

General Dental Practice Inspection (Announced)

Worcester House Dental Surgery,
Aneurin Bevan University Health
Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

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 Worcester House Dental Surgery at 11/12 Worcester Street, Brynmawr, NP23 4DA, within Aneurin Bevan University Health Board on the 15 October 2018.

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 Worcester House Dental Surgery provided a friendly and professional service to their patients.

The practice was patient focused and had appropriate policies and procedures in place to ensure the safety of both staff and patients.

We saw documentation demonstrating that the dental equipment was maintained and regularly serviced.

We saw evidence of good leadership and the practice had a good range of policies and procedures in place to support the practice, patients and staff. However, the practice needs to ensure that the hygienist has undertaken training relevant to her role.

The practice needs to ensure that patient records are maintained in accordance with professional standards for record keeping.

This is what we found the service did well:

- All patients that completed a questionnaire told us they had been treated with dignity and respect by staff when visiting the practice
- Appropriate arrangements were in place for the safe use of X-rays
- The practice had a good range of policies and procedures in place

This is what we recommend the service could improve:

- The practice to ensure that computers are locked when the surgeries and staff room are empty to ensure patient confidentiality.
- The statement of purpose and patient information leaflets are to be amended in order to comply with current regulations
- All staff to undertake appropriate fire awareness and safety training

- Patient records are to be maintained in accordance with professional standards for record keeping, namely the Private Dentistry (Wales) Regulations 2017 and the General Dental Council Guidance

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

3. What we found

Background of the service

Worcester House Dental Surgery provides services to patients in the Brynmawr area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes two dentists, one hygienist and three dental nurses/receptionists.

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 the practice was committed to providing a positive experience for their patients. All the people who completed a questionnaire rated the service as excellent or very good.

We found that the majority of patients who completed a questionnaire felt that it was very easy to get an appointment when they needed it, and all patients told us that they felt involved, as much as they wanted to be, in any decisions made about their treatment

We recommended the practice amend its complaints policy to include reference to HIW as an avenue for complaint.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 9 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was very positive; all patients that completed a questionnaire said that they would rate the service provided by the practice as either 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"Always an excellent service provided"

"Everything explained clearly and everyone who works at practice is very nice and helpful"

"Staff are friendly and helpful"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; a couple of patients felt they are required to complete too many forms as a patient:

“Less forms to fill out; feels like being back in school and my doctors surgery don't give me as many forms as the dentist”

“Time wasted filling in forms, e.g. medical, questionnaires, yellow forms”

Staying healthy

Health promotion protection and improvement

In the waiting areas we saw a small selection of information was available about oral health and dental treatments. This included a leaflet, written and designed by a former dentist at the practice, relating to children's oral health. There was additional information provided on the screens also situated in both waiting areas.

Without exception, all of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

On the day of the inspection we observed the staff being polite and courteous to patients, both on the telephone and visiting the practice. Staff told us that if there was a need to hold a private conversation in person or on the telephone with a patient they would use the staff room or free surgery, if one was available. We noted that the practice had a confidentiality policy.

All of the patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. One patient told us:

“Everyone is always polite and helpful”

We found that in the main, both handwritten and electronic patient information was stored securely, ensuring that personal and sensitive information was protected. We observed at one point during the inspection that the computer in the unlocked staff room had not been locked and patient information was visible. We recommend all staff ensure that the computers are locked whenever

they leave a room to ensure patient information cannot be accessed. The practice had appropriate records management and data security policies.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We noted that the 9 Principles as set out by the GDC¹ was displayed in the reception area and was the basis of their quality assurance policy,. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

Improvement needed

The practice to ensure that all staff ensure lock the computers whenever they leave a room.

Patient information

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

We saw posters displaying private treatment costs and NHS treatment costs displayed in the reception area. Where applicable, all patients that completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment.

We noted a number of relevant policies relating to treatment planning and the completion of the recording treatment plans in patient medical records. The practice also had appropriate polices, including treatment.

