

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board, Tenby
Dental Haven

17 February 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Tenby Dental Haven at Ace Court, Warren Street, Tenby on 17 February 2016.

HIW explored how Tenby Dental Haven complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Tenby Dental Haven provides services to patients in the Tenby area of Pembrokeshire. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

Tenby Dental Haven provides private only dental services.

Tenby Dental Haven is one of three practices in West Wales owned by Petra Dental Group.

The practice staff team includes one dentist, one nurse, one hygienist and a practice manager.

A range of general dental services are provided, including dental implants.

3. Summary

Overall, we could not be assured that the practice had suitable management and quality assurance systems in place to make sure care is provided safely. This is because we found a number of improvements were needed in order to protect the health, safety and welfare of patients and staff, including the arrangements for infection control. As a result of these concerns, an immediate action letter was issued to the practice indicating the improvements required.

In addition to the issues, we found that improvements were needed in a number of other areas including:

- Storage of waste
- Resuscitation equipment and processes
- Safeguarding
- Practice communication and staff appraisals
- Quality assurance and management processes to ensure compliance with the relevant regulations
- Policies, procedures and risk assessments.

However, we did find the practice was doing the following well:

- The feedback we gained through the HIW patient questionnaire was positive
- Clinical facilities were clean and tidy.

Following the inspection, the practice was required to complete two improvement plans (Appendix A) to address the findings.

4. Findings

Quality of the Patient Experience

The feedback we gained through the HIW patient questionnaire was positive. The majority of patients told us that they were satisfied with the service provided. We recommended improvements were made to the provision of information to patients. Updates were needed to the complaints policy.

Prior to the inspection, we asked the practice to give out HIW questionnaires to get patients views on the dental services provided. Eighteen questionnaires were completed and returned to us. Patient comments included:

“Very pleased with everything.”

“I have always been happy with the service and treatment I have received.”

“Very professional, courteous, helpful.”

Feedback from the patients who completed the questionnaires was positive. The majority of patients told us that they were satisfied with the care and treatment they received at the practice and felt welcomed by staff.

The practice tries to ensure that dental care is provided in a timely way. The majority of patients who completed the HIW questionnaires told us they did not experience delay in being seen by the dentist. Staff told us that if a dentist was running late they would make sure they kept patients informed.

The majority of patients told us they knew how to access out of hours dental care. Information about the emergency contact telephone number and opening hours was provided in the practice’s information booklet in the reception area and on the answer phone message. However, this was not displayed outside the practice, informing patients how to access emergency dental care when the practice is closed. We advised the practice to do this.

Health promotion information can help patients to take responsibility for their own health and well-being. We noticed there was minimal health promotion information in the waiting/reception area.

Improvement needed

Further relevant health promotion information should be made available to patients.

The majority of patients who completed the questionnaires told us they received enough information about their treatment. The practice should also consider how they could make information accessible to a wider range of patients, such as by providing information in other formats and languages, including Welsh. The need for this could be assessed through gaining patient feedback.

We saw that the practice had feedback forms available for patients in the reception area, but we were told that these were not often completed by patients. We saw the practice had some questionnaires used for patients receiving implant treatments, but these were not routinely given out. We advised the practice to use questionnaires to regularly seek patient feedback, as a way of assessing the quality of the service provided. Practice information was available in a booklet in the waiting area, but this was not easily visible and leaflets were not available for patients to take home.

Improvement needed

The practice should improve the way patients are provided with information about the practice and services available.

We found that the practice had a written procedure for dealing with concerns (complaints) about private dental treatment. We found the procedure was generally compliant with the Private Dentistry Regulations¹. However, the details of other organisations that patients could contact included the Public Services Ombudsman for Wales, which is only applicable for NHS patients.

Improvement needed

The complaints procedure should be updated and the references to the Public Services Ombudsman should be removed, as this is applicable to NHS and not private patients.

