.

***Improvement needed***

***The practice should ensure that all wrapped instruments include the date they were cleaned and especially for infrequently used instruments, the date of expiry. Dates should be clear throughout the storage period.***

We saw records which were completed to show the daily testing and maintenance of cleaning equipment. These checks ensure the machines are working correctly, so that instruments could be cleaned effectively. However, we found that the records were completed across different documents rather than as a single logbook which made reviewing the records more difficult. We also noticed that these records were not signed by the person conducting the test in accordance with WHTM guidelines. The cleaning equipment produced daily print outs to show the cleaning cycles had been completed effectively, but these were not transferred to the records until the end of the month. This meant there was the potential that this information could get lost. We advised the practice to ensure that records were kept up-to-date and in one complete logbook.

***Improvement needed***

***The practice should improve the system for recording daily maintenance checks on cleaning equipment.***

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<sup>4</sup> The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

There were dedicated hand washing sinks available to help with infection control. We looked at the personal protective equipment available for staff conducting decontamination and we saw that the apron used by staff in the dirty room was not disposable. Plastic disposable aprons for conducting decontamination are recommended in the WHTM 01-05 guidelines.

***Improvement needed***

***The practice should ensure that personal protective equipment for decontamination follows the guidance provided in the WHTM 01-05, including the use of disposable plastic aprons.***

We looked at training records for staff on decontamination/infection control and found that this was last completed in 2011/2010. We advised all staff to complete update training in infection control and the practice manager told us that staff had been booked on a course in November 2015.

We saw references of infection control guidelines for England but the practice did not appear to be aware of the Welsh specific guidelines. The practice had not conducted audits in infection control and we advised the practice to use the audit tool developed by the Dental Postgraduate Section of the Wales Deanery, as recommended by the Wales specific WHTM 01-05 guidelines and develop an improvement plan to address any issues.

***Improvement needed***

***The practice should conduct infection control audits and develop an improvement plan to address any issues.***

**Radiographic (x-ray) equipment**

We looked at the arrangements at the practice for the safe use of radiographic (x-ray) equipment. We found evidence that safety checks had been recently carried out on the x-ray equipment. We also saw evidence that the dentists had conducted appropriate training on radiation protection/ionising radiation.

We looked at the radiation protection file, which includes details about the x-ray equipment and procedures for staff to follow. We found this file was missing key pieces of information, such as the name of the radiation protection supervisor and advisor. We also noticed that the local rules of the procedures for staff to follow were not complete and had not be appropriately adapted for each surgery. We were told that the practice had commissioned an external company to provide these updates, but no evidence of this was available on the day of inspection. We also saw that x-ray audits had not been conducted to help ensure the quality of the images taken.

### ***Improvement needed***

***The practice must ensure that all information and documentation relating to radiographic equipment is in place and complies with the Ionising Radiation (Medical Exposure) Regulations 2000 and The Ionising Radiations Regulations 1999.***

***Quality assurance audits on x-ray images must also be conducted in accordance with the relevant regulations.***

On the day of inspection, we did not find sufficient evidence that the practice had notified the Health and Safety Executive (HSE) of the radiographic equipment being used on the premises. We issued an immediate assurance letter to the practice requesting urgent action be taken to address this, as a result of the potential safety concerns this poses. Details of this and the practice's response can be found in Appendix A.

### **Medical emergency equipment and medication**

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. There were flow charts for medical emergencies included with the medication, to advise staff of the procedure to follow. However, we saw that the practice's resuscitation policy needed to be updated with the latest guidance.

### ***Improvement needed***

***The practice must ensure that the resuscitation policy and any related guidance is up-to-date.***

We saw evidence that most staff had received up-to-date training on how to deal with medical emergencies and there were appointed first aiders. However, we found that the training certificate for the principal dentist was out of date. As a result, we issued an immediate assurance letter to the practice requesting urgent action be taken to address this. Details of this and the practice's response can be found in Appendix A.

We found all emergency medication was in date. However, checks on medication and emergency equipment were not recorded and only conducted on a monthly basis. We recommended that the practice improve the system for ensuring that all resuscitation equipment and medication is safe to use by recording and increasing the frequency of these checks to weekly in accordance with UK Resuscitation Council Guidelines.

