

General Dental Practice Inspection (Announced)

Barrie David and Associates
Dental Practice, Abertawe Bro
Morgannwg University Health
Board

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2017

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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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 Barrie David and Associates Dental Practice, 88 Pisgah Street, Kenfig Hill, Bridgend CF33 6DA, within Abertawe Bro Morgannwg University Health Board on the 1 November 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015), Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Barrie David and Associates Dental Practice provided safe and effective care to its patients.

The practice was clean and tidy and provided a friendly and professional service to their patients.

The practice had a wide range of policies and procedures in place however we recommended that these needed to be reviewed and updated.

This is what we found the service did well:

- The practice is committed to providing a positive experience for the patients.
- We observed that staff interaction with patients was kind and courteous.
- The clinical areas were visibly clean and tidy and well equipped.
- Dental equipment was well maintained and regularly serviced.

This is what we recommend the service could improve:

- All policies to be reviewed and updated, ensuring they contain the most up to date information and guidance and can be easily read.
- The practice should ensure that there is a trained First Aider present in the practice when it is open.
- The practice needs to ensure that dental records are completed with all required data at each visit and medical histories up dated and countersigned. Each surgery is to have clearly marked "clean" and "dirty" areas to ensure there is no cross contamination
- The practice to use a magnifying lamp in the decontamination room for the inspection of equipment before sterilisation.

- Staff need to have access to and use personal protective equipment (PPE) when working in the decontamination room
- The practice put in place a process for ensuring all instruments are bagged and stored appropriately and are checked on a monthly basis to ensure they are all in date
- All staff to have received appropriate infection control training in line with current CPD requirements.
- The flooring and splashbacks in the clinical areas require attention and keyboards are covered or replaced with wipeable keyboards.

3. What we found

Background of the service

Barrie David and Associates Dental Practice provides services to patients in the Kenfig Hill, Cefn Cribwr, Bridgend, Pyle, Porthcawl and Cornelly areas. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice has a staff team which includes eight dentists, one part time hygienist, seven dental nurses, one trainee dental nurse and two part time receptionists. The role of practice manager is shared by two of the dental nurses.

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

Quality of patient experience

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

We found that the practice was committed to providing a positive experience to their patients. Patients who completed a HIW questionnaire indicated they were happy with the care and treatment that they received.

The practice actively sought patient feedback by conducting a survey but needed to put in place a process to record both positive and negative patient comments.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of fifteen questionnaires were completed. Patient comments included the following:

"No need to improve, excellent service"

"Cannot improve, excellent service"

"More than happy with appointments and treatment"

"Always polite and helpful"

Staying healthy

There was a range of health promotion information material available in the waiting area and outside the surgeries. These included information leaflets, posters and specific information regarding treatments and preventative advice. All patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Whilst there were leaflets in the waiting area providing information on how to stop smoking there were no "No Smoking" signs displayed in the practice. We recommend, to emphasise compliance with smoke free premises legislation, the practice display "No Smoking" signs in the main entrance and/or waiting area.

Improvement needed

The practice to display "No Smoking" signs in the main entrance and/or waiting area.

Dignified care

All the patients who completed a questionnaire told us that they had been treated with respect when visiting the practice.

The practice had a large waiting and reception area. Staff told us that if there was a need to have a private conversation with a patient this could be conducted in the staff room or in a vacant surgery.

The practice was in a single storey building which made the waiting area and surgeries accessible for patients with mobility difficulties. The doors to the surgeries are closed during treatment, affording the patient privacy and dignity.

Patient information

Every patient who completed a questionnaire told us they felt involved, as much as they wanted to be, in any discussions made about their dental care. They also said they had received clear information about available treatment options.

Of those who completed a questionnaire, fourteen patients said the cost of any treatment was always made clear to them before they received any treatment, however, six patients said they did not understand how the cost of their treatment was calculated.

In addition to the dental health promotion materials available in the waiting area, there was a price list setting out NHS dental treatment costs and at the reception desk, a price list setting out private dental treatment costs.

