

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

The Smile Lounge, Assure  
Holdings Limited

Inspection date: 24 July 2018

Publication date: 25 October 2018

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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@gov.wales](mailto:hiw@gov.wales)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

## Contents

1.	What we did .....	5
2.	Summary of our inspection .....	6
3.	What we found .....	8
	Quality of patient experience .....	9
	Delivery of safe and effective care .....	14
	Quality of management and leadership .....	21
4.	What next? .....	24
5.	How we inspect dental practices .....	25
	Appendix A – Summary of concerns resolved during the inspection .....	26
	Appendix B – Immediate improvement plan .....	27
	Appendix C – Improvement plan .....	28

**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 The Smile Lounge at Beaufort Park, Chepstow, NP16 5UH, within Aneurin Bevan university health board on the 24 July 2018.

Our team, for the inspection comprised of a HIW inspector, HIW's methodology and quality officer and a dental peer reviewer.

HIW explored how the service met 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 the Smile Lounge was working hard to provide a high quality experience to their patients.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained. Clinical and patient facilities were well equipped, maintained and visually clean and organised.

The patient records we reviewed were specific for the orthodontic patients and were comprehensive and current. Infection control procedures were aligned to the relevant guidance and audit tools. We saw evidence that regular checks of the equipment and decontamination processes were taking place.

The practice had a suite of policies and procedures that enabled staff to obtain information to help them with their day to day work. We have recommended updates to these documents to ensure they are aligned to Welsh regulations and applicable professional bodies.

Staff were up to date regarding their training and systems were in place to ensure staff were supported in their role.

This is what we found the service did well:

- The environment provided premium patient and clinical facilities that were well-equipped, maintained and visibly clean and organised
- All facilities were located on the ground floor, making the practice accessible and suitable for patients with mobility difficulties
- All the patients who completed the HIW questionnaire rated the service provided by the dental practice as excellent or very good
- Patients were provided with individualised treatment plans to ensure they had sufficient information to make personal choices

- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- Documentation and information was available showing that X-ray and decontamination equipment was used with the aim of promoting staff and patient safety.

This is what we recommend the service could improve:

- Complaint information in the policy file needs to be updated to ensure it is consistent across the practice
- Patient notes need to have consistent recording of the justification and reporting of X-rays
- Details for the local safeguarding team need to be added to the policy and flowchart
- All policies and procedures need to be reviewed to ensure the correct regulations are listed, along with any applicable professional bodies.

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

## 3. What we found

### **Background of the service**

The Smile Lounge provides orthodontic services to patients in the Chepstow area, as well as from further afield as a result of referrals.

The practice has a staff team which includes four dentists and four dental nurses, one of whom is the lead dental nurse.

The practice provides orthodontic treatments, aesthetic and cosmetic dentistry as well as restorative dentistry.



## Quality of patient experience

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

Overall, we found a high quality service being provided to patients.

We found relevant practice and other information displayed in the reception/waiting area. Feedback we received via HIW questionnaires, confirmed that patients rated their experience at this practice as excellent.

The practice was supported by systems that ensured any complaints and feedback were captured consistently. This information was regularly reviewed and where applicable, changes had been made to improve patient experience at the practice.

We have asked the registered provider to review the complaint information to ensure its consistency across sources. In addition, the patient information leaflet should include an email address so patients can use this method for booking their appointments.

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 26 questionnaires were completed. Patient comments included the following:

*"Always top standard. Never rushed and really informative. I am quite a nervous patient and they are always brilliant with me"*

*"Always go above and beyond to help me"*

*"Friendly, reassuring staff"*

*"A very friendly and approachable practice that always put my care and concerns first"*

## Staying healthy

### Health promotion protection and improvement

Health promotion information was available in the reception/waiting area, including practice specific information leaflets, privacy information and cosmetic treatment pamphlets.

A price list was displayed in the reception/waiting area regarding treatment costs.

A sign displaying 'No Smoking' was displayed by the main entrance which confirmed the emphasis being placed on compliance with smoke free premises legislation<sup>1</sup>.

### Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner. The practice had a dedicated room for staff to have conversations with patients in private, as well as being able to use the dental surgeries. We heard staff speaking to patients in a friendly and professional way. Feedback from the patients who completed our questionnaires was also very positive. All patients told us that they were treated with respect when they visited the practice.

The General Dental Council's (GDC) 9 principles<sup>2</sup> were displayed in the waiting area and therefore in line with the Private Dentistry (Wales) Regulations 2017.

We found that there were sufficient systems in place to ensure the security of patient information. All records were electronic and backed up on a daily basis, with encrypted copies kept off site. The practice had policies and procedures in place to ensure all staff keep patient information confidential.

