

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

Restore Dental Group -  
Whitchurch Road Dental  
Practice/Cardiff & Vale University  
Health Board

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

## **Our purpose**

To check that people in Wales 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 Restore Dental Group - Whitchurch Road Dental Practice at the dual premises of 215 Whitchurch Road and 354 Whitchurch Road, Cardiff, CF14 3NH, within Cardiff & Vale University Health Board on the 28 June 2017.

Our team, for the inspection comprised of an HIW assistant inspection manager (inspection lead), and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

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 Restore Dental Group - Whitchurch Road Dental Practice was providing safe care to their patients. We found a pleasant environment and friendly team.

However, we have indicated that a number of improvements are required, because we found that the practice was not compliant with the Health and Care Standards across a number of areas. This requires attention in order for care and treatment to be effective and well managed.

This is what we found the service did well:

- Patients were satisfied with the service provided
- The staff team were friendly, welcoming and committed to providing a high standard of care
- Clinical facilities were well-equipped, clean, tidy and well organised
- Dental instruments were cleaned and sterilised appropriately
- There were arrangements in place for the safe use of X-rays.

This is what we recommend the service could improve:

- The NHS and private complaints policy must be reviewed and updated to be fully compliant with relevant guidelines and regulations
- Five yearly electrical and/or installation wiring certificate is required for both premises
- Fire risk assessment to be reviewed to address issues identified
- Decontamination training required for relevant staff and radiology training to be arranged at an appropriate level for dental nurses
- Review the medication checklists, including resuscitation equipment; identify roles and frequency of checks and review the resuscitation policy for both premises

- The practice must review the location of the isolation switches to ensure that both patients and staff are protected from accidental or unintentional x-ray exposure.
- Dentists must ensure that the specific findings in the report are addressed around patient record keeping
- Patients under NHS care, must be offered comprehensive treatment under the NHS, unless not clinically necessary
- Practice management and leadership in this practice need to be revisited and strengthened. The principal dentist is advised to have oversight of this
- Safeguarding checks, policies, and training need to be reviewed and updated
- The dentists at the practice must undertake a clinical records audit.

As there were a number of improvements identified in this report please refer to Appendix C for further detail.

## 3. What we found

### **Background of the service**

Restore Dental Group has three dental practices across the Cardiff area.

The Restore Dental Group - Whitchurch Road Dental Practice is one of these practices and is set across two premises which are across the road from each other and provide services to patients in the Cardiff area. For the purposes of this inspection and report this two premises practice was inspected as a single practice. The practice forms part of dental services provided within the area served by Cardiff & Vale University Health Board.

The practice employs a staff team which includes eight dentists, one hygienist, one therapist, seven dental nurses, six trainee dental nurses, one practice manager and one further practice manager who works across the Restore Dental Group practices. The dental nurses also provide receptionist duties.

The practice provides a range of NHS and private general dental services.



## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, we found that Restore Dental Group - Whitchurch Road Dental Practice was striving to provide a good quality service and was committed to providing a positive experience for patients. The feedback gained through our patient questionnaires was positive. However, there were a number of areas identified for improvement.

More health promotion information needs to be made available for patients and the price list for private dental care must be displayed prominently.

The practice should ensure that information is provided in a language and format that meets the needs of patients, including those patients who speak Welsh.

The practice must review its complaints procedure, both for NHS and Private patients.

The practice must develop a system for regularly seeking the views of patients as a way of monitoring the quality of care provided.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 17 completed questionnaires.

The majority of completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was very positive. Patients were asked on the questionnaires how the dental practice could improve the service it provides, and some of the comments received were:

*“In my opinion they rate an excellent service. I believe the standard to be of the best that it could or should be”*

*“Staff and dentists are absolutely brilliant and would not ever consider going elsewhere”*

*“I am very satisfied with the practice overall”*

*“Downstairs toilet would be great”*

*“The only thing I would say is the access upstairs can be tricky although I know staff help elderly and disabled should the need arise”*

## **Staying healthy**

All but one of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. Further dedicated dental health promotion information needs to be made available for patients in the waiting areas, as we found a lack of such material available to patients.

### **Improvement needed**

More health promotion information needs to be available for patients in the waiting areas.

## **Dignified care**

All patients who completed a questionnaire felt that they had been treated with respect when visiting the practice and were made to feel welcome by the practice team. We observed a friendly and professional approach adopted by staff towards patients.