Communicating effectively

All fifteen patients who completed a questionnaire told us they had always been able to speak to staff in their preferred language.

During the inspection we observed staff being polite and courteous when speaking to patients.

Timely care

The majority of patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem.

The practice ensures patients were seen in a timely manner. We were told by staff that if a dentist was running late they would be notified via a message on the computer from the surgery and they would then make sure the patients waiting were kept informed.

We noted that the practising dentists' details and the surgery's opening hours were displayed externally. There was also an answerphone message informing patients who to contact for out of hours treatment. This information was also displayed at the main entrance to the practice.

Individual care

Planning care to promote independence

All patients who completed a questionnaire confirmed that the dentist asks about their medical history before undertaking any treatment.

People's rights

The main entrance, reception and waiting area and surgeries are all accessible for patients with mobility difficulties. Although there was a fire exit to the front of the building which was accessible, the rear fire exit led onto the patient and staff car park but this could only be accessed by steps. We advised the practice to consider installing a ramp to enable patients using wheelchairs to move away from the building. The practice might also want to consider contacting their fire safety officer to review the fire exits.

Listening and learning from feedback

Thirteen patients who completed a questionnaire said they would know how to raise a concern or complaint about the serviced they received at the dental practice.

The practice had a single complaints policy that set out the procedures for dealing with complaints about both NHS and private dental treatment. The

policy did not reflect the NHS complaints process "Putting Things Right"¹, although there were information posters and leaflets in the waiting area. With regard to complaints about private dental treatment, in accordance with the Private Dentistry Wales 2008 Regulations², the policy did not contain reference to HIW, the registration authority. We recommend the practice amend its policy to include reference to "Putting Things Right". We also advise that the practice might wish to separate the NHS complaints policy from that relating to private dental treatment for patients' ease of understanding.

We saw evidence that the practice had undertaken a patient survey in 2016 and in the reception area at the time of the inspection, there were questionnaires seeking patient feedback. There was no evidence that the practice identified any themes or acted on the feedback received. The majority of patients who completed a questionnaire confirmed they were asked for their views on the dental practice.

Aside from feedback obtained from patient surveys, the practice did not record patient complaints, concerns or verbal/informal feedback. Keeping a record will enable the practice to identify any themes that may emerge from complaints. We recommend the practice develop a method of recording all patient feedback, particularly complaints, keeping a record of the nature of the complaint, action taken by the practice and any outcome. We also advise the practice to maintain a record of any verbal/informal patient feedback.

Improvement needed

We recommend the practice set up a dedicated file to record all patient feedback and where applicable the practice's actions and responses.

¹ "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by Responsible in Wales.

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

Delivery of safe and effective care

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

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

We saw contracts in place ensuring the facilities and environment were safe and well maintained. We would advise the practice to review its arrangements for the disposal of its clinical waste.

We found that surgeries were visibly clean, tidy and well laid out but improvements were required to the flooring and skirting boards and to the splash backs to ease cleaning and eliminate the trapping of dirt and dust.

The practice needs to ensure patient medical records are completed at each patient visit and medical histories are up to date.

Safe care

Our concerns regarding the absence of a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book were raised during the inspection and in response the principal dentist immediately submitted an order for an appropriate accident book.

The principal dentist also ordered paediatric pads for the defibrillator when it was brought to his attention that these were required.

Details of the immediate improvements we identified are provided in insert Appendix A.

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting the practice.

There were no concerns expressed by the patients who completed a questionnaire over the cleanliness of the dental practice. During the inspection

we noted that there was a gap between the aluminium splash back and the wall and between the individual "tiles", where dirt and dust could settle. We recommend the edges of the splash backs and the gaps between the aluminium tiles are sealed to eliminate any dust and dirt. We also noted the edges between the flooring and walls were not sealed and we advise the practice to consider addressing this with a seamless finish to aid thorough cleaning.

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice. Fire extinguishers were placed throughout the building and we saw evidence that they were serviced regularly.