---

<sup>1</sup> The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

<sup>2</sup> The GDC 9 principles sets out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom. This means that the principles apply to all the dental team members and sets out what patients can expect from a dental professional.

## Patient information

All patients who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in any decisions about their treatment, and had received clear information about available treatment options. In addition, all patients said that the cost of any treatment was always made clear to them before they received any treatment.

We also found evidence of individualised treatment planning within the sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment. Consent to treatment was also clearly recorded.

The practice had its own patient information leaflet which was available in the reception area. The leaflet contained all the information required by the regulations. We recommended that the leaflet is updated to include the practice email address, because this was not on the leaflet despite advising patients that appointments can be made via this method. In addition, the practice should consider making complaints information clearer. While the leaflet states that concerns will be resolved, it does not explain the process or where to obtain this information, which would help guide patients with concerns to the appropriate procedure.

We found relevant policies and procedures in place detailing the arrangements for treatment planning, patient care, experience and risk.

### Improvement needed

The patient information leaflet should include an email address to allow patients to book appointments via this method as stated in the guide.

The registered provider should consider making the complaint information within the patient information leaflet clearer to enable patients to follow the correct procedure.

## Communicating effectively

All patients who completed HIW questionnaires told us that they were always able to speak to staff in their preferred language. None of the patients that completed a questionnaire considered themselves to be a Welsh speaker. However, the patient information leaflet did state that information could be provided in Welsh, audio and large type upon request.

## Timely care

Staff at the practice told us that appointments were provided in a timely way and we observed this during the inspection. A waiting time survey, completed by the practice in June 2018, showed that all patients had been seen on time.

The majority of patients who completed a HIW questionnaire told us that it was very easy to make an appointment.

Staff described a process for keeping patients informed about any delays to their appointment times.

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

An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number for the practice was displayed outside of the practice. This enabled patients to access the answer phone message which contained the out of hours telephone number.

## **Individual care**

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

Staff told us that many of the new patients tend to be as a result of referrals. We saw evidence of individualised treatment plans, and feedback from the patients who completed our questionnaire confirmed that the dental team had discussed with them about how to keep their mouths and teeth healthy. They also told us that they were involved as much as they wanted to be in any decisions about their treatment.

The treatments and services offered by the Smile Lounge were in accordance with the patient information leaflet.

### **People's rights**

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

The premises and facilities were suitable for anyone with a mobility difficulty. The practice had been designed to make facilities as accessible as possible. This included the provision of dental surgeries, as well as access to public toilets, all of which were located on the ground floor.

The amenities were clean and provided hand washing and drying facilities. The toilet facility also had a handrail and emergency pull cord to provide support for anyone with mobility/other difficulties.

### Listening and learning from feedback

The practice had a complaints policy and procedure in place. This was displayed in the waiting area. We noted that the procedure displayed in the waiting area and that kept on file had differences which needed to be amended to ensure the correct information was listed. Whilst HIW details were listed on the procedure in the waiting area, this information was missing in the version stored on file. Also, the name of staff responsible for dealing with complaints was different and we recommended the information is updated to reflect the correct person.

There were systems in place to record, monitor and respond to any complaints received. Very few complaints had been received, but we saw the complaint log used by the practice. All correspondence relating to each complaint was evident within the file. Staff told us that they regularly analysed comments and/or complaints to identify any themes or trends. This was with a view to making improvements to the service being provided.

The practice had systems for obtaining patient feedback. Forms were handed out to patients to complete, with a box situated on reception to post replies.

Staff told us that all verbal comments would be dealt with at the time, but the complaints, problems and significant events file the practice had in place could be used to record these if necessary.

#### Improvement needed

The complaints policy and procedure must be reviewed to ensure the information displayed for the public is the same as the information contained on the staff policy file.

## Delivery of safe and effective care

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

We found that the practice was being run with the intention of meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice provided a high quality environment and facilities for staff and visitors. We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the relevant guidance and audit tools. We also saw evidence that regular checks of equipment and decontamination processes were taking place.

The patient records we reviewed were specific to orthodontic patients and were of good quality. Each patient received an individualised treatment plan. We recommended some improvements for the justification and reporting of X-rays.

### Safe care

There were no immediate assurance issues identified during this inspection visit.

### Managing risk and promoting health and safety

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

We saw that the testing of portable appliances (PAT) had been completed to ensure the safe use of small electrical appliances within the practice.

The practice facilities were all located on the ground floor. The internal space had been purposely designed by the owner to ensure the practice was

accessible and that there was a good flow between the different functions within the practice without compromising safety. The practice was modern with excellent and suitably equipped clinical facilities. The building was visibly well maintained both internally and externally and all areas within the practice were clean, tidy and free from trip hazards.

There were no concerns expressed by patients over the cleanliness of the dental practice. In addition, all patients who completed a HIW questionnaire stated that, in their opinion, the dental practice was very clean.

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months. Staff had up to date fire training and regular fire drills took place which was documented.

Emergency exits were visible and a Health and Safety poster was displayed within the practice.

The practice had relevant policies and procedures, as well as risk assessments in place, which were current for ensuring the premises were fit for purpose.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had named, appointed first aiders.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>3</sup>. These were stored appropriately, where they could be accessed easily in the event of an emergency.

### **Infection prevention and control**

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination). Our observations of this process were satisfactory. Examples included the following:

---

<sup>3</sup> 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

- A dedicated room for the cleaning and sterilisation of dental instruments
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection.

We saw evidence that regular infection control audits take place using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05<sup>4</sup> guidance. We recognised this as good practice due to the comprehensive scope of the audit. The infection control audit had been completed and had no actions/recommendations to follow up on.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for each autoclave<sup>5</sup> and we saw evidence that start and end of the day safety checks were taking place.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately, albeit in an outside, open area. Whilst staff provided some reassurance that this was not a problem, we suggested considering having the bin chained to the fence to ensure it could not be moved from its current location. Collections by the local council were in place for the disposal of non hazardous (household) waste.

---

<sup>4</sup> [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.

<sup>5</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam



An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all but one member of clinical staff working in the practice (see the Workforce section for the recommendation). This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

### **Medicines management**

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK).

The practice had in place a policy relating to the ordering, recording, administration and supply of medicines to patients. Prescription pads were kept securely. Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

### **Safeguarding children and adults at risk**

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults in place. The policies contained a flowchart that informed staff of the actions required should a safeguarding issue arise. However, there were no details of the local safeguarding team, which we recommended are added.

We saw that all staff had up to date training in adult and child safeguarding. The practice had identified members of staff who were the nominated safeguarding leads who take responsibility for ensuring that the safeguarding policy is adhered to and can provide some guidance to staff on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the principle dentist and were confident those would be acted upon.

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included undertaking Disclosure and Barring Service<sup>6</sup> (DBS) checks. DBS checks were renewed every three years for all staff and we recognise this as good practice.

#### Improvement needed

Details of the local safeguarding team need to be obtained and policies and procedures updated with the information.

### Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. Staff were adequately trained to use the equipment.

The surgeries were clean and organised. Floors and surfaces within the surgeries were easily cleanable to reduce the risk of cross infection. We found that the dental instruments were in excellent condition and sufficient in number.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw that the local rules<sup>7</sup> were kept near to the X-ray equipment.

---

<sup>6</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

<sup>7</sup> Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry. They are intended to identify the key working instructions to ensure that exposure to staff is restricted.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

We saw that image quality audits of X-rays had been completed as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made, if required.

## **Effective care**

### **Safe and clinically effective care**

It was evident that the practice was seeking to continuously improve the service provided. For example, we were able to see the programme of audits undertaken and examples of completed audits. These included complaints, the safe use of X-ray, infection control, clinical waste and prescription drugs.

### **Quality improvement, research and innovation**

The principle orthodontist provides in-house training at the practice and is regularly involved in educating others in orthodontics worldwide.

On an informal basis, the dentists at the practice have regular discussions to help ensure that clinical staff are kept up to date with best practice. We suggested the process be formalised to provide evidence of how it contributes to the quality and safety of care provided to patients.

### **Information governance and communications technology**

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place to guide staff about what was required of them.

### **Record keeping**

We looked in detail at a sample of 10 patient records at the practice and we found the notes to be specific for orthodontic patients.

We found inconsistent reporting of justification and reporting of X-rays, which we recommended is reviewed and improved.

In all cases, the records we reviewed were individualised for that patient and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of good quality.

#### Improvement needed

The justification and reporting of X-rays need to be improved and clearly evidenced within the notes.

## 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.*

We found evidence of systems and processes in place which ensured the staff were supported and committed to providing a high quality service.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The policies and procedures had issue and review dates and evidence that staff had read and understood their responsibilities. We recommended that policies and procedures be updated to reflect Welsh regulations.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas which helped to ensure they had up to date skills and knowledge to assist them with their work.

## Governance, leadership and accountability

The Smile Lounge is owned by Assure Holdings Limited. The principal dentist is the nominated responsible individual<sup>8</sup>. We found the practice to have good leadership and clear lines of accountability. Staff told us they understood their roles and responsibilities.

