

General Dental Practice Inspection (Announced)

Gorseinon Dental Practice

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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 Gorseinon Dental Practice at 40 High Street, Gorseinon Swansea SA4 4BT, within Abertawe Bro Morgannwg University Health Board on the 25 June 2018.

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

HIW explored how the service met the Health and Care Standards (2015), the Private Dentistry (Wales) Regulations 2017 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 Gorseinon Dental Practice provided a friendly and professional service to their patients.

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

We noted that the practice was clean and tidy but there were areas of wear and tear that need to be addressed. We saw documentation demonstrating that the dental equipment was maintained and regularly serviced.

We saw evidence of good leadership and the practice had the necessary policies and procedures in place to support the practice, patients and staff. However, the practice needs to put in place a programme of staff appraisals.

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

This is what we found the service did well:

- The practice is committed to providing a positive experience for the patients
- The practice had a good range of policies and procedures in place
- We saw evidence that the X ray equipment was maintained and in working order.

This is what we recommend the service could improve:

- The practice should ensure all confidential patient information is stored securely and cannot be seen by other patients
- The areas where wear and tear were identified need to be addressed

- The practice should make provision for separate central storage facilities for its clinical waste
- The practice needs to ensure staff adhere to guidance when undertaking the cleaning and sterilisation of instruments and the wearing of personal protective equipment
- The practice should store, dispense and dispose of medicines in accordance with current guidelines.
- Patient records are to be maintained in accordance with professional standards for record keeping, namely the Private Dentistry (Wales) Regulations 2017 and the General Dental Council Guidance.

3. What we found

Background of the service

Gorseinon Dental Practice provides services to patients in the Gorseinon and Swansea 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 three dentists, three dental nurses, one receptionist and one practice manager.

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

Quality of patient experience

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

We found the practice was committed to providing a positive experience for their patients. The majority of the patients who completed the HIW questionnaire rated the service provided by the dental practice as excellent or very good.

We recommend the practice provide a range of oral health promotion and treatment information leaflets for the patients.

The practice had a complaints policy and a system for capturing formal complaints was in place, although this needed to be updated. The practice was advised to develop a process for capturing informal feedback.

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 23 questionnaires were completed. Patient comments included the following:

Already excellent, A1

The staff are great no need to do anything

Timescales are off, appointment times are never right, always seen after allocated time

Staying healthy

At the time of the inspection there was very little health promotion material available. We recommend the practice provides information leaflets and specific information regarding treatments and preventative advice for its patients. Of the 23 patients who completed a questionnaire, 22 told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Improvement needed

The practice to make available to its patients, information leaflets and specific information regarding treatments and preventative advice

Dignified care

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

On the ground floor the practice had an open plan reception and waiting area. If there was a need to talk to a patient privately, either in person or on the telephone, staff could conduct those conversations in the rear of the reception area or the practice manager's office.

We found that handwritten patient information was stored in filing cabinets. A number of these cabinets were either without keys or did not have locks. During the inspection we noted that patient records were placed behind the reception desk but in view of patients and visitors to the practice. To ensure that personal and sensitive information is protected we recommend that the practice ensure that all patient information is stored securely and out of sight of visitors to the practice.

All dental surgeries had doors which could be closed when a patient received treatment, maintaining privacy and dignity. However, on the day of the inspection, we observed a nurse leaving a surgery door ajar allowing us to overhear a patient's conversation. We recommend all staff ensure that surgery doors are closed when a patient is receiving treatment.

Improvement needed

The practice to ensure that all patient information is stored securely and out of sight of visitors to the practice.

All practice staff ensure that surgery doors are closed when a patient is receiving treatment.

Patient information

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 and that they had received clear information about available treatment options.

Almost all of the patients that completed a questionnaire also said that the cost of any treatment was always made clear to them before they received any treatment.

We noted the price list setting out private treatment costs was displayed in both reception areas. We were told that the practice only treats NHS patients who are exempt from treatment charges, which negates the need for a NHS price list.