### ***Improvement needed***

***The practice should improve the system for ensuring that all resuscitation equipment and medication is safe to use by recording and increasing the frequency of the checks conducted.***

We noticed that emergency medication was kept on an open work surface in the clean decontamination room. While this was not a patient area, we saw the door to this room was kept open during the day and there was the potential for unauthorised access. We advised the practice to consider moving the medication and resuscitation equipment to a more secure location.

### **Patient records**

We looked in detail at a total of twelve patient records across both dentists. As one of the dentists was on long term sick leave at the time of inspection, we did not include their records in our review. Overall, we found the record keeping lacked sufficient detail and we identified the following areas for improvement:

- Treatment options were not always recorded and those recorded lack sufficient detail of discussions with patients. This meant that we could not be assured that patients were fully informed about the risks, benefits and alternative treatments for them to make an informed decision, as this was not always recorded
- Patients requiring treatment were not consistently provided with a treatment plan and treatment planning evidence was not consistently recorded in patient notes
- Consent to treatment was not always recorded
- We found instances where the justifications for why x-rays needed to be taken lacked sufficient detail. We also found that the filing system for x-rays needed to be improved as we saw a record where two x-rays were taken but only one image was available. This meant that a patient may be exposed to radiation unnecessarily if the x-ray images are lost
- Details of the anaesthetic given to patients, such as batch numbers and expiry dates were not recorded
- Information or advice regarding smoking cessation and oral cancer screening was not recorded. It is good practice to record discussions with patients including any information and advice provided regarding their health.

***Improvement needed***

***Considering the omissions we found in the sample we looked at, improvements should be made to patient records, specifically by recording the following:***

- ***Treatment options***
- ***Treatment plan***
- ***Consent to treatment***
- ***Justifications for x-rays and a robust filing system for images***
- ***Details of anaesthetics given.***

## *Management and Leadership*

**The practice had recently been taken over by the principal dentist and there was a new practice manager in place. The policies, procedures and risk assessments had been inherited from the previous practice owner and had not been updated for several years. In general, we saw that information was out of date and disorganised and we could not be assured that staff had adequate policies and procedures to guide their work and the care provided. We also recommended the practice should formalise quality assurance arrangements, including the conduction of audits and peer review.**

Lawn Dental Practice had recently been taken over by the current principal dentist in April 2015. At the time of inspection, the previous principal dentist was still working at the practice, but was on long term sick leave. The day-to-day management is the responsibility of the principal dentist along with the practice manager. The practice manager is a senior dental nurse at the practice and had been appointed as manager approximately three months before the date of the inspection, whilst also continuing some nursing duties.

We were told the practice had recently been accepted by the Wales Deanery (School of Postgraduate Medical and Dental Education) to undertake the training of a foundation dentist, who was due to start at the practice in September 2015. As both the principal dentist and practice manager were involved in clinical work, we were concerned about the time available to make the improvements identified from this inspection in time for the arrival of the foundation dentist. We discussed this with the principal dentist and practice manager who agreed to ensure they dedicate enough time to make these important improvements

Both the practice manager and principal dentist were new to the roles of practice management since the change of ownership. We found that the majority of policies and procedures in place had been inherited from the previous owner and the content had not been updated for several years. Most policies were not dated and those that were had dates from 2007. We saw that the titles of the policies had been updated by hand to reflect the change in ownership and we saw one new policy had been developed. However, in general we saw that information was out of date and disorganised and we could not be assured that staff had adequate policies and procedures to guide their work and the care provided. We also found that a freedom of information policy was not in place in order to comply with the Freedom of Information Act. We advised the practice to include version and review dates on all policies and procedures so that it is clear that they are the latest versions.



***Improvement needed***

***The practice must ensure that the policies in place at the practice are up-to-date, appropriate and adapted for the current working environment.***

***A freedom of information policy must be in place.***

We also found that the infection control policy and health and safety policy lacked sufficient detail to address all appropriate health and safety and infection control arrangements at the practice. We were concerned that the health and safety and Control of Substances Hazardous to Health (COSHH) risk assessments had dates indicating they had not been updated for several years (in some cases since 2003), and had not been updated since the practice moved to the current premises. This meant that the practice has not taken adequate steps to help ensure the health and safety of patients and of staff working at the practice.