There was space available for staff to have conversations with patients in a private area, away from other patients, if required for the purpose of maintaining patient confidentiality. We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

### **Patient information**

Only a few of the patients who completed a questionnaire said that they didn't understand how the cost of their treatment was calculated. It was not clear what emergency arrangements were in place for private (Denplan) patients. The principal dentist is advised to consider this need and make this information available to private patients.

We saw that information about the price of NHS treatment was available in the waiting area, so that patients were informed about costs. However, a private patient's price list was not being displayed prominently on our arrival. This was put in place during the inspection and must remain displayed for patient information.

The practice should improve its bilingual information as there was no evidence of key information being available in the Welsh language e.g. complaints procedures. We saw that the practising dentists' details and the surgery opening hours were being displayed externally.

#### Improvement needed

The price list for private dental care must be displayed prominently.

The practice should ensure that information is provided in a language and format that meets the needs of patients, including those patients who speak Welsh.

#### Communicating effectively

A small number of the patients who completed a questionnaire considered themselves to be Welsh speakers, and these patients told us that they could never, or only sometimes, speak to staff in Welsh at the practice. All non-Welsh speaking patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

The practice must have a formal arrangement in place to access interpreting services. Interpreting services must be offered to patients who may require it.

#### Improvement needed

The practice must have a formal arrangement in place to access interpreting services. Interpreting services must be offered to patients who may require it.

### Timely care

The practice tried to ensure that dental care was always provided in a timely way. The majority of patients who completed a questionnaire said that they would know how to access the out of hour's dental service if they had an urgent dental problem. We saw that the details of the NHS emergency contact number were being displayed externally.

## **Individual care**

### **Planning care to promote independence**

All patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. The majority of patients who completed a questionnaire told us that they felt involved, (as much as they wanted to be), in any decisions made about their treatment. Patients told us that they had received clear information about their dental treatment, including available treatment options and associated costs.

### **People's rights**

The practice had in place an equality and diversity policy. Access for patients with mobility difficulties or those who require a wheelchair is not available at the 215 or 354 Whitchurch Road surgeries. Staff stated that they can refer patients to their surgery in Ponthir, where ground floor access to facilities is available. The unisex patient toilets are located and staff toilet facilities are available on the first floor of each premises.

### **Listening and learning from feedback**

Half of the patients who completed a questionnaire told us that they wouldn't know how to raise a concern or complaint about the services they receive at the dental practice.

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS dental treatment. However, the complaints procedure was not compliant with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'<sup>1</sup>). Details of the complaints

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<sup>1</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=932&pid=50738>

procedure were available on the wall of the waiting room, but these required further detail, as they did not include response timescales, health board or ombudsman contact details.

A complaints procedure for private dental care was not available as is required in line with the Private Dentistry Wales 2008 Regulations<sup>2</sup>. The practice must review its NHS complaints procedure and develop a private patient's complaints procedure ensuring that these are displayed prominently for patient access in the waiting areas. This will mean that patients can easily access this information, should they require it.

Few patient complaints had been received over recent years and there was a complaints file in place. However, whilst there was a good complaints format in place, there was no evidence to indicate that this had been used and it was therefore difficult to track how each complaint had been responded to in line with the complaints policies. The practice must review its complaints handling processes and record keeping.

We advised the practice that the nominated individual for handling complaints should receive training to support them in fulfilling this role. It was further suggested that the practice put in place a concerns log to record informal concerns centrally, to enable any common themes to be identified.

Almost a third of patients who completed a questionnaire said that they weren't aware of being asked for their views on the dental practice, for example, through patient questionnaires. We discussed the practice's mechanism for seeking patient feedback. Staff informed us that they needed to develop a formal system to seek patient views. We suggested that the practice develops a patient survey in order for patients to provide their feedback. We also suggested the practice display an analysis of the feedback received in the waiting area demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice.

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<sup>2</sup> [https://www.dentalprotection.org.uk/help-advice/regulations/wales/private-dentistry-\(wales\)-regulations-2008](https://www.dentalprotection.org.uk/help-advice/regulations/wales/private-dentistry-(wales)-regulations-2008)

### Improvement needed

The practice must review its NHS complaints procedure and ensure this is compliant with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right').