We noted that the practice leaflet contained information on the practice's opening hours, details of staff, and other patient information but additional information needed to be added in order to comply with the Private Dentistry (Wales) Regulations 2017, namely the practice email address, methods of seeking patient feedback, arrangements for dealing with violent and abusive patients, the training of staff and the rights and responsibilities of patients.

We saw signage in the practice was generally adequate, for example, locations that could not be accessed by patients and the location of the toilet. However, there was no signage to indicate the location of the surgeries.

We saw that the practising dentists' details and the practice's opening hours were displayed externally.

Improvement needed

The practice to update its practice information leaflet in accordance with current regulations

The practice to put signage on the doors to the surgeries to assist patients

Communicating effectively

All of the patients who completed the questionnaire said that they were English speakers. The majority of those patients who completed the questionnaire said they were always able to speak to staff in their preferred language.

Timely care

Half of the patients that completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental

problem. However, details of how patients could access emergency dental care when the practice was closed were displayed on the front window of the practice and provided on the practice's answerphone message.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay and if appropriate offer another appointment. The majority of patients who completed a questionnaire told us that they found it easy to get an appointment when they needed it.

Individual care

Planning care to promote independence

A review of patient records showed that patients are asked about their medical history at the time of their visit.

All but two of the patients who completed a questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment.

People's rights

We found access to the practice to be good. The main entrance led to the reception and waiting areas. There was a small step at the main entrance but the practice had a portable ramp that could be used to enable access by those using wheelchairs. One of the two surgeries was on the ground floor which could be accessed by those with mobility difficulties.

Whilst there was a patient toilet on the ground floor it was too small to be accessed by a wheelchair user.

The practice had in place a Disability Discrimination Act policy, equal Opportunities policy and a Confidentiality policy.

Listening and learning from feedback

The practice had a complaints policy for both NHS and private dental treatment. But it was unclear. We recommend it is updated to ensure it is aligned to the

NHS complaints process "Putting Things Right"¹ and with regard to private dental treatment to the Private Dentistry Wales 2017 Regulations². The policy should also be displayed in the reception and or waiting areas. We noted the "Putting Things Right" poster displayed in the waiting area.

The practice maintained a comprehensive folder containing records of verbal and written complaints received, action taken and the outcomes.

We advise the practice to put in place a system for capturing verbal/informal concerns, for example, maintaining a notebook in reception. Together with the information on formal complaints, this would enable the practice to identify any recurring themes.

We were told the practice monitors Google Reviews and COMPASS, which monitors NHS dental activity reviews. We advise the practice consider alternative methods of obtaining patient feedback for example, conducting patient surveys and or a suggestion box.

Improvement needed

The practice is to update its complaints policy and procedures to include clear information about the complaints process relating to NHS dental treatment and private dental treatment.

The practice displays its complaints policy and procedures, regarding both private and NHS dental treatment, in the reception/waiting area

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 a Responsible body in Wales

² <http://www.legislation.gov.uk/wsi/2017/202/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 noted that clinical facilities were well equipped and were visibly clean and tidy, although there were some signs of wear and tear which needed addressing.

There were arrangements in place for the safe use of X-ray equipment, as well as evidence of ongoing and regular maintenance. However, the practice needed to review its radiation protection file.

The practice recorded NICE guidelines for recall, but needed to ensure patient medical records are completed in keeping with professional standards for record keeping at each visit.

Safe care

Managing risk and promoting health and safety

On the whole we found arrangements were in place to protect the safety and wellbeing of staff working at, and people visiting, the practice.

All patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean or fairly clean.

The outside of the building appeared to be well maintained. Internally we noted the following:

- On the first floor, the flooring as you entered the staff room was unsafe and must be rectified as soon as possible
- The door to the electric meter box on the first floor was broken and needs to be replaced
- The floor of the ground floor decontamination room was unsealed and showed signs of damage. There was also damage to the laminate work surface. These issues need to be rectified

- The carpet on the floor of the first floor decontamination room is to be removed and replaced with appropriate flooring
- The wood trim on the cabinetry of the first floor surgery should be replaced with cupboard and drawer fronts that are smooth surface only, thereby allowing cross infection procedures to be carried out effectively
- The floor of the first floor surgery needs to be sealed. We noted there was a dried flower arrangement in the surgery and recommend this is removed to eliminate any risk of cross infection
- On the day of the inspection we noted a fan being used in the first floor surgery and recommend this is removed to avoid any cross infection.