***Improvement needed***

***The health and safety policy must be updated to include all necessary information.***

***The infection control policy must be updated and include sufficient detail of the infection control arrangements at the practice.***

***Health and Safety risk assessments and COSHH assessments must be updated for the current working environment and reviewed regularly.***

We saw evidence that there had been one staff meeting since the change of ownership and we were told the practice planned to conduct these approximately every month in future. We saw the notes from this recent meeting which included a brief description of the topics discussed. We advised the practice to provide more detailed meeting minutes, including any outstanding actions and which staff members had attended the meeting so that clear records of discussion could be reviewed at a later date. We were told that staff were encouraged to raise any concerns during these meetings.

We saw evidence to indicate that staff had annual appraisals. Appraisals are important to ensure the competency of staff and to identify any training needs. However, we found the principal dentist did not have an appraisal or formal personal development plan.

### ***Improvement needed***

***All staff working at the practice, including the principal dentist, should have appraisals.***

We looked at the clinical governance arrangements in place at the practice. We saw some evidence that the principal dentist had conducted an audit in anti-microbial prescribing as part of continued professional development. However, the practice had not conducted audits in infection control, quality of x-ray images or analysis of patient views. We were told the principal dentist had started to conduct a clinical records audit, but we did not see evidence of this on the day of inspection. Due to the areas of improvement we identified in the clinical records, we advised the practice to conduct a records audit with another dentist, so that they could be reviewed from an outside perspective. We also advised the practice to consider conducting the maturity matrix dentistry<sup>5</sup> (a type of self-assessment audit).

### ***Improvement needed***

***The practice should formalise quality assurance arrangements, including the conduction of audits and peer review.***

We saw personal continuing professional development (CPD training) files completed by staff at the practice, which showed that staff had access to training opportunities relevant to their role. We found that the majority of staff members had completed training in the protection of children and planned to attend update training in September 2015. Staff had not conducted training in the protection of vulnerable adults and we were told that this was being arranged for all staff members.

We looked at a sample of staff information at the practice. We confirmed that all clinical staff were registered with the General Dental Council and had indemnity insurance. In accordance with the private dentistry regulations, the dentist

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<sup>5</sup> The Maturity Matrix Dentistry (MMD) is a practice development tool for the dental team through the Dental Postgraduate Section of the Wales Deanery. The MMD self-evaluation tool allows the dental team to focus on how they work and think about the quality of care provided in key areas or dimensions. <http://www.walesdeanery.org/index.php/en/practice-quality-improvement-programme/maturity-matrix-dentistry.html>

providing private treatment was registered with HIW and their registration certificate was displayed within the practice.

At the time of our inspection, dentists working at the practice had a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations for private dentistry. A certificate for the principal dentist was not available at the practice, but as the DBS check had been applied for through HIW, we confirmed on our records following the inspection that a current DBS check was in place. It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. We were told the practice would conduct DBS checks for any new members of staff.

We looked at the arrangements for the recording of accidents and incidents and we were told that completed accident records were kept within the accident book. In order to protect the confidentiality of staff and patient information, completed accident records should be stored separately and securely. We saw that the accident recording book used was very small and limited the information that could be recorded. We advised the practice to obtain the latest accident record book provided by the Health and Safety Executive.

#### ***Improvement needed***

***Completed accident records should be stored securely and separately to the accident book to ensure that staff and patient confidentiality is maintained.***

Arrangements for occupational health support for staff were in place through the local health board. We looked at a range of staff vaccination records which showed that most clinical staff had received appropriate vaccinations to protect them against blood-borne viruses. The vaccination record for the principal dentist was unclear regarding their immunity status against hepatitis B, but stated that a booster had been received in 2012. We advised the principal to contact occupational health to obtain clear guidance regarding their immunity status.

We looked at the arrangements in place for recording and responding to concerns (complaints). We were told the practice had not received a complaint since the change in practice ownership, but we saw there were some historical complaints kept in a file. These historical complaints were poorly recorded and did not include dates or full correspondence records and needed to be organised more clearly. We saw that the practice manager had developed a clear summary sheet to assist with the complaints records and planned to use this for any new complaints received. Verbal and informal complaints were not

recorded at the practice and we advised the practice to capture this information so that any emerging themes could be identified.

We found the complaints process generally complied with the Private Dentistry Regulations and arrangements in the NHS patient complaints procedure known as Putting Things Right. However, we noticed the timescales for acknowledging a complaint needed to be updated in line with Putting Things Right. We also advised the practice to include the details of the Public Services Ombudsman for Wales who NHS patients could contact if they are not happy with the response to their complaint and the Community Health Council who could provide advocacy support for patients if this was required.