Contracts were in place for the disposal of hazardous (clinical), non-hazardous (household) waste and of amalgam waste. The contract for the disposal of hazardous waste (but not amalgam) was with a pet cremation service. Dental practices must take all reasonable measures to ensure that the full range of waste generated is properly, legally, safely and effectively disposed of, ensuring that risks or potential risks of contamination or infection both within and external to the practice are minimised. Current guidance³ stipulates that authorised businesses must be used to collect, recycle or dispose of hazardous waste. We would advise the practice arrange for the collection and disposal of its hazardous waste, including amalgam waste to be undertaken by a contractor specialising in the disposal of dental clinical waste.

Whilst the practice did record accidents, it did not have a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR) book which would include the Health and Safety Executive (HSE) contact details and protocols. This was brought to the attention of the principal dentist who submitted an order for a RIDDOR book during the inspection.

³<http://naturalresources.wales/guidance-and-advice/environmental-topics/waste-management/hazardous-waste-returns/?lang=en>

We noted that the practice's domestic cleaning materials were stored in the same cupboard as the compressor that was unlocked. We advise the practice either to lock the door or to move the materials to a lockable cupboard to ensure patient safety and for the door to display a "Hazardous Materials" sign. The clinical waste receptacle was locked and secure to the rear of the practice.

Under the Control of Substances Hazardous to Health Regulations 2002⁴, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. The practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist. We recommend the practice undertake a COSHH assessments and prepare safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice.

The patient toilet was easily located and we noted that it was clean and uncluttered. The practice may want to consider having additional supports/rails installed, taking into account their patient group. There was also a toilet next to the staff room for the use of staff which was also used to store coats. This was also clean and tidy.

At the time of our visit there were facilities to dispose of feminine hygiene products in the staff toilet but not in the patient toilet. We recommended that the practice review current regulations regarding this provision and provide the necessary amenities.

Improvement needed

We recommend the splash backs and are sealed to eliminate any dirt and dust

We recommend the practice undertake a COSHH assessment and prepare safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice

⁴ <http://www.hse.gov.uk/coshh/>

Facilities need to be made available for the hygienic disposal of feminine hygiene waste in the patient toilet.

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁵. We also noted that each surgery had separate sinks for "hand washing" and "dirty". In each case both sinks were labelled for "hand washing" rather than just the one. We recommend that each surgery has clearly marked "clean" and "dirty" areas to ensure there is no cross contamination.

Each surgery had a computer. For infection control reasons, in clinical areas covers should be provided over computer keyboards; or conventional keyboards should be replaced with "easy-clean" waterproof keyboards. We recommend the practice cover or replace the keyboards in line with WHTM 01-05.

We saw evidence that appropriate infection prevention and control measures were in place. We noted there was a protocol for handling needle stick injuries on the wall of the staff room.

The practice had dedicated bowls for decontamination. Whilst they were fit for purpose they had been in place for some time and we would advise the practice to replace these. We also recommend that the practice provide a thermometer to ensure the water used in the pre-sterilisation process is at the correct temperature.

The practice had two autoclaves and we saw evidence that these underwent daily maintenance programmes. Pre-sterilisation cleaning of instruments was

⁵ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

undertaken by manual cleaning. We would advise that in accordance with the guidance the practice consider acquiring an ultrasonic bath for this task and in the interim period we recommend the use of a magnifying lamp, with appropriate lighting, for the inspection of equipment before it is sterilised. It is important that staff have access to and use personal protective equipment (PPE) when working in the decontamination room and we recommend that disposable aprons are provided.

We noted that whilst some instruments and equipment were stored appropriately in the surgeries some were not bagged or initialled after going through the decontamination process. In addition some instruments were out of date. We recommend the practice put in place a process for ensuring all instruments are bagged and stored appropriately and are checked on a monthly basis to ensure they are all within the use by date. We also recommend that scaling tips are stored in sealed packaging and dated, as in the case of decontaminated instruments.

We noted that impressions were disinfected with a disinfection spray. We recommend that each surgery has a dedicated container for the soaking of impressions and other dental work received from the laboratory.