The practice must develop a private patients' complaints procedure in line with the Private Dentistry Wales 2008 Regulations. Both of these procedures must be displayed prominently for patient access in the waiting areas.

The practice must review its complaints handling processes and record keeping.

The practice must develop a system for regularly seeking the views of patients as a way of monitoring the quality of care provided.

## 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 dental care. However, a number of improvements were required to ensure care and treatment was fully effective and compliant with Health and Care Standards and other relevant guidelines across areas.

### Safe care

#### Managing risk and promoting health and safety

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. We saw that the portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. However, a five yearly electrical and/or installation wiring certificate are required for both premises.

There are unisex toilets for use by patients and separate staff toilets accessible on the first floors of each of the premises. These facilities were clearly signposted and visibly clean; with sanitary disposal bin in place.

Risk assessments on Control of Substances Hazardous to Health (COSHH) and safety data sheets were being kept for substances in addition to risk assessments. COSHH substances were being stored safely.

Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place and fire signage and risk assessment were evident. However, we found that the fire exit upstairs in 215 Whitchurch Road, had no lighting and there was clutter partially obstructing the exit area. We also discussed that fire signage in at least one area, be considered. There was a health and safety policy in place.

A review needs to be undertaken in respect of secure access to the stock room area and decontamination room and this should include staff only signage.

### Improvement needed

A five yearly electrical and/or installation wiring certificate are required for both premises, copies of these to be forwarded to HIW.

The fire risk assessment must be reviewed to address the issues identified in the report.

A review needs to be undertaken in respect of secure access to the stock room area and decontamination room and this should include staff only signage.

### Infection prevention and control

All patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean. On the day of the inspection we found the practice was visibly well maintained and surgeries were clean, tidy and well organised.

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at the dental practice. This is because we saw evidence that there were infection prevention and control measures in place. Examples included the following:

- Designated room for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Instruments were stored and transported appropriately and their packaging dated to show when they had to be used.

A decontamination policy was in place. We found that inoculation immunity check status for staff members was up to date.



The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05 (WHTM 01-05)<sup>3</sup> guidelines. However, all relevant staff should undertake decontamination training on a five yearly basis; the practice needs to review the status of this as insufficient evidence was available. Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored.

#### Improvement needed

Decontamination training is required for all relevant staff.

#### Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. We saw records that indicated the team had received all relevant training. The emergency drugs were stored securely. We suggested in respect of 215 Whitchurch Road, that emergency drugs be stored in a location where they are immediately available in the event of a medical emergency (patient collapse) at the practice and these were subsequently relocated in the surgery area.

We were not assured that there was an effective system in place to check the resuscitation equipment and emergency drugs to ensure they were ready for use. This is because on checking we found some issues with resuscitation equipment dates and availability of one set of emergency medication in the 215 Whitchurch Road surgery. These issues were resolved immediately on the day of the inspection. See Appendix A.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training. We advised the practice to review the resuscitation policy for both premises, to indicate location of medication and resuscitation equipment and identify roles and responsibilities in the case of an incident occurring. There were designated and trained first aiders available at the practice. Also, a review and audit of the

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

stock control process for dental materials and anaesthetics in the surgeries is required.

#### Improvement needed

Review the medication checklists, including the resuscitation equipment is required; identify roles and frequency of checks.

Review the resuscitation policy for both premises, to indicate location of medication and resuscitation equipment and identify roles and responsibilities in the case of an incident occurring.

A review and audit of the stock control process for dental materials and anaesthetics in the surgeries is required.

#### Safeguarding children and adults at risk

The practice needs to take further steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because protection policies required review or development and the safeguarding training provided for relevant staff needed to be reviewed and updated.

There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice.

#### Improvement needed

A review of the children's safeguarding policy is required to include the local child protection contact numbers and a protection of vulnerable adults policy needs to be developed.

Both the children's and the vulnerable adults training needs to be in place for all relevant staff.

#### Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgeries had been designed and organised to help the team work efficiently and were visibly very clean and in good condition.

We saw that the environments had been planned and laid out to ensure the safe use of radiation equipment. However, the practice must review the location

of the isolation switches to ensure that both patients and staff are protected from accidental or unintentional x-ray exposure.

We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use. We found that staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000<sup>4</sup>. However, evidence was not available for some dental nurses to indicate that an appropriate level of radiation protection training had been undertaken. The principal dentist must ensure that radiation protection training is arranged for dental nurses where required.