In accordance with the Private Dental Regulations 2017, the practice had a Patient Information Leaflet available in the reception area that contained all required information and was available upon request in the practice. To ensure it is fully compliant we recommend the leaflet is amended to inform patients that

¹ <https://standards.gdc-uk.org/>

whilst the practice is accessible, the patient toilet would not be accessible to those in wheelchairs.

Outside the practice we saw that the practice's opening hours and the emergency contact telephone number displayed, together with the names and qualifications of all of the dentists.

We noted there were policies in place relating to the protection of data, and records management, including a data protection code of practice.

Improvement needed

The practice to ensure its Patient Information Leaflet meets the requirements of Schedule 2 of the Private Dental Regulations 2017

Communicating effectively

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

Timely care

Details of how patients could access emergency dental care when the practice was closed were displayed on the front door of the practice and provided on the practice's answerphone message. All but one of the patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

The majority of patients that completed a questionnaire told us that it was “very easy” to get an appointment when they needed it.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay.

Individual care

Planning care to promote independence

The practice provides treatments as set out in their Statement of Purpose².

All of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. However, a review of patient dental records showed that dentists were not consistently recording that they are asking patients about their medical history at the time of their visit. A recommendation regarding this is made later in the report.

People's rights

The practice did not have a car park but there was on street parking available nearby. The practice was accessible from the street for wheelchair users and people with mobility difficulties. The practice reception, waiting area and one of its surgeries were on the ground floor meaning patient areas were accessible to all.

The patient toilet had handrails but was not suitable for a wheelchair user.

The practice had in place appropriate policies to protect people's rights, including an equality and diversity policy and disability policy.

Listening and learning from feedback

The practice had a complaints policy for both NHS and private dental treatment. Where relevant the policy was aligned to the NHS complaints process "Putting Things Right"³ and with regard to private dental treatment to the Private Dentistry Wales 2017 Regulations⁴. We recommend that the policy is amended

² A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

³ "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

⁴ <http://www.legislation.gov.uk/wsi/2017/202/made>

to include reference to HIW as one of the routes for patients to make complaints. We noted that "Putting Things Right" leaflets were available in the reception area.

The principal dentist was the named lead for any complaints. The practice maintained a folder for the filing of complaints in which details of the nature of the complaint, action taken and outcome are recorded.

We noted that the practice had a comments book and patient questionnaire on the reception desk for patients to provide informal and formal feedback respectively. Whilst all comments and questionnaires are reviewed by the practice it does not feed back to the patients and we would advise it consider including a "you said: we did" style of feedback to patients' comments and suggestions.

Improvement needed

The practice to amend its complaints policy to include reference to HIW as one of the routes for patients to make complaints.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

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

We noted that clinical facilities were well equipped and there were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use.

We recommend the practice fits a lock to the door leading to the staff and radiograph room to ensure patients cannot access staff only areas.

The practice needs to ensure patient medical records are completed in keeping with professional standards for record keeping at each visit.

Safe care

Managing risk and promoting health and safety

Overall we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. We noted there were a number of relevant policies in place, including a comprehensive health and safety policy. There was no business continuity plan in place and we recommend that one is put in place to adhere to the regulations. We noted there was a health and safety poster in the decontamination room.

There was a fire safety policy and we were told that the staff checked smoke alarms and fire extinguishers weekly. There was also a maintenance contract in place for the annual checking of the fire extinguishers. Fire drills were undertaken every 6 months. We also noted that a fire risk assessment had

recently been undertaken. However, none of the staff had received any fire safety training and we recommend this is undertaken.

The building appeared to be well maintained both internally, with two of the surgeries having been recently refurbished and externally. We observed all public access areas, again recently refurbished, to be clean and uncluttered. There were no major concerns given by patients over the cleanliness of the dental practice; the majority of patients that completed a questionnaire felt that, in their opinion, the dental practice was "very clean".

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice. We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. We also noted the appropriate signposting of the fire exits.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical), non-hazardous (household) and amalgam waste. Clinical waste was stored correctly and securely. We noted the absence of a feminine hygiene bin in the staff toilet and this needs to be rectified.