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice. We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. We noted that not all fire extinguishers were either secured to the wall or in a dedicated stand and recommend that this is rectified. Directions for the emergency exits were visible. We noted that both the doors to the rear of the practice were unlocked. We recommend that these doors are locked at all times to prevent a member of the public from accessing prohibited areas.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical), non-hazardous (household) waste and of amalgam waste. Prior to collection, clinical waste was stored in the first floor staff toilet (in the bath) which was not locked on the day of the inspection. It is our view that this is not a suitable site for storage as the room was used as a toilet and changing room. The practice should make provision for separate central storage facilities for its clinical waste, ideally a dedicated and secure receptacle sited outside of the building.

The practice disposed of extracted teeth with its clinical waste. We recommend that extracted teeth that do not contain amalgam are disposed of via the sharps bins and those with amalgam are disposed of with the practice's dedicated amalgam waste.

The Workplace (Health, Safety and Welfare) Regulations 1992 specify that all businesses must provide a suitable means for disposing of sanitary products in each ladies' washroom. Under the Environmental Protection Act 1990, businesses have a legal "duty of care" to correctly and safely manage waste on

their premises, right up to the point of final disposal. The practice had three toilets. Two on the ground floor (one for patients and one for staff) and one on the first floor. We noted that there were no facilities to dispose of feminine hygiene products and recommend that feminine hygiene bins are sited in all toilets and that the practice review current regulations regarding the disposal of this waste.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had limited 'Control of Substances Hazardous to Health' (COSHH) data. We recommend this is reviewed to ensure that information on all substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice is provided. It was noted that cleaning solutions and other chemicals were stored in unlocked cupboards and rooms within the practice. These are to be stored securely.

The practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book which was completed when an accident occurred.

Improvement needed

The practice to ensure that the following faults are remedied:

- Step to the staff room
- Door to the electric meter box
- Floors in both decontamination rooms and first floor surgery
- Replace the wood trim in the first floor surgery
- Damaged work surface in the ground floor decontamination room

The practice to remove the dried flower arrangement and fan from the first floor surgery.

The practice to ensure that all fire extinguishers are secure.

We recommend that, maintaining their integrity as fire exits, the rear entrance doors are locked at all times.

We recommend that all hazardous waste is stored securely.

The practice to review and update its COSHH file

The practice to ensure that all cleaning solutions and chemicals are stored securely

The practice to obtain feminine hygiene bins for all toilets.

The practice to ensure its feminine hygiene waste and extracted teeth are disposed of in accordance with current regulations.

Infection prevention and control

The practice had dedicated facilities on the ground and first floors for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05³. The rooms were visibly clean and tidy. Whilst the first floor decontamination room had dedicated hand washing facilities, the ground floor did not, and we recommend the practice install an additional sink for this purpose. We also advise the practice to review current guidance with regard to the requirements for the use of sinks and bowls.

We observed that infection prevention and control measures were not strictly followed. As part of the pre-sterilisation cleaning process we observed a nurse place instruments under a running tap and not place them under water. We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place. We did not see evidence of daily maintenance programmes being undertaken and recommend this is remedied and to include protein residue tests as part of the pre-sterilisation process. In addition, staff disinfected impressions by spraying with disinfectant. The correct method is to immerse in a disinfection bath with appropriate solution. We recommend the practice adopt this method in accordance with guidance. All staff provided evidence of having undertaken cross infection training but we recommend all staff undergo additional training on decontamination procedures and protocols.

³ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

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

We noted that work to go to and returned from the dental laboratories was stored in the ground floor decontamination room. We recommend that to avoid cross infection, these are stored elsewhere in the practice.

We did not see any evidence that the practice had recently undertaken an infection control audit in accordance with WHTM 01-05 and recommend the practice introduce a programme of regular audits.

Improvement needed

The practice to install an additional sink for hand washing only in the ground floor decontamination room.

The practice to review current guidance with regard to the requirements for the use of sinks and bowls.