***Improvement needed***

***The complaints procedure should be updated so that the timescales for acknowledging a complaint comply with both the NHS Putting Things Right arrangements and the Private Dentistry Regulations.***

***The contact details for the Public Services Ombudsman for Wales Community Health Council should be included on the complaints procedure.***

Given the number of recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

## *Quality of Environment*

**The practice is located within a large integrated health and social care centre run by Aneurin Bevan Health Board. Because of this, the premises are leased by the practice and the building maintenance is the responsibility of the health board. We found the practice was visibly clean and well maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users. Patients toilets are available as part of the centre, but we found they were poorly signposted from the practice and recommended this be improved.**

The practice is located on the ground floor within a large integrated health and social care centre run by Aneurin Bevan Health Board in an industrial estate in Rhymney. The practice has dedicated car parking and disabled parking as part of the centre.

Access to the practice is suitable for wheelchair users as the front door is level with the footpath outside. Doorframes are suitably wide to allow access for wheelchair users.

The building was maintained by the health board and we saw this was visibly well maintained. We saw the practice was clean and tidy throughout. The practice has three surgeries in total and a small reception/waiting area, but a suitable size for the number of surgeries.

The practice had two accessible unisex staff/patient toilets provided as part of the health and social care centre and these were located close to the practice entrance. Both toilets were visibly clean and had suitable hand washing facilities for infection control. However, we saw that these toilets were poorly signposted from the reception area of the centre and from the practice. We advised the practice to improve the signage.

There was a sign in the window of the practice with the opening hours and emergency contact number. The names, qualifications and of staff members were displayed by the door of the practice. A price list was displayed in the reception area and waiting area.

The fire exits were signposted and maintenance labels indicated that fire extinguishers had been appropriately inspected. We were told that fire equipment maintained was the responsibility of the health board, but documentation was not available on the day of inspection. We did not look in detail at the other arrangements for fire protection and prevention during this inspection. However, the practice and health board are responsible for ensuring there are suitable fire protection systems in place in accordance with

legislation<sup>6</sup> and arrangements for the regular servicing and testing of these items to help ensure the safety of staff and patients in the event of a fire.

Electronic patient records were backed-up daily onto an external device which was removed from the practice each night. Other patient information, including paper medical history forms and treatment plans were kept in locked filing cabinets in the staff office. This meant the practice had taken measures to protect the security of patient information.

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<sup>6</sup> The Regulatory Reform (Fire Safety) Order 2005 provides legislation relating to fire safety in non-domestic premises.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of improvements identified in this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Lawn Dental Practice will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

**Appendix A**

**General Dental Practice: Improvement Plan**

**Practice: Lawn Dental Practice**

**Date of Inspection: 28 July 2015**

<b>Page Number</b>	<b>Improvement Needed</b>	<b>Practice Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>
<b>IMMEDIATE ACTION REQUIRED</b>				
	<p><u>Finding</u></p> <p>On the day of inspection, we found that there was not sufficient evidence that the practice had notified the Health and Safety Executive (HSE) of the radiographic equipment being used on the premises.</p> <p><u>Immediate Assurance Requirement</u></p> <p>The registered person must notify the HSE of the radiographic equipment in use at the practice and provide evidence to HIW once confirmation is received from the HSE.</p>	<p>We have notified HSE of the change of ownership for the practice.</p> <p>Dental Buying Group have re inspected all x/ray equipment and we shall send their reports to HSE.</p> <p>We have notified HSE.</p>	Rhian Lewis	<p>Action taken immediately following inspection.</p> <p>Timescale complete</p>



Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>This is required under Health and Care Standards 2.9 and regulation 6(2) of Ionising Radiation Regulations 1999. This requires the registered person to notify the HSE prior to working with ionising radiation for the first time.</p>			
	<p><u>Finding</u></p> <p>We found that training in Cardiopulmonary resuscitation (CPR) for the principal dentist was out of date.</p> <p><u>Immediate Assurance Requirement</u></p> <p>The registered person must arrange for CPR training to be updated as soon as possible and evidence that this training has taken place must be forwarded to HIW.</p> <p>This is required under the General Dental Council Standards 1.5.3. Standard 7.1 of the Health and Care Standards expects healthcare services to ensure there are enough staff with the right knowledge and skills available at the right time to meet need.</p>	<p>The principal dentist has now attended a CPR course.</p> <p>Confirmation has been sent to HIW. We will provide a copy of the certificate.</p>	<p>Daniel Srivastava</p>	<p>Action was taken immediately after inspection</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	We have identified other improvements needed around the use of radiographic equipment and arrangements for responding to medical emergencies as part of the inspection. While these improvements do not require an immediate response, they will need to be addressed as part of the improvement plan within the inspection report.	We will address as and when we have the improvement plan.	-	-
	<b>Patient Experience</b>			
7	The practice should develop a method of regularly seeking patient views. [Health and Care Standards 6.3]			
	<b>Delivery of Health and Care Standards</b>			
9	The practice should replace the boxes used for instrument transportation with containers that are capable of being closed securely. [WHTM 01-05 section 2.27]			
9	The practice should ensure that all wrapped instruments include the date they were cleaned and especially for infrequently used instruments, the date of expiry. Dates should be clear throughout the storage period.			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[WHTM 01-05 section 1.24]			
9	<p>The practice should improve the system for recording daily maintenance checks on cleaning equipment.</p> <p>[Health and Care Standard 2.4]</p>			
10	<p>The practice should ensure that personal protective equipment for decontamination follows the guidance provided in the WHTM 01-05, including the use of disposable plastic aprons.</p> <p>[WHTM 01-05 section 6.15]</p>			
10	<p>The practice should conduct infection control audits and develop an improvement plan to address any issues.</p> <p>[Health and Care Standard 2.4; WHTM 01-05 section 1.8]</p>			
11	<p>The practice must ensure that all information and documentation relating to radiographic equipment is in place and complies with the Ionising Radiation (Medical Exposure) Regulations 2000 and The Ionising Radiations Regulations 1999.</p> <p>Quality assurance audits on x-ray images</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>must also be conducted in accordance with the relevant regulations.</p> <p>[Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000]</p>			
11	<p>The practice must ensure that the resuscitation policy and any related guidance is up-to-date.</p> <p>[Health and Care Standards 3.1; General Dental Council Standards 6.6.6]</p>			
12	<p>The practice should improve the system for ensuring that all resuscitation equipment and medication is safe to use by recording and increasing the frequency of the checks conducted.</p> <p>[General Dental Council Standards 1.5.3; Resuscitation Council UK guidelines]</p>			
13	<p>Considering the omissions we found in the sample we looked at, improvements should be made to patient records, specifically by recording the following:</p> <ul style="list-style-type: none"> <li>• Treatment options</li> <li>• Treatment plan</li> </ul>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> <li>• Consent to treatment</li> <li>• Justifications for x-rays and a robust filing system for images</li> <li>• Details of anaesthetics given</li> <li>• Information/advice regarding smoking cessation and oral cancer screening.</li> </ul> <p>[General Dental Council Standards 4; Health and Care Standards 3.5]</p>			
<b>Management and Leadership</b>				
15	<p>The practice must ensure that the policies in place at the practice are up-to-date, appropriate and adapted for the current working environment.</p> <p>A freedom of information policy must be in place.</p> <p>[General Dental Council Standards 6.6]</p>			
15	<p>The health and safety policy must be updated to include all necessary information.</p> <p>The infection control policy must be updated and include sufficient detail of the infection control arrangements at the practice.</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Health and Safety risk assessments and COSSH assessments must be updated for the current working environment and reviewed regularly. [Health and Care Standards 2.1 and 2.4]			
16	All staff working at the practice, including the principal dentist, should have appraisals. Health and Care Standards 7.1; General Dental Council Standards 6.61 ]			
16	The practice should formalise quality assurance arrangements, including the conduction of audits and peer review. [Private Dentistry Regulations Section 14(2)]			
17	Completed accident records should be stored securely and separately to the accident book to ensure that staff and patient confidentiality is maintained. [Health and Care Standards 3.5; Data Protection Act 1998]			
18	The complaints procedure should be updated so that the timescales for acknowledging a compliant comply with both the NHS Putting Things Right arrangements and the Private			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Dentistry Regulations. The contact details for the Public Services Ombudsman for Wales Community Health Council should be included on the complaints procedure. [Private Dentistry (Amendment) Regulations 2011 section 15(4a); General Dental Council Standards 5.1.3]			
<b>Quality of Environment</b>				
19				

**Practice Representative:**

**Name (print):** .....

**Title:** .....

**Date:** .....