The dental imaging machine and computer was located in the staff room, together with a computer terminal. At one point during the inspection we observed that the computer was not locked and patient notes could be seen. We recommend a lock is installed on the staff room door.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist and relevant safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice. We also noted the practice had a mercury handling policy and spillage kits were located in each surgery. On the day of the inspection, some cleaning liquids were easily accessible and we recommend that they are stored in a locked cupboard.

The practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book, kept in reception that was completed when an accident occurred. We also noted a medical emergency policy.

Improvement needed

In accordance with current regulations the practice to put in place a business continuity plan

In accordance with current regulations, the practice to ensure that all staff undertake fire safety training.

The practice to arrange for a feminine hygiene bin to be installed in the staff toilet

The practice to install a lock on the door of the staff room.

The practice to ensure that all cleaning materials are stored securely.

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁵. We were told of plans to refurbish the room in the future. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

On the day of the inspection we identified three bagged items in the hygienist's room that were not appropriately dated. We also noted that whilst the rest of the decontaminated instruments were appropriately bagged and date stamped, not all dates were clear. We advise that as part of the decontamination process, the dental nurse check each bagged item to ensure the date of expiry is placed on each bag and that it is clear.

There was a daily maintenance programme in place and we saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place.

⁵ 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

Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

We saw evidence that the majority of the clinical staff had certificates on file to confirm their infection control training was up to date. The exception was the hygienist and we recommend that she provide evidence that appropriate training has been completed.

We saw evidence that the practice had recently undertaken an infection control audit in accordance with WHTM 01-05.

Improvement needed

The practice to ensure that all bagged, decontaminated instruments are clearly dated.

The practice to ensure that all clinical staff have undertaken training in infection control.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy. To ensure all members of staff know their role, in the case of a medical emergency, we would suggest the practice's medical emergencies policy is amended to include information on roles and responsibilities of staff. We also noted that in each surgery was a list of contacts if an emergency arose. We suggest this information is also included in the policy.

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardio respiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to their role⁶. We saw evidence that, with the exception of one dentist and the hygienist, all staff had received training within the last twelve months, on how to deal with medical

⁶ <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had two appointed first aiders.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁷. We noted that the practice had a system in place to check that emergency drugs and equipment were in date and ready for use.

On the day of the inspection we saw some drugs were stored in the fridge situated in the staff room and we recommend that these are removed and stored in a dedicated drugs fridge.

We noted that prescription pads were kept securely and there were arrangements for any unused drugs to be disposed of by a local pharmacy.

Staff confirmed their understanding of the correct procedure for reporting any problems relating to drugs or medical devices via the MHRA Yellow Card⁸ scheme.

Improvement needed

- The practice to ensure that all staff complete training on how to deal with medical emergencies and how to perform CPR
- The practice to ensure it stores all drugs appropriately and securely.

Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies. With the exception of the

⁷ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration

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

hygienist, all staff had completed training in the protection of children and protection of vulnerable adults.

There were arrangements in place for staff to raise any concerns. The practice had an identified safeguarding lead. We noted that safeguarding advice flowcharts were displayed in all the surgeries.

Both clinical and non-clinical staff held Disclosure and Barring Service (DBS) certificates.

Improvement needed

The practice to ensure that all staff undertake relevant training in the protection of children and protection of vulnerable adults

Medical devices, equipment and diagnostic systems

We saw that the surgeries were in good condition and contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment was in working order and controlled areas had been identified. The practice provided documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information, including a radiation policy.

In accordance with the requirements of the General Dental Council⁹ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000¹⁰, with the exception of the hygienist, all clinical staff demonstrated that they had completed the required training.

⁹ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

¹⁰ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

Improvement needed

The practice to ensure all clinical staff undertake the required IR(ME)R training

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence that the practice had a policy supporting arrangements for clinical audits. Audits currently in place included an infection control audit, anti-microbial audit and smoking cessation audit. We recommend it also undertake a comprehensive medical records audit, to include medical histories and twice yearly individual radiographic audits.

We noted the practice had policies in place for arrangements to accept patients and assessment, diagnosis and treatment of patients.

Improvement needed

The practice to include in its programme of audits a comprehensive medical records audit, to include medical histories and twice yearly individual radiographic audits.