#### Improvement needed

The practice must review the location of the isolation switches to ensure that both patients and staff are protected from accidental or unintentional x-ray exposure.

Radiation protection training must be kept up to date at an appropriate level for dental nurses in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.

### Effective care

#### Safe and clinically effective care

Patients benefit from a practice that seeks to improve the service provided. We saw that the practice engaged in relevant audits, including infection control and radiographic audit.

#### Quality improvement, research and innovation

The principal dentist should review the peer quality review processes both internally and/or consider options locally with other surgeries in the area that

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<sup>4</sup> [http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf)

could be established. Further engagement with areas covered in the Deanery of Wales CAPRO<sup>5</sup> audits would be beneficial e.g. record keeping audit.

### Improvement needed

The practice should formalise quality assurance arrangements, including peer review and regular audits, as a way of increasing learning, sharing best practice and helping to ensure the quality of the care provided.

### Information governance and communications technology

The storage of patient files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

### Record keeping

We considered a sample of patient dental records for seven of the dentists at the practice, to assess the quality of record keeping. Whilst the record keeping processes for one dentist were very good, overall there were improvements required in this area. Record keeping was variable with examples of good practice and minimal note keeping across the records. The following areas for improvements were found:

- The patient medical histories policy must be reviewed, with these being consistently signed by the patient and with a system in place to evidence that dentists have checked medical histories at every course of treatment.
- Treatment plans for band 2 and 3 treatments<sup>6</sup> need to be produced more consistently and signed
- The frequency of radiographs (bite wings) needs to be considered in line with guidance and the justification and reporting of radiographs

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<sup>5</sup> <https://dental.walesdeanery.org/improving-practice-quality/carro>

<sup>6</sup> <http://www.nhs.uk/chq/Pages/nhs-dental-band-charges.aspx>

maintained. Treatment plans and options offered must be recorded consistently.

The principal dentist was not available on the day of the inspection. We therefore discussed our findings with one of the available dentists in detail. We advised, and it was agreed, that they would implement a peer review programme for patients' records, to further improve the quality of record keeping. Given the areas for improvement identified in respect of the clinical record keeping processes, the dentists at the practice must undertake a clinical records audit as a priority.

We also found that for three of the dentists' records, it was not always clear whether the dentists' had informed and helped patients to understand all available options when they needed treatment. This is because we found that some NHS patients were seeing the hygienist privately even though this was indicated in their notes as being clinically necessary and so would therefore have been available under the NHS. No justification had been recorded for this. Patient information was being stored securely.

#### Improvement needed

Dentists must ensure that the specific findings in the report are addressed around record keeping and must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping. The dentists at the practice must undertake a clinical records audit.

Patients under NHS care must be offered comprehensive treatment under the NHS, unless not clinically necessary, in which case this must be justified in the patient notes. The principle dentist must outline to HIW in detail the robust response provided to address this area.

## 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.*

Overall, we found that there was a significant need for a review of management and leadership processes in this practice.

This is because we found that practice management and leadership need to be revisited and strengthened. Roles and responsibilities need to be reviewed and clarified, following a period of staff change. This is demonstrated by the number of improvements identified in this report. The principal dentist is advised to have oversight of this.

Staff appraisals need to be taken forward on an annual basis.

Up to date DBS safeguarding checks are required for five dentists in line with the private dental regulations.

## Governance, leadership and accountability

Restore Dental Group - Whitchurch Road Dental Practice is owned by the principal dentist who is supported by seven other dentists and the wider practice team. There is a new practice manager in place to assist with the day to day management of the practice. There is also a practice manager who works across the Restore Dental Group practices and can provide support. However, recent role changes have caused some disruption to the practice manager role at this practice. This has meant that effective systems to support overall practice management and leadership need to be revisited and strengthened. This is evident from the number of issues identified in this report. The principal dentist is advised to have oversight of this.

Staff told us that they felt well supported in their roles by all members of the practice team. However, we found that some staff roles and responsibilities, could be better defined and clarified, for instance the monitoring of medication checks, stock control processes and training refresher needs.

Staff told us that they felt communication within the practice was good. We saw records of practice meetings that had been held, and these were planned to be held every two months. The minutes for these that we saw were brief and advice was provided to the practice manager on the format, to include action points and action owners where applicable. This will allow for learning from, and progress with, actions to be better identified moving forward.