Staff told us that verbal and informal complaints were recorded on the computer system. We advised the practice to develop a summary log of all complaints, including verbal and informal complaints so that any emerging themes could be identified.

¹ The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

Delivery of Safe and Effective Care

Although we found the surgeries were visibly clean and tidy, we identified a number of areas for improvement during this inspection, including concerns about the infection control arrangements and systems for protecting the health, safety and welfare of patients.

As a result, an immediate action letter was issued to the practice following the inspection indicating the improvements required.

Clinical facilities and environment

We found that all surgeries were visibly clean and tidy and the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. However, in relation to the health and safety of patients and staff, we found that the following improvements were needed:

- Fire extinguishers had not been positioned correctly (either wall or tray mounted) and were not all easily accessible
- Fire instructions, to advise patients on the procedure to follow in the event of a fire, were not displayed
- A gas maintenance certificate was not available to show that the boiler had been recently serviced
- The health and safety poster was out of date and needed to be replaced with the current guidance
- The accident book used by the practice did not comply with the requirements of the Data Protection Act 1998 and completed records had not been removed, in order to protect staff and patient information
- Review of the accident book showed that there had been some recent needle stick injuries, but a safer needle disposal system was not in place
- Environmental risk assessments, including fire risk assessments had not been reviewed by the practice to ensure their accuracy and not all actions from these risk assessments had been completed

- Suitable and sufficient risk assessments were not in place for all substances hazardous to health used by the practice in line with the Control of Substances Hazardous to Health (COSHH) Regulations². COSHH assessments are important for the protection of staff and patients.

Improvement needed

In accordance with the omissions identified in the above findings, the practice must ensure that all appropriate measures and actions are taken to protect the health, safety and welfare of patients and staff.

See Appendix A for further details of the immediate actions required regarding patient safety.

Waste disposal

The practice had arrangements in place for the disposal of non hazardous and hazardous waste. However, we found that the practice incorrectly disposed of extracted teeth, within clinical waste bags, rather than in suitable containers. We also noticed that the practice did not have suitable waste bins for the disposal of feminine hygiene waste. The practice manager told us these bins were due to arrive. We found there were no arrangements for disposal of waste from dental models (gypsum).

Improvement needed

The practice must ensure that all clinical and non-clinical waste is disposed of appropriately, including extracted teeth, gypsum and feminine hygiene waste.

Infection control

We identified a number of areas of improvement needed to the infection control arrangements. As a result, an immediate action letter was issued to the practice following the inspection indicating the improvements required. The list of immediate actions required can be found in Appendix A.

² COSHH is the law that requires employers to control substances that are hazardous to health. More information can be found on the Health and Safety Executive website via the following link <http://www.hse.gov.uk/coshh/index.htm>

A summary of areas for improvement regarding infection control included the following:

- The infection control policies and procedures were out of date and were not consistent with the Welsh Health Technical Memorandum 01-05³ (WHTM 01-05) guidelines
- An infection control audit had not been conducted
- A scheme of maintenance, to help ensure the steriliser was working correctly was not available
- Daily tests performed on the steriliser were not consistent with WHTM 01-05 guidelines
- There was not a robust system for recording and checking the data from the steriliser machine to help ensure that dental instruments had been sterilised appropriately
- Regular checks on the performance of other cleaning equipment (ultrasonic machines) were not performed
- The practice did not have separate sinks for the cleaning and rinsing of dental instruments, or a system for using two dedicated bowls for this purpose
- Daily housekeeping tasks were not carried out in accordance with WHTM 01-05 guidelines
- Heavy duty gloves were not available for manual cleaning
- We found that a large number of endodontic⁴ dental instruments had been kept for their re-use on the same patient. Although staff told us that these instruments had not been re-used, the practice had not disposed of them

³ <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

⁴ Endodontic instruments are used to perform a variety of procedures, including root canal therapy. In accordance with WHTM 01-05 guidelines, all endodontic files and reamers should be single use in all cases.