We noted that one dental nurse did not have evidence of current infection control training and recommend this is rectified

Improvement needed

Each surgery is to have clearly marked "clean" and "dirty" areas to ensure there is no cross contamination

The practice to use a magnifying lamp in the decontamination room for the inspection of equipment before sterilisation.

The practice to ensure staff have access to and use personal protective equipment (PPE) when working in the decontamination room

The practice put in place a process for ensuring all instruments are bagged and stored appropriately and are checked on a monthly basis to ensure they are all in date

We recommend that each surgery has a dedicated container for the soaking of impressions and other dental work received from the laboratory

In accordance with current guidance, the practice provide covers for the keyboards or wipeable keyboards are procured

The practice must ensure all clinical staff have current certificates indicating that they have received appropriate infection control training in line with current CPD requirements.

Medicines management

The practice had in place procedures to deal with patient emergencies. The principal dentist told us he was the appointed First Aider but did not hold a current certificate and is only in the practice three days a week. One of the dentists did hold a current First Aid certificate but is only in the practice part time and there is a risk that there are days when there is no first aider on site. We recommend the practice ensure sufficient staff attend First Aid training and ensure that there is a First Aider present in the practice at all times.

All staff had certificates demonstrating that they had received appropriate cardiopulmonary resuscitation (CPR) training within the last twelve months.

During the inspection we saw that emergency drugs and equipment, prescription pads and syringes used for administering local anaesthetic were not stored appropriately. We recommend that these are all stored securely. In addition, the door of the cupboard where the oxygen cylinder is stored should display a "Compressed" gas sign.

We noted that whilst the drugs stored in the practice were in date, in accordance with the standards set out by the Resuscitation Council (UK)⁶, there was no system in place for the organised and regular checking of expiry dates of emergency drugs and syringes/needles and of materials and stocks held in each surgery.

The practice did have an automatic external defibrillator on site - with pads for adult use - that is stored in a cupboard. We advise that the cupboard is labelled to ensure all staff are aware of the defibrillator's location. When we brought to

⁶ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

the principal dentist's attention the absence of paediatric pads with the defibrillator he rectified this during the inspection by submitting an order.

Improvement needed

The practice to ensure sufficient staff attend First Aid training and that there is a First Aider present in the practice at all times

The practice needs to ensure emergency drugs and equipment, prescription pads and syringes used for administering local anaesthetic are stored in secure settings

The practice to display on the door of the cupboard in which the oxygen cylinder (part of the emergency kit) a "Compressed" gas sign

The practice needs to implement a process for the regular checking of expiry dates of emergency drugs and syringes/needles and of materials and stocks held in each surgery.

The practice needs ensure paediatric pads are purchased for use with the defibrillator.

Safeguarding children and adults at risk

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because it had a joint child and adult protection policy in place. However, there was more than one version of the policy on file and the most recent did not contain the contact details for all the relevant local safeguarding teams.

We also noted that one dental nurse had not received recent training in child protection and one dentist and three dental nurses had not received recent training in adult protection (POVA). We recommend the practice ensures that staff who have access to patients, complete training in both child and adult protection.

There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in the practice. Disclosure and Barring Service (DBS) checks had been carried out on all staff.

Improvement needed

The practice must ensure that staff have access to and complete relevant safeguarding training.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team which were visibly clean. Each surgery had been planned and laid out to ensure the safe use of the radiation equipment. Each surgery also displayed the local rules which we would advise would be better placed next to the X-ray controls. The Ionising Radiations (Medical Exposures) Regulations 2000⁷ (IR(ME)R) aim to minimise patient exposure during medical procedures. We would advise that radiation dosimeters are attached to the handset of each X-ray machine to enable staff to ensure that safe radiation doses are not exceeded.

We saw documentation to show that the X-ray machines were regularly serviced. The Radiation Protection file was maintained and contained all essential information, although the working instructions including equipment malfunction contingency plan processing and storage documents were not signed nor had the practice stamp and we would advise that this is rectified.