The practice to introduce a programme of daily maintenance for its decontamination equipment, to include protein residue tests

The practice to disinfect impressions in accordance with current guidance.

All staff undergo additional training on decontamination procedures and protocols

We recommend that to avoid cross infection, work going to and being returned from the dental laboratories is not stored in the decontamination room.

The practice to introduce regular infection control audits as recommended by WHTM 01-05

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy. To ensure all members of staff know their role, in the case of a medical emergency, we would recommend the practice's medical emergencies policy is amended to include information on roles and responsibilities of staff.

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardio respiratory arrest and to ensure that staff are trained and

updated regularly to a level of proficiency appropriate to their role⁴. We saw evidence that all staff had received training within the last twelve months on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had an appointed first aider.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁵. These were stored in an unlocked room and we recommend they are stored securely, where they could be accessed easily. The practice also needs to ensure its oxygen cylinders are stored where they cannot be knocked over or damaged. The Midazolam was stored in the fridge situated in the staff room and we recommend that this is removed and stored in a dedicated drugs fridge, next to the emergency kit. Whilst the practice stored antibiotics and analgesics in a locked cupboard, these were out of date and we recommend they are disposed of appropriately. We noted that the practice had in place a system to check that emergency drugs and equipment were in date and ready for use but no check list for other non-emergency drugs. We recommend that, in accordance with the Private Dentistry (Wales) Regulations 2017, the practice introduce a system to ensure regular checks of non-emergency drugs to ensure they are in date and stored in accordance with manufacturers' guidance.

Staff were unaware of the correct procedure for reporting any problems relating to drugs or medical devices and we recommend the practice report problems experienced with medicines or medical devices via the MHRA Yellow Card⁶ scheme.

Not all sharps bins in the surgeries were wall mounted and we recommend this is rectified.

⁴ <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

⁵ 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

⁶ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Improvement needed

The practice to amend its medical emergencies policy to include information on roles and responsibilities of staff should an emergency arise.

The practice to ensure its emergency kit and drugs, and oxygen cylinders are stored securely.

The practice to ensure it stores all drugs appropriately and securely.

The practice to arrange for all out of date drugs to be disposed of.

In accordance with the Private Dentistry (Wales) Regulations 2017, the practice introduce a system to ensure regular checks of non-emergency drugs to ensure they are in date and stored correctly.

The practice to report any adverse drug reactions to the MHRA through its Yellow Card Scheme.

The practice to make sure sharps bins are labelled correctly and are wall mounted in the surgeries

Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies. Whilst all staff had completed training in the protection of children only one dentist had completed training in the protection of vulnerable adults. We recommend all staff undertake this training.

There were arrangements in place for staff to raise any concerns, and staff told us they felt able to do this in the practice. Both clinical and non-clinical staff held Disclosure and Barring Service (DBS) certificates.

Improvement needed

The practice to ensure that all staff have completed training in the protection of vulnerable adults.

Medical devices, equipment and diagnostic systems

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

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was incomplete. We recommend this is amended to include the name of the Radiation Protection Advisor, working instructions including equipment malfunction contingency plan processing and storage, and a set of the local rules - signed by all staff.

We were told that information regarding image quality was, in some cases, recorded in patient notes. We recommend the practice log image quality in a dedicated log book and implement a programme of quality assurance audits.

In accordance with the requirements of the General Dental Council⁷ and Ionising Radiation (Medical Exposure) Regulations⁸ (IR(ME)R) 2000, with the exception of one dentist, all clinical staff provided evidence of having completed the required training. The practice also needs to develop a radiation policy.

During the tour of the practice we noted a number of instruments and stock that were out of date. We recommend the practice carries out a full stock take and re-organisation of its instruments and stock to ensure they are stored correctly, are in date and all out of date stock is disposed of correctly.

⁷ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁸ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/ukxi_20001059_en.pdf

Improvement needed

The practice to develop a comprehensive radiation protection folder

The practice to ensure all staff sign the local rules

The practice to develop a radiation policy

The practice to record image quality in a dedicated book and implement a programme of quality assurance audits.