- Discussions with staff revealed that they lack awareness of the WHTM 01-05 guidelines. Therefore, we could not be assured that the decontamination training completed by staff had been sufficient.

See Appendix A for further details of the immediate actions required regarding decontamination of dental instruments and infection control.

Emergency drugs and resuscitation equipment

We looked at the resuscitation equipment and emergency drugs available at the practice. We found that all drugs were in date and expiry dates were noted in a diary. However, the practice did not have a robust system for checking the equipment was safe for use (recommended weekly) in line with UK Resuscitation Council Guidelines. We found that one type of emergency drug (midazolam) was not available. The practice manager told us that this had been ordered, but it had not yet arrived.

Improvement needed

There must be robust systems for checking that all resuscitation equipment is in place (including all required emergency drugs) and safe to use in line with UK Resuscitation Council Guidelines.

We saw records to show staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). However, for some staff this training had not included the practical aspects of performing CPR chest compressions. We were told that all staff would attend further CPR training in March 2016, but there was no staff members trained in first aid.

Improvement needed

Given the practical skills needed for performing CPR, the practice should consider whether the training staff completed by staff is adequate.

The practice should ensure there are staff trained in first aid.

Safeguarding

We found that improvements were needed to the systems for safeguarding patients. We saw there were safeguarding policies for the protection of children and vulnerable adults. However, the child protection policy was not sufficiently detailed and did not include the procedure for staff to follow in the event of a safeguarding concern or the contacts of local safeguarding authorities.

Improvement needed

Updates must be made to the policy for the protection of children, including a clear procedure for staff to follow in the event of a safeguarding concern.

We looked at the safeguarding training certificates for staff. We found that one staff member had not completed adult protection training. The training certificates for the hygienist were not available on the day of inspection, so we were not able to confirm if this training had been conducted.

Improvement needed

The practice must ensure that all staff have completed training in both the protection of vulnerable adults and children.

We were told the practice undertakes pre-employment checks of any new members of staff before they join the practice, but this did not include Disclosure and Barring Service (DBS) clearance. We recommended that the practice do this. We also found that the dentists registered with HIW did not have a DBS certificate dated within the last three years in line with the Private Dentistry Regulations. The dentist agreed to apply for this without delay.

Radiographic equipment

The practice provided evidence that staff involved in taking radiographs had recent training to meet standards for personnel who carry out these procedures in accordance with the General Dental Council requirements⁵ and Ionising Radiation (Medical Exposure) Regulations 2000.

We saw documentation confirming that there was a contract in place for the servicing and maintenance of the x-ray machines to help ensure they were safe for use. We saw a certificate to confirm this for one of the machines, but the critical exam certificate for the other x-ray machine (OPG) was not available. The practice was asked to send this to HIW following the inspection.

We were told that the practice had plans to conduct a radiographic audit and had started collecting data, but this had not been performed. Regular radiographic audits are a requirement of the Ionising Radiation (Medical Exposure) Regulations.

⁵ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

Improvement needed

Regular radiographic (x-ray) audits must be conducted.

Patient records

We looked in detail at a small sample of patient records at the practice. Overall, we found that the record keeping was appropriate, but identified the following areas for improvement:

- Social history, including details about whether a patient smoked and their oral hygiene were not always recorded
- Any smoking cessation advice provided to patients was not recorded in patient records
- Medical histories were not consistently signed by the patient or countersigned by the dentist. Countersigning is not mandatory, however, the practice must have a consistent system of ensuring each medical history is checked by the dentist
- Mouth cancer screening was not recorded. The recording of this is advised
- X-ray images were not graded to indicate their quality. Grading of x-ray images is required to perform radiographic audits on image quality.

Improvement needed

The following improvements should be made to patient notes, including the consistent and correct recording of:

- ***Social history***
- ***Smoking cessation advice***
- ***Medical histories***
- ***Grading of x-ray images.***

Quality of service provision

Patients benefit from a practice that seeks to continuously improve the service provided. We have made a recommendation regarding the arrangements for the practice to monitor the compliance with relevant regulations and professional guidance in the Management and Leadership section of this report.