There were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. Some of these required review and updating as identified in this report.

#### Improvement needed

Practice management and leadership in this practice need to be revisited and strengthened. The principal dentist is advised to have oversight of this.

## Staff and resources

### Workforce

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the management team to access training opportunities. We saw certificates to evidence that all clinical staff had completed training in areas highly recommended by the General Dental Council. However, there were gaps in some areas of training as identified in this report.

The practice had a mix of established and new staff team, with good team working being reported and observed on the day of the inspection. We were told that staff appraisals were to be undertaken in July 2017 and that personal development plans will be identified as a result of those appraisals. Staff appraisals need to be taken forward on an annual basis.

We found that dentists and nursing staff were registered with the General Dental Council to practice and had indemnity insurance cover was in place. Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

The dentists working at the practice provided private dental services and we saw their HIW registration certificates prominently displayed as required by the regulations for private dentistry.

There were systems in place to ensure that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance checks. However DBS safeguarding checks were not up to date for five dentists in line with the private dental regulations.

There was evidence of some clinical audits being undertaken such as the Welsh Health Technical Memorandum 01-05 audit. However, the practice should formalise quality assurance arrangements, including peer review and regular audits, as a way of increasing learning, sharing best practice and helping to monitor the quality of the care provided.

#### Improvement needed

Staff appraisals need to be taken forward on an annual basis.

Up to date DBS safeguarding checks are required for five dentists in line with the private dental regulations. Evidence to be provided to HIW.



## 4. What next?

Where we have identified improvements and immediate concerns 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 require the service to complete an immediate improvement plan telling 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

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, measureable, 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](#). 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](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). 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 [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.

**Service:** **Restore Dental Group - Whitchurch Road Dental Practice**

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
<p>We were not assured that there was an effective system in place to check the resuscitation equipment and emergency drugs to ensure they were ready for use.</p> <p>This is because on checking we found some issues with resuscitation equipment dates and availability of one set of emergency medication in the 215 Whitchurch Road surgery.</p>	<p>Resuscitation responses could be compromised or delayed if resuscitation equipment and emergency drugs are not ready for use in the case of a medical emergency taking place.</p>	<p>The peer discussed this with the practice manager. A resuscitation mouth piece was out of date and a pouch for one set of emergency medication in the event of a patient emergency did not include the relevant medications.</p>	<p>These issues were resolved immediately on the day of the inspection. The practice manager replaced the out of date resuscitation mouth piece and located the required medications and placed them in the pouch ready for use.</p>

## Appendix B – Immediate improvement plan

**Service:** Restore Dental Group - Whitchurch Road Dental Practice

**Date of inspection:** 28 June 2017

The table below includes any immediate 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.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues				

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:** Restore Dental Group - Whitchurch Road Dental Practice