The practice to carry out a full stocktake, disposing of all out of date stock and instruments and storing all in date stock correctly.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We did not see any evidence that the practice had undertaken any audits. We recommend the practice put in place a programme for undertaking a wide range of clinical audits, including image quality assurance, medical records and peer reviews, with the aim of identifying areas for improvement.

Improvement needed

We recommend the practice put in place a programme for undertaking a wide range of clinical audits.

Quality improvement, research and innovation

There was no evidence of any peer reviews taking place. We would recommend formal and regular meetings are arranged between the dentists for this purpose. We also suggest the dental nurses arrange similar meetings.

The practice might wish to consider applying for the Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

Improvement needed

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

Information governance and communications technology

The practice held paper records that were stored within filing cabinets in the reception area. Legacy files were stored in filing cabinets on the first floor. We noted that the individual folders that held the paper records were full and untidy, with some radiographs loose. Consideration needs to be given to alternative methods of filing paper records, including radiographs.

The practice had appropriate policies and procedures in place.

Record keeping

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

- Radiographs - routine bitewings
- Quality grade of radiographs
- Patients' presenting complaint
- Patients' social history, including tobacco and alcohol use
- Smoking cessation advice
- Soft tissue examination, both extra oral and intra oral and cancer screening
- Patients' consent to treatment and treatment options
- Medical histories to be countersigned and dated by the clinician.

In addition, referral letters need to be recorded when sent and a record kept of whether responses have been read.

Improvement needed

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

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

The practice manager was responsible for the day to day management of the practice and we observed good relations with all staff.

There were a comprehensive range of relevant policies and procedures in place. There were good management structures in place for the benefit of staff but the practice needed to introduce a programme of staff appraisals.

The minutes of staff meetings need to be circulated to all staff.

Governance, leadership and accountability

Gorseinon Dental Practice is owned by the principal dentist. Day to day management is provided by the practice manager. We found the practice to have good leadership and all staff understood their roles and responsibilities.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. We saw evidence that the policies were reviewed by the practice manager, although it was noted that the whistleblowing policy had not been updated since 2007 and recommend this is reviewed. We also recommend the practice make provision for staff to evidence that they had read and understood the policies.

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

Improvement needed

The practice to review its whistleblowing policy

The practice make provision for staff to show that they have read the practice's policies and procedures

Staff and resources

Workforce

We observed a strong rapport between all practice staff.

We were told that the practice had an induction programme in place and saw a checklist for this on file. The practice manager is currently not undertaking staff appraisals. She informed us that the previous principal dentist had undertaken staff appraisals and had retained all relevant documentation. We recommend that the practice put in place a regular programme of appraisals allowing for review points and assessment of progress; that are documented, signed with copies retained on staff files. We noted that all staff had a signed employment contract

We saw certificates that evidenced staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. However, at the time of the inspection only one dentist held a current certificate of adult safeguarding training. When we advised the practice manager of this on the day of the inspection she made arrangements for staff to attend training in October 2018. In addition, we did not see any evidence that one of the associate dentists had met his CPD requirements and we recommend the practice provide HIW with assurances that the dentist has met these.

The practice holds regular staff meetings after which minutes are drawn up but are not circulated to staff. We would recommend that after each meeting the minutes are circulated to all staff for them to sign to evidence that they have read them and any actions.

The Regulations for Private Dentistry require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We

saw evidence that DBS clearance checks had been carried out for both clinical and non-clinical staff.

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

Improvement needed

The practice to put in place a regular programme of appraisals of all staff.

The practice to ensure all staff have sight of the minutes following each staff meeting.

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We noted that drugs were being stored in an unlocked cupboard in the ground floor decontamination room.	All drugs are to be kept securely to ensure that patients cannot access them in error.	We raised this with the practice manager.	The practice manager immediately moved the drugs to a locked cupboard in her office, which is also locked.