In accordance with the requirements of the General Dental Council⁸ and IR(ME)R 2000 all the dentists, one dental nurse and the hygienist had completed the required training. We would advise all the dental nurses undertake relevant radiation training.

We noted that there were no daily checks undertaken of the compressor. Staff checked the equipment manually/visually but these were not documented. We recommend the practice put in place a programme of regular and detailed checks that are recorded.

⁷ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

⁸ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

All decontamination equipment was checked regularly and logbooks maintained.

Improvement needed

The practice to attach radiation dosimeters to the handset of each X-ray machine to enable staff to ensure that safe radiation doses are not exceeded.

The practice to put in place a programme and maintain a log book of regular and detailed checks of the compressor.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence of the practice undertaking audits in accordance with WHTM 01-05 and an audit of dental record keeping. The practice also undertook the NHS Wales Governance, Leadership, Accountability Self Assessment in 2016. We recommend that the practice includes image quality assurance in its clinical audits.

Improvement needed

The practice should, as part of its range of clinical audits, put in place a programme for undertaking image quality assurance.

Information governance and communications technology

The practice had a combination of paper and electronic records and we noted that the storage of these was appropriate to ensure the safety and security of personal data. Electronic files were regularly backed up and paper files stored in filing cabinets in the reception area which was staffed at all times.

The practice had a number of appropriate policies and procedures in place including data protection policy, data security policy and freedom of information policy.

Record keeping

We reviewed a sample of patients' records. We found that in some cases there were some omissions, namely:

- Medical histories were out of date and should be countersigned by the dentist
- Lack of evidence of smoking cessation advice being given
- Lack of evidence of cancer screening being undertaken
- No evidence of soft tissue checks being undertaken
- Treatment plans were not always recorded
- Patient X-rays were not always justified or reported

Improvement needed

In keeping with professional standards for record keeping, the practice must ensure that patient records are completed at each patient visit to record

- Smoking cessation advice
- Cancer screening
- Soft tissue checks
- Treatment plans
- Justification and reporting of X-rays

The practice must ensure that up to date medical histories are taken and countersigned by the dentist.

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.

The day to day management of the practice was provided by the principal dentist and, on a part time basis, two dental nurses.

We found that the practice had systems and processes in place to ensure the practice and staff are supported and committed to providing a high quality service to its patients.

We saw a range of relevant policies and procedures in place with the aim of ensuring the safety of staff and patients. However all of these needed reviewing and updating, with out of date documents being removed from the files.

Governance, leadership and accountability

Barrie David Associates Dental Practice is owned by the principal dentist who is based there three days a week. Two practice nurses share the role of practice manager; though have yet to fully clarify their duties. We noticed a good rapport between staff in the practice.

We noted a good range of policies and procedures in place to ensure the safety of both staff and patients. However, the practice did not have a radiation protection policy or a mercury handling policy. We recommend these are drafted and implemented.

All the policies and procedures in place had been updated by hand and the files contained a number of earlier versions of the some of the policies. This made the files confusing and difficult for staff to ensure they were reading the most up to date information and guidance. We recommend the policies and procedures are reviewed and where applicable updated. We also recommend that only the most relevant policies and procedures are kept in the file as this will ensure staff have confidence that they have access to the most relevant/current

information and guidance. We also advise that staff sign each document to evidence knowledge and understanding.

We noted that the practice had a joint child and vulnerable adult protection policy. It did not contain details of the local safeguarding teams. We recommend that the policy is reviewed and updated so that it contains the contact details of the relevant child and adult protection agencies.

Following the departure of the full time practice manager earlier in 2017 the role was shared by two of the practice nurses on a part time basis. We were told that their duties and allocation of time had yet to be agreed. To date the principal dentist has taken responsibility for reviewing the practice's policies and procedures but, due to working part time only had limited time to devote to this task. We would therefore advise that the dental nurse/practice manager take on this task as part of their duties.

Improvement needed

We recommend the practice review its policies and procedures and where applicable update and store on the files, removing previous versions

The practice should amend its child and adult safeguarding policy to contain the contact details of the relevant child and adult protection agencies.

Staff and resources

Workforce

All clinical staff were registered with the General Dental Council. We noted the HIW certificates of all but one dentist were on display either in the reception area or in the surgery as required by the Private Dentistry (Wales) Regulations 2008. We were told that the missing certificate was displayed in the dentist's other practice. We recommend that all dentists' HIW certificates are displayed so that they can be seen by patients.

The practice holds regular staff meetings after which minutes are drawn up. The minutes demonstrated that there was learning from staff during the meetings. We were also told that the dental nurses hold informal meetings to discuss issues pertinent to their role. We advise that the dentists meet for the purpose of peer review.

The practice did not have a formal induction programme. All new members of staff shadow more experienced staff. We recommend the practice develops a formal induction and review programme for future members of staff. There was evidence of staff appraisals. We advise that the dental nurse/practice manager take on annual appraisals of the reception staff and dental nurses; monitoring of CPD and staff training; and monitoring of equipment and utility maintenance programmes as part of their duties.

Although records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection; six members of staff either required boosters or were awaiting results of blood tests. The practice had letters from the health board's Occupational Health department confirming that these clinical staff have "health clearance" to undertake their clinical role. The trainee dental nurse had not received any immunisation due to the national shortage of the vaccine. The principal dentist had not undertaken a risk assessment but indicated he would contact Occupational Health for advice in this regard. We recommend he does this and co-ordinates training to take into account any advice received and the trainee dental nurse's lack of immunity.

The Regulations for Private Dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out on all members of clinical staff. We noted that the principal dentist had recently renewed his clearance and there was a letter on file from the Service confirming that his certificate had been despatched on 11 October 2017. It had not yet been received. The Principal dentist had requested a replacement certificate.

Improvement needed

In accordance with Private Dentistry (Wales) Regulations 2008 the practice is to display all dentists' HIW certificates so that they can be seen by patients

We recommend the practice develop a formal induction and review programme for future members of staff

The practice should undertake a risk assessment of clinical staff, who are awaiting confirmation of their Hepatitis B immunity, and of the trainee dental nurse who is waiting to receive the vaccine.

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 Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

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

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

Appendix A – Summary of concerns resolved during the inspection

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

| Immediate concerns identified | Impact/potential impact on patient care and treatment | How HIW escalated the concern | How the concern was resolved |
|--|---|--|--|
| <p>Whilst the practice did record accidents, it did not have a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR) book which would include the Health and Safety Executive (HSE) contact details and protocols.</p> | <p>All employers and people in control of work premises are required to report and keep records of certain accidents and incidents identified by RIDDOR. This is so the enforcing authorities can identify where and how risks arise, and whether they need to be investigated.</p> | <p>We brought this to the attention of the principal dentist and recommended that it is replaced with an accident book containing the necessary contact details and protocols.</p> | <p>During the inspection the principal dentist showed us the copy of an order for a replacement RIDDOR book.</p> |
| <p>Whilst the practice had adult pads for use with the automatic external defibrillator on site, there were no paediatric pads.</p> | <p>Use of adult pads on a child could be harmful</p> | <p>We brought this to the attention of the principal dentist during the inspection.</p> | <p>The principal dentist submitted an order for paediatric pads which will be stored with the defibrillator.</p> |

Appendix B – Immediate improvement plan

Service: Barrie David and Associates Dental Practice

Date of inspection: 1 November 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 |
|---|----------|----------------|---------------------|-----------|
| There were no immediate assurance issues raised during this inspection. | | | | |

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Barrie David and Associates Dental Practice

Date of inspection: 1 November 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 |
|---|--|--|---------------------|------------------|
| Quality of the patient experience | | | | |
| The practice to display "No Smoking" signs in the main entrance and/or waiting area. | 1.1 Health promotion, protection and improvement | Now in place | Barrie David | Immediate |
| We recommend the practice set up a dedicated file to record all patient feedback and where applicable the practice's actions and responses. | 6.3 Listening and Learning from feedback | Now in place | Jo Sperduty | Immediate |
| Delivery of safe and effective care | | | | |
| We recommend the splash backs and are sealed to eliminate any dirt and dust | 2.1 Managing risk and promoting | Contractor contacted to complete this work | Barrie David | February 3rd2018 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|--|---|-----------------------------|--------------------------|
| We recommend the practice undertake a COSHH assessment and prepare safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice | health and safety | A COSHH assessment was carried out following Bryan Webber's in house talk at the practice in Sept 2016 but unfortunately was not made available for you on the inspection day | Barrie David | Immediate |
| Facilities need to be made available for the hygienic disposal of feminine hygiene waste in the patient toilet. | | Initial have been contacted and arrangement made for installation of a container. | Barrie David | 2nd week of January 2018 |
| Each surgery is to have clearly marked "clean" and "dirty" areas to ensure there is no cross contamination | 2.4 Infection Prevention and Control (IPC) and Decontamination | Already completed | Jo Chappell | Immediate |
| The practice to use a magnifying lamp in the decontamination room for the inspection of equipment before sterilisation | | Has been ordered | Barrie David | January 8th 2018 |
| The practice to ensure staff have access to and use personal protective equipment (PPE) when working in the decontamination room | | Disposable aprons ordered to complement the existing PPE | Jo Chappell | January 8th 2018 |
| The practice put in place a process for ensuring all instruments are bagged and stored | | All instruments are now bagged and the "in date" record checked and logged in a | Jo Sperduty and Jo Chappell | Immediate |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|--------------------------|--|-----------------------------|--------------------|
| appropriately and are checked on a monthly basis to ensure they are all in date | | logbook for each surgery | | |
| We recommend that each surgery has a dedicated container for the soaking of impressions and other dental work received from the laboratory | | Containers in place in all 6 surgeries | Jo Chappell | Immediate |
| In accordance with current guidance, the practice provide covers for the keyboards or wipeable keyboards are procured | | RCL our hardware supplier contacted and they are to make arrangement for installation of wipeable keyboards. | Barrie David | February 3rd 2018 |
| The practice must ensure all clinical staff have current certificates indicating that they have received appropriate infection control training in line with current CPD requirements. | | This in house training was previously provided by The Postgraduate Department but who have now ceased to provide the service. We are currently researching alternative venues to attend for this training. | Jo Sperduty Barrie David | March 2018 |
| The practice to ensure sufficient staff attend First Aid training and that there is a First Aider present in the practice at all times | 2.6 Medicines Management | Contacted Cardiff H/Q of St John's Ambulance to arrange "in-house" training for all staff. | Barrie David | February 18th 2018 |
| The practice needs to ensure emergency drugs and equipment, prescription pads and syringes used for administering local anaesthetic are | | As requested emergency drugs and equipment, prescription pads and syringes used for administering local | Barrie David | December 27th 2018 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|---|---|------------------------------|---|
| stored in secure settings | | anaesthetic are now stored in secure settings in the staff room. | | |
| The practice to display on the door of the cupboard in which the oxygen cylinder is stored a "Compressed Gas" sign | | Arrangements in place to have a "compressed Gas" sign printed and displayed on the cupboard door. | Barrie David | January 2018 |
| The practice needs to implement a process for the regular checking of expiry dates of emergency drugs and syringes/needles and of materials and stocks held in each surgery. | | A monthly "stock take" is regularly carried out and so arrangements are in place to check expiry dates of emergency drugs and stocks of materials held in each surgery. | Jo Sperduty and Jo Chappell | Next stock take is due Sat Jan 6th 2018 |
| The practice needs ensure paediatric pads are purchased for use with the defibrillator. | | These paediatric pads were ordered on the day of the inspection and have been delivered. | Barrie David | Immediate |