Quality improvement, research and innovation

There was no evidence of regular and planned dentist peer reviews taking place. We would recommend formal and regular meetings are arranged between the dentists for this purpose.

In 2012 the practice undertook the Welsh Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work. In light of the recent changes in clinical staff the practice might wish to consider applying once again.

Improvement needed

The dentists to arrange formal and regular meetings for the purpose of peer review.

Information governance and communications technology

The practice had electronic and paper records and we noted that the storage of these was appropriate to ensure the safety and security of personal data. Electronic files were regularly backed up.

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

Record keeping

We reviewed a sample of patient records. We found in some cases there were omissions, namely there was no record as to the following:

- Radiographs - routine bitewings
- Quality grade of radiographs
- Smoking cessation advice
- The checking of medical histories
- The evidencing of NICE recalls¹¹
- No pocket charting of, or structured plan for treatment following basic Periodontal examination (BPE¹²)

¹¹ <https://www.nice.org.uk/guidance/cg19>

¹² BPE stands for 'basic periodontal examination' and it is an indication of how healthy your gums are.

In addition, there were some instances of missing medical histories and also missing radiographs, which would support treatment planning. During the inspection, concern was also raised about the accuracy of the recording of the number of radiographs taken for each patient.

Improvement needed

In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information.

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.

Both principal dentists were responsible for the day to day management of the practice and we found evidence of good leadership and lines of accountability.

The practice had a comprehensive range of relevant policies and procedures in place that were regularly reviewed and we saw evidence that they had been read by all staff.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

Governance, leadership and accountability

Worcester House Dental Surgery is been owned by the two principal dentists since 2015. They jointly share the roles of responsible individuals¹³ and registered managers¹⁴. We found the practice to have good leadership and all staff understood their roles and responsibilities.

¹³ "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice.

¹⁴ "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. We noted that there was provision for each member of staff to evidence that they had read and understood the policies.

We had sight of the Statement of Purposes, one for each responsible individual. Both contained all the relevant information but need further detail with regard to the practice's arrangements for dealing with complaints and needed to be updated to reflect the current staffing.

We were able to speak to one of the principal dentists who confirmed that he was aware of their duties regarding notifications, including serious injury to patients and absence or changes to the registered manager that must be sent to HIW under regulations 25-29 of the Private Dentistry Regulations.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We noted the practice's public liability insurance certificate and HIW registration certificates were displayed.

Improvement needed

Both Statements of Purpose are to be amended to provide further information on the process for dealing with patient complaints and to reflect the practice's current staffing arrangements.

Staff and resources

Workforce

The practice had a number of HR related policies and procedures in place to support the recruitment and retention of staff, including a staff training policy, a workplace stress information policy and an employee handbook, containing a range of HR policies.

We noted that all staff had a contract of employment kept in their staff files. We also saw evidence of information gathered at time of recruitment, including references and identification.

We saw evidence that regular staff appraisals take place which are documented, together with personal development plans.

We were told that when agency staff were engaged on a temporary basis there was a procedure in place to make them aware of the systems and processes in place at the practice.

We saw certificates that evidenced that the majority of clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. Those omissions have been referred to earlier in this report.

The practice holds regular team meetings for all staff. These take place only when all staff are available so that all are aware of issues discussed and agreed actions. We saw minutes relating to these meetings. We advise that all staff sign the minutes to evidence that they have been read and understood.

The Regulations for Private Dentistry require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for both clinical and non-clinical staff.

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

We spoke to one of the principal dentists who confirmed that in his role as one of the registered managers he was aware of his duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

4. What next?

Where we have identified improvements and immediate non compliance issues during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Worcester House Dental Surgery

Date of inspection: 15 October 2018

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

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

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Worcester House Dental Surgery

Date of inspection: 15 October 2018

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice to ensure that all staff ensure lock the computers whenever they leave a room.	4.1 Dignified Care; Private Dentistry Regulations 2017 Section 15 (1)	Staff informed to lock computers when they leave room. Keypad Lock installed on staff room door to prevent access to digital x-ray machine	James Thomas	Completed
The practice to ensure its Patient Information Leaflet meets the requirements of Schedule 2 of the Private Dental Regulations 2017	4.2 Patient Information, Private Dentistry Regulations 2017 Sections 6 and 8	Leaflet update sent to publisher	James Thomas	1 month