Appendix B – Immediate improvement plan

Service: Gorseinon Dental Practice

Date of inspection: 25 June 2018

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 are 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: Gorseinon Dental Practice

Date of inspection: 25 June 2018

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice to make available to its patients, information leaflets and specific information regarding treatments and preventative advice	1.1 Health promotion, protection and improvement	Information leaflets including specific information regarding various treatments & prevention such as dietary advice, use of fluoride products, smoking cessation advice will be ordered.	Vasileios Diamantopoulos & Antonia Tsialampana	Sep'18 (in progress)
The practice to ensure that all patient information is stored securely and out of sight of visitors to the practice.	4.1 Dignified Care	The practice will get computerised by September'18 and patient's records will be kept electronically. Handwritten paper records will be maintained and stored securely in alphabetical order in lockable cabinets in a locked area that only staff members will have access.	Vasileios Diamantopoulos & Antonia Tsialampana	Has already been addressed
All practice staff ensure that surgery doors are		Patient's confidentiality has always been	Vasileios	Has already

Improvement needed	Standard	Service action	Responsible officer	Timescale
closed when a patient is receiving treatment.		a major priority for our practice. All members of the staff should ensure that doors are closed at all times when a patient is in the surgery.	Diamantopoulos & Antonia Tsialampana	been addressed
The practice to update its practice information leaflet in accordance with current regulations	4.2 Patient Information	As advised a new more detailed patients information leaflet was written including the practice's email address, methods of seeking patients feedback, arrangements for dealing with violent and abusive patients, the training of staff and the rights and responsibilities of patients	Vasileios Diamantopoulos & Antonia Tsialampana	Has already been addressed
The practice to put signage on the doors to the surgeries to assist patients		Signs have been placed over the surgery doors to assist patients.	Vasileios Diamantopoulos & Antonia Tsialampana	Has already been addressed
The practice is to update its complaints policy and procedures to include clear information about the complaints process relating to NHS dental treatment and private dental treatment.	6.2 Peoples rights	As advised, a clearer Complaint's policy will be prepared and displayed in the reception area aligned to the NHS complaints process "Putting Things Right" ¹ and with regard to private dental treatment to the Private Dentistry Wales	Vasileios Diamantopoulos & Antonia Tsialampana	Sep'18 (in progress)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		2017 Regulations.		
The practice displays its complaints policy and procedures, regarding both private and NHS dental treatment, in the reception/waiting area		The updated Complaint's Policy will be displayed in the waiting room, reception area.	Vasileios Diamantopoulos & Antonia Tsialampana	Sep'18 (in progress)
Delivery of safe and effective care				
<p>The practice to ensure that the following faults are remedied:</p> <ul style="list-style-type: none"> Step to the staff room Door to the electric meter box Floors in both decontamination rooms and first floor surgery Replace the wood trim in the first floor surgery Damaged work surface in the ground floor decontamination room 	2.1 Managing risk and promoting health and safety	<ul style="list-style-type: none"> • The step to the staff room has already been fixed as a matter of priority. • The door to the electric meter box over the first floor will be arranged to be replaced. • Appropriate non-slipery flooring will be placed. • The cabinetry will be replaced and the cupboard and drawer fronts will be smooth allowing cross infection procedures to be carried out effectively. • The damaged work surface in the ground decontamination room will 	Vasileios Diamantopoulos & Antonia Tsialampana	<p>Has already been fixed.</p> <p>Oct'18</p> <p>Oct'18</p> <p>By August 2020</p> <p>Oct'18</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		be repaired/replaced.		
The practice to remove the dried flower arrangement and fan from the first floor surgery.		Dried flowers and the fan were both removed	Vasileios Diamantopoulos & Antonia Tsialampana	Has been addressed
The practice to ensure that all fire extinguishers are secure.		The fire extinguishers were attached and hanged safely over the walls.	Diamantopoulos & Antonia Tsialampana	Has already been addressed
We recommend that, maintaining their integrity as fire exits, the rear entrance doors are locked at all times.		The rear exits are locked at all times and the keys are kept hanged by the doors.	Vasileios Diamantopoulos & Antonia Tsialampana	Has already been addressed
We recommend that all hazardous waste is stored securely.		A central separate storage facility will be made to ensure that all hazardous waste is stored securely.	Vasileios Diamantopoulos & Antonia Tsialampana	December'18 (already in contact with clinical waste collection company)
The practice to review and update its COSHH file		The practice will review and update its COSHH file.	Vasileios Diamantopoulos	Oct'18