We found that working practices at Tenby Dental Haven did not take sufficient account of quality assurance, quality improvement arrangements and patient

safety, in line with regulatory requirements. We could not find evidence that the practice engaged in any audit or formal peer review activity. Learning from peer review and audits helps to ensure the quality of care provided.

See Appendix A for further details of the immediate actions required regarding quality assurance and quality improvement arrangements.

Considering the improvements within this report, we strongly advised the practice to sign up to a practice management and development tool, such as the Maturity Matrix Dentistry⁶, which is run by the Dental Postgraduate Section of the Wales Deanery.

⁶ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

Quality of Management and Leadership

Given the number of improvements identified during this inspection, we found that more effective management arrangements were needed to ensure that policies and procedures are effectively reviewed and working practices are compliant with the relevant professional guidance and regulations.

The day to day management of the practice is the responsibility of the practice manager. The staff team are well established and had worked together for a number of years.

We found the arrangements in place regarding policies; procedures and maintenance at the practice were confused and unclear. We were told that some policies and procedures were provided by the practice manager of one of the other practice's owned by Petra Dental Group, but some were also updated by the practice manager at Tenby Dental Haven. The majority of policies we saw were out of date and included duplicated, contradictory or irrelevant information. One policy had a date suggesting it had been recently reviewed, but this included references to incorrect regulations. This meant that the process for reviewing policies was not effective. The number of duplicated policies meant it was difficult for us to determine which policy included the most up-to-date information. Overall, effective management arrangements were needed to ensure that policies are up-to-date, relevant, reviewed robustly and consistent with the latest professional guidelines and regulations. Due to the number of updates needed in the sample of policies we looked at, a thorough review of all policies is needed. Staff confirmed their willingness to address this.

Improvement needed

The practice must ensure there are robust management arrangements in place for the creation, review and regular update of all policies and procedures in line with the current regulations and guidelines.

We saw some records of continued professional development training for some staff members to indicate they had access to relevant training. We discussed the arrangements for staff to have appraisals, but we found that appraisals had not been conducted. Appraisals are important to ensure the quality of the care provided and to identify any training needs.

Improvement needed

All staff should have regular appraisals.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, the dentist providing private treatment is registered with HIW and their registration certificate was available within the practice.

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice. However, two of the records did not indicate whether staff had sufficient immunity. This meant that we could not determine if these staff members had been sufficiently protected against Hepatitis B.

Improvement needed

The practice must ensure that all staff are sufficiently protected against Hepatitis B and records of immunity status are maintained.

We were told that formal staff meetings were not conducted, but that informal meetings were held when possible. Regular staff meetings are important to help ensure that information is shared appropriately with all members of staff. Given the areas for improvement identified during this inspection, regular staff meetings are also important for ensuring these areas are addressed.

Improvement needed

The practice should communicate regularly with all members of the team, specifically through conducting regular staff meetings.

Due to the nature and number of improvements identified during this inspection, we could not be assured that the practice and the dental professionals working within it had been sufficiently proactive in regularly assessing and monitoring the quality of services provided against the requirements of the regulations and relevant professional guidance.

It is the responsibility of the practice owners and the dental professionals who work there to ensure that any risks related to the health, welfare and safety of patients and others are identified, assessed and effectively managed. Furthermore, effective arrangements should be in place so that the quality of the services provided are regularly assessed and monitored. There is an expectation that the practice take meaningful action to address this and that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Improvement needed

More effective and proactive arrangements to monitor compliance with relevant regulations and guidance need to be developed and implemented.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

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

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

6. Methodology

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 2008⁷ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁸. 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
- 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.