| The practice must ensure that staff have access to and complete relevant safeguarding training. | 2.7 Safeguarding children and adults at risk | The practice will research dates for Safeguarding Training days and ensure all relevant staff who need updating in this area attend this training day. | Jo Sperduty and Barrie David | March 2018 |
| | 2.9 Medical devices, equipment and diagnostic | | | |
| . The practice is to put in place a programme of regular and detailed checks of its compressor | | The compressor is annually checked by a service engineer and the container | Barrie David | May 2018 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|--|--|--|-----------|
| for these to be recorded in a log book | systems | which traps excess moisture emptied on a weekly basis. A logbook of these checks will be set up. | | |
| The practice should, as part of its range of clinical audits, put in place a programme for undertaking image quality assurance. | 3.1 Safe and Clinically Effective care | An Audit to undertake image quality assurance will be carried out in 2018. | Barrie David | June 2018 |
| <p>In keeping with professional standards for record keeping, the practice must ensure that patient records are completed at each patient visit to record</p> <ul style="list-style-type: none"> • Smoking cessation advice • Cancer screening • Soft tissue checks • Treatment plans • Justification and reporting of X-rays | 3.5 Record keeping | <p>All associates will be reminded to record all smoking cessation advice</p> <p>Cancer screening is currently risk assessed using the Dental Plus “Traffic Lights” system on each computer</p> <p>Soft tissue checks are routinely recorded with hard tissue checks and noted often as h/st.</p> <p>Treatment plans are routinely carried out.</p> <p>We need to emphasise the justification for the need and reporting of radiographs.</p> | Barrie David to liaise with all other associates | Immediate |
| The practice must ensure that up to date | | The practice already undertakes detailed medical history of patients who | Barrie David | Immediate |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|---|--|---------------------|---------------------|
| medical histories are taken and countersigned by the dentist. | | initial every update. All associates have been instructed to countersign these records. | | |
| Quality of management and leadership | | | | |
| We recommend the practice review its policies and procedures and where applicable update and store on the files, removing previous versions | Governance, Leadership and Accountability | A complete review of all policies and procedures will be carried out removing old and previously out of date versions and installed in separate files on computer to enable ease of access for all staff and for them to sign the policies when examined | Jo Chappell | March 2018 |
| The practice should amend its child and adult safeguarding policy to contain the contact details of the relevant child and adult protection agencies. | | When the above review is carried out details of the relevant child and adult protection agencies will be included in each policy. | Jo Chappell | March 2018 |
| In accordance with Private Dentistry (Wales) Regulations 2008 the practice is to display all dentists' HIW certificates so that they can be seen by patients | 7.1 Workforce | All associates have now been requested to apply to HIW for original certificates to replace their photocopies for display in the practice. | Barrie David | February/March 2018 |
| We recommend the practice develop a formal induction and review programme for future | | Whilst all staff go through initial induction training and yearly appraisals, | Barrie David | March 2018 |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--|----------|--|---------------------|-----------|
| members of staff | | I have sought the help from Kath Marshall our tutor last year who took us through the year when we were recognised as a Mature Matrix for Dentistry Practice to try and improve this programme. | | |
| The practice should undertake a risk assessment of clinical staff, who are awaiting confirmation of their Hepatitis B immunity, and of the trainee dental nurse who is waiting to receive the vaccine. | | I have been in contact with Occupational Health for advice in carrying out a risk assessment for staff awaiting confirmation of their Hep B immunity without a clear cut response only to be told that there is a national shortage of vaccine. For example I am still awaiting my second vaccination. All staff involved in direct clinical procedures have been advised to take extra precautions when carrying out these procedures such as “double gloving”. The trainee dental nurse has been restricted from carrying out direct clinical procedures despite the fact that she has made remarkably good progress in her training gaining pass marks in all of her examinations in the high 90’s. | Barrie David | Immediate |

| Improvement needed | Standard | Service action | Responsible officer | Timescale |
|--------------------|----------|---|---------------------|-----------|
| | | <p>Wednesday 27th December 2017 – please find attached:</p> <p>Copies all letters to staff provided by Occupational Health relating to their health clearance to undertake all or specific aspects of their role.</p> | | |

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): Barrie David, Principal Dental Surgeon

Job role: General Dental Surgery

Date: 27th December 2017