Improvement needed	Standard	Service action	Responsible officer	Timescale
			& Antonia Tsialampana	
The practice to ensure that all cleaning solutions and chemicals are stored securely		All cleaning solutions and chemicals will be stored securely within locked cupboards.	Vasileios Diamantopoulos & Antonia Tsialampana	By Oct 2018
The practice to obtain feminine hygiene bins for all toilets.		Feminine hygiene bins for all toilets will be obtained.	Vasileios Diamantopoulos & Antonia Tsialampana	Sep'18 (awaiting quotes)
The practice to ensure its feminine hygiene waste and extracted teeth are disposed of in accordance with current regulations.		Arrangements will be made for feminine hygiene waste and extracted teeth to be disposed of in accordance with current regulations.	Vasileios Diamantopoulos & Antonia Tsialampana	Sep'18 (awaiting quotes)
The practice to install an additional sink for hand washing only in the ground floor decontamination room.	2.4 Infection Prevention and Control (IPC) and Decontamination	A new additional sink will be installed in the downstairs decontamination room.	Vasileios Diamantopoulos & Antonia Tsialampana	Oct'18
The practice to review current guidance with regard to the requirements for the use of sinks		Current Guidance has been reviewed regarding the use of sinks and bowls so that practice decontamination	Vasileios Diamantopoulos & Antonia	Has already been

Improvement needed	Standard	Service action	Responsible officer	Timescale
and bowls.		procedures are fully compliant.	Tsialampana	addressed
The practice to introduce a programme of daily maintenance for its decontamination equipment, to include protein residue tests		A programme of daily maintainance for its decontamination equipment including protein residue tests has been introduced.	Vasileios Diamantopoulos & Antonia Tsialampana	Has already been addressed
The practice to disinfect impressions in accordance with current guidance.		Current guidance has been reviewed to ensure that impressions are disinfected properly at all times.	Vasileios Diamantopoulos & Antonia Tsialampana	Has already been addressed
All staff undergo additional training on decontamination procedures and protocols		All clinical staff will attend the course 'Infection Prevention & Control (IP&C)' on 12.11.18 and one nurse (Lisa Lee) will also attend the relevant course for lead decontamination nurse on 6.2.2019.	Vasileios Diamantopoulos & Antonia Tsialampana	The relevant courses have been booked.
We recommend that to avoid cross infection, work going to and being returned from the dental laboratories is not stored in the decontamination room.		Lab work is not stored any more in the ground floor decontamination room to avoid cross infection. A dedicated area was set up in the stock room.	Vasileios Diamantopoulos & Antonia Tsialampana	Has already been addressed
The practice to introduce regular infection		Regular infection control audits, carried out by all team members involved to	Vasileios Diamantopoulos	Has already been

Improvement needed	Standard	Service action	Responsible officer	Timescale
control audits as recommended by WHTM 01-05		decontamination procedures, have been introduced as recommended.	& Antonia Tsiampiana	addressed
The practice to amend its medical emergencies policy to include information on roles and responsibilities of staff should an emergency arise.	2.6 Medicines Management	The practice's medical emergencies policy was updated including information on the role and responsibility of each member of the staff if an emergency arise.	Vasileios Diamantopoulos & Antonia Tsiampiana	Has already been addressed
The practice to ensure its emergency kit and drugs, and oxygen cylinders are stored securely.		The room that the emergency kit and drugs, and oxygen cylinders are stored will be locked at all times. Oxygen Cylinders will be stored in a way so that there is no chance they could be knocked over.	Vasileios Diamantopoulos & Antonia Tsiampiana	Sep'18
The practice to ensure it stores all drugs appropriately and securely.		All drugs will be stored in a locked room. Midazolam will be kept in a dedicated drugs fridge by the emergency kit.	Vasileios Diamantopoulos & Antonia Tsiampiana	Sep'18
The practice to arrange for all out of date drugs to be disposed of.		All out of date drugs have been disposed of appropriately.	Vasileios Diamantopoulos & Antonia Tsiampiana	Aug'18