⁷ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁸ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

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

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>guidelines. For example, the policy referenced that unwrapped instruments could be stored for one week, rather than reprocessed at the end of each day as recommended by the WHTM 01-05 guidelines</p> <ul style="list-style-type: none"> • An infection control audit had not been conducted • A scheme of maintenance for the autoclave was not available on the day of inspection. Therefore, we were not able to determine that valid testing and maintenance work had been carried out • The practice used an ultrasonic bath, but ultrasonic activity tests (foil tests) were not performed • The practice did not have separate sinks for the cleaning and rinsing of dental instruments, or a system for using two dedicated bowls for this purpose • Daily tests performed on the autoclave were not consistent with WHTM 01-05 guidelines 		<p>comply with WHTM 01-05 – Revision 1. All wording and procedures have been revised and are now believed to be accurate and to reflect relevant WHTM 01-05 guidelines. This includes but is not limited to processing unwrapped instruments.</p> <ul style="list-style-type: none"> • An infection control Audit (Wales Deanery, Audit Toll, form 2) has now been started and will be conducted annually. All records will be kept for at least three years. • New applicable certificates have been issued by the DBG validating the autoclave. • We now run manual daily tests on the autoclave consistent with WHTM 01-05. We have compiled test sheets for that purpose using DBG resources. Data from autoclave is now being 	Kevin Lloyd and Fawaz Abbas	<p>Continuous</p> <p>Completed</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> The practice did not have a robust system for recording the data from the autoclave. A data logger was used, but this was not checked and back-up at sufficient intervals Daily housekeeping tasks were not carried out in accordance with WHTM 01-05 guidelines, including the flushing of dental unit water lines Discussions with staff revealed that they lack awareness of the WHTM 01-05 guidelines and we could not be assured that the decontamination training completed by staff had been sufficient. 		<p>recorded on test sheets derived from WHTM 01-05, manually for one test cycle daily. Remaining cycles are being manually monitored periodically as we are confident of daily tests. In addition, we use a data logger that is backed up and checked weekly.</p> <ul style="list-style-type: none"> Ultrasonic bath activity tests are now in use and are being recorded on Daily and Monthly test Record sheets. This includes foil testing and protein residue testing. We now have a system of two dedicated bowls (one for cleaning and one for rinsing). This has been implemented in both Surgery 1 and Surgery 2. Our Daily housekeeping tasks have all been reviewed. An end of day checklist has 	<p>Tina Fecci</p> <p>Tina Fecci</p> <p>Tina Fecci</p> <p>Tina Fecci</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>now been set up in accordance with WHTM 01-05. This includes flushing water lines.</p> <ul style="list-style-type: none"> • Daily instrument checks are now being conducted • Dental chair daily tests are now being conducted for surgeries 1 and 2 • A daily environmental cleaning checklist has been introduced • Daily compressor tests have been introduced • Weekly water temperature tests have been introduced • All staff have completed at least one hour infection control training last year. Up to date infection control training has been arranged. The person who has attended the infection control training provided by the 	Kevin Lloyd	<p>Completed</p> <p>2 weeks</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			Wales Deanery on 7/3/2016 was Tina Fecci, our dental nurse. We have another event organised for 5/4/2016 that will be attended by Kevin Lloyd, Fawaz Abbas and Tina Fecci.		
	<p>Working practices did not take sufficient account of quality assurance, quality improvement arrangements and patient safety. This is because we found the following areas for improvement:</p> <p>In addition to the areas of infection control and decontamination above, we could not find evidence that the practice engaged in any audit or formal peer review activity. We were told that the practice had plans to conduct a radiographic audit, but this had not yet been performed.</p> <p>Many of the policies and procedures we saw were out of date and did not reflect the latest professional guidance and best practice (such as the WHTM 01-05).</p> <p>We saw that environmental risk assessments had been conducted by a private company.