**Date of inspection:** 28 June 2017

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	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
More health promotion information needs to be available for patients in the waiting areas.	Health and Care Standards 4.2 and 5.1 Private Dentistry (Wales) Regulations 2008 Regulation 14 (1) (a)	Contacted LHB and gained more health promotion products – on arrival we will display.  Leaflet stand ordered and on display in both waiting areas.	Hannah Snape	15 /9/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The private patient's price list must be displayed prominently.</p>	<p>Health and Care Standards 4.2</p> <p>Private Dentistry (Wales) Regulations 2008</p> <p>Regulation 14 (1) (a), (b)</p> <p>General Dental Council (GDC) Guidance 2.4.1</p>	<p>Displayed in all waiting areas on the day the inspection was carried out – still prominently on display.</p>	<p>Laura Evans</p>	<p>28 /6/ 2017</p>
<p>The practice should ensure that information is provided in a language and format that meets the needs of patients, including those patients who speak Welsh.</p> <p>The practice must have a formal arrangement in place to access interpreting services. Interpreting services must be offered to patients who may require it.</p>	<p>Health and Care Standards 4.1, 4.2 and 6.3</p> <p>Private Dentistry (Wales) Regulations</p>	<p>Language line now used -</p> <p>All staff aware and training given – details and language leaflet are kept on both reception desks.</p>	<p>Hannah Snape</p>	<p>08 /08/2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
	2008 14 (1) (a)			
<p>The practice must review its NHS complaints procedure and ensure this is compliant with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right').</p> <p>The practice must develop a private patient's complaints procedure in line with the Private Dentistry Wales 2008 Regulations. Both of these procedures must be displayed prominently for patient access in the waiting areas.</p>	<p>Health and Care Standards 6.3 Private Dentistry (Wales) Regulations 2008 15 (4)</p>	<p>Reviewed and updated both an NHS and Private complaints policy to ensure both are compliant and contact details are easily available. All staff have read and are aware of updated complaints policies. Displayed in both waiting areas.</p>	Laura Evans	08 /08/ 2017
		<p>We are currently in the process of getting these uploaded on to our website.</p>	Laura Evans	16 /10/ 2017
<p>The practice must review its complaints handling processes and record keeping.</p>	<p>Health and Care Standards 6.3 Private Dentistry (Wales) Regulations 2008 15 (3)</p>	Complaints handling course	Hannah Snape Laura Evans	13/9/2017
		Complaint policies reviewed and updated		06/08/2017
		Complaint log reviewed and updated		07/08/2017
		Training given to all staff	Each clinical manager	08/08/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must develop a system for regularly seeking the views of patients as a way of monitoring the quality of care provided.	Health and Care Standards 6.3 Private Dentistry (Wales) Regulations 2008 14 (2) GDC Guidance 2.1	We have created a patient satisfaction questionnaire. These are in the waiting areas for patients to complete for us to then build from any feedback given.  We also have compliment and feedback forms for patients to complete and place in the feedback box kept on reception in both sites.	Hannah Snape  Laura Evans	18/08/2017  Already in place
<b>Delivery of safe and effective care</b>				
A five yearly electrical and/or installation wiring certificate are required for both premises, copies of these to be forwarded to HIW.	Health and Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (d)	215 Whitchurch Road building is covered until 23/06/2018.  We have organised for an electrician to be completed in 354 Whitchurch Road on 26/08/2017.	Laura Evans	Completed  26/08/2017



Improvement needed	Standard	Service action	Responsible officer	Timescale
The fire risk assessment must be reviewed to address the issues identified in the report.	Health and Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (d)	The fire risk assessment is been reviewed and there are no obstructions in our fire exit hallway from our landlord. The light bulbs have all been replaced and are all in working order.	Hannah Snape	17/08/2017
A review needs to be undertaken in respect of secure access to the stock room area and decontamination room and this should include staff only signage.	Health and Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (d)	We have organised for a builder to place keypad enter systems on all required doors, along with staff only signage.	Hannah Snape	23/10/2017
Decontamination training is required for all relevant staff.	Health and Care Standards 2.4	We are in the process of collecting all staff members' decontamination certificates and have copies kept in both	Hannah Snape	30/08/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Private Dentistry (Wales) Regulations 2008 14 (1) (b)	buildings.		
Review the medication checklists, including resuscitation equipment; identify roles and frequency of checks.	Health and Care Standards 2.6 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	All airway equipment has now been replaced and are now all in date also with a new checklists template designed for both medication and equipment.	Hannah Snape	14/08/2017
Review the resuscitation policy for both premises, to indicate location of medication and resuscitation equipment and identify roles and responsibilities in the case of an incident occurring.	Health and Care Standards 5.1 Private Dentistry (Wales) Regulations	We are in the process of drafting the practice resuscitation policy for both sites.  This will then be implemented across our other sites.	Laura Evans	1/10/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
	2008 14 (1) (b) GDC Guidance 6.2.6, 6.6.6			
A review and audit of the stock control process for dental materials and anaesthetics in the surgeries is required.	Health and Care Standards 2.6 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	We now have made all nursing staff aware not to over stock the surgeries at the end of each session.  The senior dental nurse is carrying out thorough daily checks on anaesthetics and dental materials. Also we have made all staff aware to keep all anaesthetics in the sterile packaging.	Hannah Snape	01/08/2017  29/06/2017
A review of the children's safeguarding policy is required to include the local child protection contact numbers and a protection of vulnerable adults policy needs to be developed.	Health and Care Standards 2.7 Private Dentistry (Wales)	We have contacted the local authorities and are updating our safeguarding policy and contact numbers.  To review both policies.	Hannah Snape  Laura Evans	14/08/2017  25/09/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Regulations 2008 14 (1) (b)			
Both the children's and the vulnerable adults training needs to be in place for all relevant staff.	Health and Care Standards 2.7 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	We are in the process of collecting all staff members', children's and vulnerable adults training certificates and have copies kept in both buildings.	Hannah Snape	28/08/2017
The practice must review the location of the isolation switches to ensure that both patients and staff are protected from accidental or unintentional x-ray exposure.	Health and Care Standards 2.9 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	We have organised for an electrician to come out and relocation the isolation switches for the OPT machine and surgery 1 intra oral x-ray unit.	Laura Evans	26/08/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Ionising Radiation (Medical Exposure) Regulations 2000.			
Radiation protection training must be kept up to date at an appropriate level for dental nurses in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.	Health and Care Standards 2.9 Private Dentistry (Wales) Regulations 2008 14 (1) (b) GDC guidance 7.3.1 Ionising Radiation (Medical Exposure) Regulations	We are in the process of collecting all staff members Radiography certificates and have copies kept in both buildings.  All staff that have qualified within the past 5 years, we have copies of their qualification certificate.	Hannah Snape	30.08.2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
	2000.			
<p>The practice should formalise quality assurance arrangements, including peer review and regular audits, as a way of increasing learning, sharing best practice and helping to ensure the quality of the care provided.</p>	<p>Health and Care Standards 3.3 Private Dentistry (Wales) Regulations 2008 14 (2)</p>	<p>We have recently completed a CAPRO audit on 'the NICE guideline radiographic risk assessment audit'</p> <p>We are starting a record keeping audit in September.</p>	<p>Laura Evans</p> <p>Raid Ali</p>	<p>June 2017</p> <p>15/09/2017</p>
<p>Dentists must ensure that the specific findings in the report are addressed around record keeping and must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping. The dentists at the practice must undertake a clinical records audit.</p>	<p>Health and Care Standards 3.3 Private Dentistry (Wales) Regulations 2008 14 (1) (b)</p>	<p>We have organised a record keeping audit within Restore Dental Group.</p> <p>At the meeting on 15/09/2017 we will reiterate the importance of FP17DC completion for band 2 and band 3 treatments.</p> <p>Following the audit we can then ensure all changes needed are implemented.</p>	<p>Raid Ali</p>	<p>15/09/2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Patients under NHS care, must be offered comprehensive treatment under the NHS, unless not clinically necessary, in which case this must be justified in the patient notes. The principle dentist must outline to HIW in detail the robust response provided to address this area.</p>	<p>Health and Care Standards 3.1 Private Dentistry (Wales) Regulations 2008 14 (2)</p>	<p>We always ensure all patients are offered comprehensive treatment on the NHS whether that be with:-</p> <p>The clinician</p> <p>The Dental Therapist</p> <p>The patient's oral health is our main concern all treatment options are discussed with the patients and advice given for a decision to then be made.</p> <p>We also offer a private oral hygienist service for our patients who wish to see her on a private basis.</p>	<p>Raid Ali</p>	<p>Completed and ongoing</p>
<p><b>Quality of management and leadership</b></p>				
<p>Practice management and leadership in this practice need to be revisited and strengthened. The principal dentist is advised to have oversight of this.</p>	<p>Health and Care Standards 3.3 Private Dentistry (Wales)</p>	<p>We now have a full time manager in 354 and 215 Whitchurch Road to oversee the daily running's of the practice.</p>	<p>Hannah Snape</p>	<p>04/06/2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Regulations 2008 14 (2)	There is also a Group Operational Clinical Manager who manages the operational side of all 5 sites.	Laura Evans	01/06/2017
Staff appraisals need to be taken forward on an annual basis.	Health and Care Standards 7.1 GDC guidance 6.6.1	All staff appraisals are completed.  With the next performance reviews scheduled in four months time  All managers are to use a cloud base system to monitor and comment regarding all aspects on the employee.	Laura Evans   Laura Evans	31/8/ 2017   30/11/ 2017
Up to date DBS safeguarding checks are required for five dentists in line with the private dental regulations. Evidence to be provided to HIW.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)	We are in the process of handing out DBS forms for all dentists in Whitchurch Road practice to complete and provide management with a returned copy of their in date DBS.	Hannah Snape	30/11/2017

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): Dr Raid Ali**

**Job role: Principle Dentist**

**Date: 24 August 2017**