Improvement needed	Standard	Service action	Responsible officer	Timescale
In accordance with the Private Dentistry (Wales) Regulations 2017, the practice introduce a system to ensure regular checks of non-emergency drugs to ensure they are in date and stored correctly.		A dedicated member of the staff has been checking on a monthly basis that all non-emergency drugs are in date and stored correctly.	Vasileios Diamantopoulos & Antonia Tsialampana	Aug'18
The practice to report any adverse drug reactions to the MHRA through its Yellow Card Scheme.		The practice will be reporting any adverse drug reactions to the MHRA through its Yellow Card Scheme as recommended.	Vasileios Diamantopoulos & Antonia Tsialampana	Aug'18
The practice to make sure sharps bins are labelled correctly and are wall mounted in the surgeries.		The sharp bins will be labelled correctly and they will get wall mounted in the surgeries.	Vasileios Diamantopoulos & Antonia Tsialampana	Sep'18
The practice to ensure that all staff have completed training in the protection of vulnerable adults.	2.7 Safeguarding children and adults at risk	The members of the staff that haven't completed training in the protection of vulnerable adults have booked the first available course (10.10.2018).	Vasileios Diamantopoulos & Antonia Tsialampana	Has been booked for October 2018
The practice to develop a comprehensive radiation protection folder	2.9 Medical devices, equipment and diagnostic	A comprehensive radiation folder will be developed and kept, as recommended.		Sep'18 (in progress)
The practice to ensure all staff sign the local		All staff members will read and sign the		Sep'18

Improvement needed	Standard	Service action	Responsible officer	Timescale
rules	systems	local rules, as recommended.		(in progress)
The practice to develop a radiation policy		A new radiation policy will be developed, as recommended.		Sep'18 (in progress)
The practice to record image quality in a dedicated book and implement a programme of quality assurance audits.		A dedicated log book will be introduced to record image quality and regular quality assurance audit will be carried out.		Sep'18
The practice to carry out a full stocktake, disposing of all out of date stock and instruments and storing all in date stock correctly.		The practice's stock is taken regularly and all out of date stock and instruments have been disposed. In date stock is stored correctly.		Has already been addressed.
We recommend the practice put in place a programme for undertaking a wide range of clinical audits.	3.1 Safe and Clinically Effective care	Clinical audits will be carried out on a regular basis with the aim of identifying areas of improvement.	Vasileios Diamantopoulos & Antonia Tsialampana	Has already been addressed
The dentists to arrange formal and regular meetings for the purpose of peer review.	3.3 Quality Improvement, Research and Innovation	Regular formal dentist meetings will be arranged for the purpose of peer review, as recommended.	Vasileios Diamantopoulos & Antonia Tsialampana	Has already been addressed
In keeping with professional standards for	3.5 Record	The practice will ensure that Record	Vasileios	Has already

Improvement needed	Standard	Service action	Responsible officer	Timescale
record keeping, the practice should ensure that patient records are completed at each patient visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information.	keeping	keeping is comprehensive and contemporaneous. Computers have been introduced to ensure that all fields of Patients Records are filled and kept properly.	Diamantopoulos & Antonia Tsialampana	been addressed
Quality of management and leadership				
The practice to review its whistleblowing policy	Governance, Leadership and Accountability	The practice's whistleblowing policy will be updated.	Vasileios Diamantopoulos & Antonia Tsialampana	Sep'18
The practice make provision for staff to show that they have read the practice's policies and procedures		Each member of the staff will sign the practice's policies and procedures confirming that they have read it.	Vasileios Diamantopoulos & Antonia Tsialampana	Have been already addressed
The practice to put in place a regular programme of appraisals of all staff.	7.1 Workforce	A regular programme of staff appraisals will be introduced.	Vasileios Diamantopoulos & Antonia Tsialampana	Sep'18
The practice to ensure all staff have sight of the minutes following each staff meeting.		Minutes following each staff meeting will be on display in the staff room.	Vasileios Diamantopoulos & Antonia	Sep'18

Improvement needed	Standard	Service action	Responsible officer	Timescale
			Tsialampana	

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): Vasileios Diamantopoulos

Job role: Practice Principal

Date: 13.09.18