</p>	Regulation 14 (2)	<p>Following the inspection, a review of our governance and quality assurance protocols and resources has been conducted. We have consulted with a representative from BDA who provided advice and resources. We have therefore:</p> <ul style="list-style-type: none"> Initiated Audit cycles in: infection control, radiograph quality (information was already being collected prior to the inspection) and prescriptions. Made arrangements to set up a cross practice peer review protocol. Started updating all our 	<p>Fawaz Abbas and Kevin Lloyd</p> <p>Fawaz Abbas and Kevin Lloyd</p>	<p>Continuous</p> <p>1 month</p> <p>1 month</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>However, we found these had not been reviewed by the practice to ensure their accuracy and actions from these risk assessments had not been completed. For example, the fire risk assessment conducted in December 2015 recommended an immediate action for the practice to install a fire alarm system. We could not find evidence that this had been done. Furthermore, there were not suitable and sufficient risk assessments for all substances hazardous to health used by the practice in line with the COSHH regulations.</p>		<p>policies and procedures (apart from infection control which has already been updated) in accordance to contemporary guidelines including WHTM 01-05.</p> <p>We have started a complete review of environmental risk assessment reports and contacted the authors to ensure that any aberrations in those reports will be adjusted to reflect factual observations. Action will be taken to ensure any recommendations and best practice guidelines will be implemented, including installing a fire alarm system.</p> <p>Our COSHH report has been updated to be inclusive of all materials and substances used within our premises.. DBA COSHH guidance and example assessments will be reviewed periodically to ensure a suitable and sufficient</p>	<p>Fawaz Abbas and Kevin Lloyd</p>	<p>1 month</p> <p>ongoing</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			assessment of the risks is undertaken and control measures are identified. Naturally this is an ongoing task as the report will be modified according to changes in our use of materials and substances.		
	<p>Management and Leadership</p> <p>The registered person has not been sufficiently proactive in regularly assessing and monitoring the quality of services provided against the requirements of the regulations.</p> <p>Given the number of improvements identified during this inspection, it was evident that the quality assurance and governance arrangements of this service were not effective.</p> <p>We could not be assured that the registered person is proactive in identifying and addressing areas of concerns and non-compliance within their own service, to ensure that safe and effective care is provided to patients.</p>	Amendment Regulation 16 (a)	<p>Since the inspection, Dr Abbas has upgraded his BDA membership to BDA expert and is now receiving one to one advice and access to resources and documentation covering clinical governance, quality assurance and peer review. Improvements have already been made to the recording and monitoring of quality of care provided within the practice and a clear quality assurance protocol is being set up to ensure :</p> <p>Remaining up to date with relevant legislation. BDA Expert membership includes an update service where any changes to relevant regulations,</p>	<p>Fawaz Abbas</p> <p>Kevin Lloyd</p> <p>Sharon Griffiths</p>	<p>Set up: 3 months</p> <p>Follow up: continuous</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>standards and guidance are brought to the attention of members by the BDA. Publications including BDJ, The Probe, Denplan publications and other sources will be utilised to identify changes to legislation. Attendance by Dr Abbas at BDA Branch & Section meeting and CPD meetings will also ensure the practice remains up to date. Staff attending courses and training events will also be encouraged to provide input in order to ensure compliance is being monitored.</p> <p>Effective quality assurance. BDA Expert membership, through Expert Solutions, includes a range of audit tools including that can be conducted. In addition to infection control, this includes health and safety, radiograph audits, record keeping audits, oral cancer audits and patient waiting times audits. The practice is aware of the National Audit Projects (including</p>		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>antimicrobial prescribing and integrating smoking cessation) and will request further information on this from the Wales Deanery</p> <p>Audit and peer review areas, frequency and outcome processing. We will conduct regular cross-practice meetings (ideally twice yearly). One of the aspects of those meetings will be peer review amongst dental care professionals in all three practices. We will seek to engage other colleagues from neighbouring practices where feasible. The practice is also considering involvement in CAPRO scheme in order to compare different aspects of the practice against established good practice.