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice to amend its complaints policy to include reference to HIW as one of the routes for patients to make complaints.	6.3 Listening and Learning from feedback, Private Dentistry Regulations 2017 Section 15	Complaints policy amended	James Thomas	Completed
Delivery of safe and effective care				
In accordance with current regulations the practice to put in place a business continuity plan	2.1 Managing risk and promoting health and safety; Private Dentistry Regulations 2017 section 8	Partners to meet in New Year to put in place a business continuity plan	James Thomas	2 months
In accordance with current regulations, the practice to ensure that all staff undertake fire safety training.	Private Dentistry Regulations 2017 section 22 (4)	To book fire safety training in the New Year	James Thomas	2 months
The practice to arrange for a feminine hygiene bin to be installed in the staff toilet	The Workplace (Health, Safety and Welfare) Regulations 1992	Feminine hygiene bin installed in staff toilet	James Thomas	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice to install a lock on the door of the staff room.	Private Dentistry Regulations 2017 section 22	Keypad lock installed in staff room	James Thomas	Completed
The practice to ensure that all cleaning materials are stored securely.	Private Dentistry Regulations 2017 section 22	Lock installed on staff room door	James Thomas	Completed
The practice to ensure that all bagged, decontaminated instruments are clearly dated.	2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05	Staff informed that date must be legible on instrument bag	James Thomas	Completed
The practice to ensure that all clinical staff have undertaken training in infection control	Private Dentistry Regulations 2017 Section 17 (3)(a)	All staff have undertaken in-house training. Trainee dental nurses are due to cover infection control in their course in the New Year	Iman Mehdi	3 months
The practice to ensure that all staff complete training on how to deal with medical emergencies and how to perform CPR	2.6 Medicines Management; Private Dentistry Regulations 2017	Practice CPR completed 31 st October 2018. Receptionist to book CPR course in New Year	James Thomas	3 months

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Sections 8 and 17 Resuscitation Council Standards for Primary Dental Care			
The practice to ensure it stores all drugs appropriately and securely.	Private Dentistry Regulations 2017 Section 31 (3)(b)	Keypad lock placed on staff room door, and separate fridge for storage of appropriate drugs	James Thomas	Completed
The practice to ensure that all staff undertake relevant training in the protection of children and protection of vulnerable adults	2.7 Safeguarding children and adults at risk; Private Dentistry Regulations 2017 Sections 8 and 14	Trainee Dental Nurses cover these topics in their course in the New Year.	James Thomas	2 months
The practice to ensure all clinical staff undertake the required IR(ME)R training	2.9 Medical devices, equipment and diagnostic systems; Private Dentistry Regulations 2017	Trainee Dental Nurses cover these topics in their course in the New Year.	James Thomas	2 months

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Section 17 (3)			
The practice to include in its programme of audits a comprehensive medical records audit, to include medical histories and twice yearly individual radiographic audits.	3.1 Safe and Clinically Effective care; Private Dentistry Regulations 2017 section 16	Dentists to complete Medical records audit in New Year. Radiographic audit is in progress	James Thomas	4months
The dentists to arrange formal and regular meetings for the purpose of peer review.	3.3 Quality Improvement, Research and Innovation; Private Dentistry Regulations 2017 section 16	Dentists to meet in New Year to arrange next topic for peer review.	James Thomas	6 months
In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information.	3.5 Record keeping; Private Dentistry Regulations 2017 section 20	Dentists to complete an audit on medical record keeping in the New Year	James Thomas	6 months

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of management and leadership				
Both Statements of Purpose are to be amended to provide further information on the process for dealing with patient complaints and to reflect the practice's current staffing arrangements.	Governance, Leadership and Accountability; Private Dentistry Regulations 2017 sections 5 and 7 and Schedule 1	Statement of purpose amended	James Thomas	Completed

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): James Thomas

Job role: Principal

Date: 19/12/2018