---

<sup>8</sup> “responsible individual” means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

All of the staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with the dentist, or an alternative, appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. We saw evidence showing staff had signed a front sheet in the policies and procedures file to confirm they had read them and understood their responsibilities. All policies and procedures contained an issue and review date. This ensured that policies were reviewed regularly to confirm practices were up to date. Some policies and procedures were citing English regulations and inspection bodies that are not applicable in Wales. We recommended all policies and procedures are reviewed and updated to reflect the appropriate regulations and where applicable inspection bodies.

We were provided with a copy of the Statement of Purpose which conformed to the Private Dentistry (Wales) Regulations 2017.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. At the time of the visit, the practice was waiting for their HIW registration certificates to be issued. The practice also had a current public liability insurance certificate available.

## **Staff and resources**

### **Workforce**

The practice had a number of human resources (HR) related policies in place. These include the recruitment of staff policy, equal opportunities policy, code of conduct for staff, underperformance and whistleblowing policy and confidentiality policy.

We noted that all staff had a contract of employment that was retained on staff files. We were also told that the practice had an induction programme in place, which covered training and relevant policies and procedures.

We saw evidence that regular staff appraisals took place which were documented. Appraisal meetings include discussion around training and development.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

At the time of our visit we were unable to review one staff member's file and we have asked that information relating to this employee is submitted to HIW. This was agreed at the feedback meeting at the end of the inspection.

Staff told us that the practice holds regular team meetings and there were minutes available relating to these meetings. For any member of staff unable to attend, the minutes are kept on file. This ensures that all staff are aware of the issues and discussions taking place regarding the practice.

The Private Dentistry (Wales) Regulations 2017 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 all 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 but one member of clinical staff. We have asked that evidence of the staff member that did not have their Hepatitis B record on file is provided to HIW.

The registered provider confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

#### Improvement needed

All policies and procedures need to be reviewed and updated to reflect the regulations and/or professional bodies applicable to all practices in Wales

Evidence is required to be submitted to HIW to confirm that the staff member that did not have their Hepatitis B status on file at the time of the visit is appropriately immunised and safe to undertake their duties

Evidence is required to be submitted to HIW to confirm that the staff member that did not have their personal file available at the time of inspection has the appropriate information in line with the Private Dentistry (Wales) Regulations 2017

## 4. What next?

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

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

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

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, 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
No immediate concerns were identified on this inspection			

## Appendix B – Immediate improvement plan

**Service:** The Smile Lounge

**Date of inspection:** 24 July 2018

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

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non compliance issues identified on 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:** The Smile Lounge

**Date of inspection:** 24 July 2018

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The patient information leaflet should include an email address to allow patients to book appointments via this method as stated in the guide.	Regulation 6 (1) schedule 2 1(a)	E mail to be added to patient information leaflet. NB once patients are under treatment, if they opt in, then we send email reminders so they can easily reply if they need to change appointment or have any problems with their braces.	IH	1/10/18
The registered provider should consider making the complaint information within the patient information leaflet clearer to enable patients to follow the correct procedure	Regulation 21 (1) & schedule 2 1(f)	Re worked patient information leaflet to make complaint information clearer	IH	1/10/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The complaints policy and procedure must be reviewed to ensure the information displayed for the public is the same as the information contained on the staff policy file.	Regulation 21 (1)	Information aligned so it is the same	IH	1/10/18
<b>Delivery of safe and effective care</b>				
Details of the local safeguarding team need to be obtained and policies and procedures updated with the information	Regulation 14 (1) (c)	Information added to policies and procedures	IH	COMPLETE D
The justification and reporting of X-rays need to be improved and clearly evidenced within the notes.	Regulation 20 (1) (a) (i) (ii)	Written and verbal instructions given to associates on what is expected from them	IH	COMPLETE D
<b>Quality of management and leadership</b>				
All policies and procedures need to be reviewed and updated to reflect the regulations and/or professional bodies applicable to all practices in Wales.	Regulation 8 (6)	Policies and procedures amended from CODE to reflect HIW/Wales requirements	IH/HW	COMPLETE D
Evidence is required to be submitted to HIW to confirm that the staff member that did not have their Hepatitis B status on file at the time of the visit is appropriately immunised and safe to	Regulation 13 (6) (c) (i) (ii)	Staff member has complete personnel file now	IH	ASAP

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
undertake their duties				
Evidence is required to be submitted to HIW to confirm that the staff member that did not have their personal file available at the time of inspection has the appropriate information in line with the Private Dentistry (Wales) Regulations 2017	Regulation 13 (6) (c) (i) (ii) Regulation 17 (1) (a); (2); (3) (a) (b) (c) (d); (4) (a)	Staff member has complete personnel file now – to be forwarded to HIW	IH	ASAP

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): IAN HUTCHINSON**

**Job role: PRINCIPAL**

**Date: 22ND AUGUST 2018**