</p> <p>Setting up an cross-practice managerial and personnel network to ensure reciprocation of progress between all three practices as</p>		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>follows:</p> <ul style="list-style-type: none"> • Dr Abbas will oversee compliance within the practice group, liaise with both practice managers and ensure policies and procedures are uniform for all three practices, arrange practice and group meetings and ensure Audit and clinical governance aspects are in place. • Practice managers Kevin Lloyd and Sharon Griffiths will ensure compliance at practice level, oversee the daily tasks and record sheets, ensure up to date training for all staff under their management. They are already liaising and cooperating by sharing resources and expertise. <p>The practice will review the</p>		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>information and support available from both Denplan and the Wales Deanery, using these resources to help ensure the practice is meeting its legal and contractual obligations. We are actively considering signing up to the Maturity Matrix Dentistry and have reviewed Maturity Matrix Grid.</p> <p>We will share the Inspection Report with Denplan once issued.</p>		
Quality of the Patient Experience					
5	Further relevant health promotion information should be made available to patients.	Private Dentistry Regulations 2011 section 14 (b)			
6	The practice should improve the way patients are provided with information about the practice and services available.	General Dental Council Standards			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		5.1.5			
6	The complaints procedure should be updated and the references to the Public Services Ombudsman should be removed, as this is applicable to NHS and not private patients.	Private Dentistry Regulations 15(4a); General Dental Council Standards 5			
Delivery of Safe and Effective Care					
8	In accordance with the omissions identified in the above findings, the practice must ensure that all appropriate measures and actions are taken to protect the health, safety and welfare of patients and staff.	Private Dentistry Regulations 14 (1)(d) and (2) Control of Substances Hazardous to Health Regulations 2002 General Dental Council			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Standards 1.5.1			
8	The practice must ensure that all clinical and non-clinical waste is disposed of appropriately, including extracted teeth, gypsum and feminine hygiene waste.	WHTM 01-05 section 2.4 n; WHTM 01-07 - Safe management of healthcare waste			
10	There must be robust systems for checking that all resuscitation equipment is in place (including all required emergency drugs) and safe to use in line with UK Resuscitation Council Guidelines.	General Dental Council Standards 1.5.3 UK Resuscitation Council - Primary dental care guidelines			
10	Given the practical skills needed for performing CPR, the practice should	General Dental			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	consider whether the training staff completed by staff is adequate. The practice should ensure there are staff trained in first aid.	Council Standards 1.5.3 & 6.6.6 UK Resuscitation Council - Primary dental care guidelines			
11	Updates must be made to the policy for the protection of children, including a clear procedure for staff to follow in the event of a safeguarding concern.	General Dental Council Standards 8.5			
11	The practice must ensure that all staff have completed training in both the protection of vulnerable adults and children.	General Dental Council Standards 8.5; CPD recommended topics			
12	Regular radiographic (x-ray) audits must be conducted.	Private Dentistry Regulations			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		14 (1)(d), (2) and (3), Ionising Radiation Regulations 1999 (IRR99) Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R 2000)			
12	The following improvements should be made to patient notes, including the consistent and correct recording of: <input type="checkbox"/> Social history <input type="checkbox"/> Smoking cessation advice <input type="checkbox"/> Medical histories <input type="checkbox"/> Grading of x-ray images.	Private Dentistry Regulations 14 (1) General Dental Council Standards 4			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of Management and Leadership					
14	The practice must ensure there are robust management arrangements in place for the creation, review and regular update of all policies and procedures in line with the current regulations and guidelines.	Private Dentistry Regulations 14 (1) and (2) General Dental Council Standards 6.6			
14	All staff should have regular appraisals.	General Dental Council Standards 6.1.6			
15	The practice must ensure that all staff are sufficiently protected against Hepatitis B and records of immunity status are maintained.	General Dental Council Standards 1.5.2			
15	The practice should communicate regularly with all members of the	General Dental			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	team, specifically through conducting regular staff meetings.	Council Standards 6.6			
16	More effective and proactive arrangements to monitor compliance with relevant regulations and guidance need to be developed and implemented.	Private Dentistry Regulations 14 (2); Amendment Regulations 16a			

Practice Representative:

Name (print):

Title:

Date: