

General Dental Practice Inspection (Announced)

Castle Court Dental Practice,
Cardiff and Vale University Health
Board

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Castle Court Dental Practice at 1 Castle Court, Dinas Powys, Vale of Glamorgan CF64 4NS, within Cardiff and Vale University Health Board on the 31 July 2018.

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

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

The practice was patient focussed. We saw evidence of strong leadership and the practice had the necessary policies and procedures in place to support the practice, patients and staff.

Clinical records were maintained to a high standard as were staff files and practice information.

We recommend the practice put in place a programme of peer reviews to support learning.

This is what we found the service did well:

- There was evidence of strong management and leadership from the practice owners
- All the patients who completed the HIW questionnaire told us they were treated with dignity and respect.
- Appropriate arrangements were in place for the safe use of X-rays
- Clinical records were maintained to a high standard as were staff files and practice information.

This is what we recommend the service could improve:

- The practice to make its patient information leaflet readily available for patients
- The practice needs to ensure the prescription pads are kept securely
- The clinical waste bins in the surgeries are to be lined with appropriate clinical waste refuse bags.
- The hand towel in the staff toilet is to be replaced with either disposable hand towels or a hand dryer.

3. What we found

Background of the service

Castle Court Dental Practice provides services to patients in the Dinas Powys area. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes six dentists, one hygienist, three dental nurses, two trainee dental nurses and two reception staff.

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 Castle Court Dental Practice was committed to providing a positive experience for their patients. All the patients who completed the HIW questionnaire rated the service provided by the dental practice as excellent, very good or good. All the patients also told us that they were treated with dignity and respect by staff at the dental practice.

The practice had a complaints policy and a system for capturing formal complaints was in place. However, the action taken and the outcome for each complainant was not always recorded. The practice undertakes patient surveys and invites patients to submit suggestions but could do more to provide feedback to patients on the outcome of their comments.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 40 questionnaires were completed. The majority of completed questionnaires were from patients who had been a patient at the practice for more than two years. Patient comments included the following:

Excellent service. All staff are thoughtful and caring. I have a disability in my back and the staff go out of the way to make me comfortable.

Always very pleasant and very helpful. 1st class dental care

Very friendly and approachable staff at practice

Mae'r deintydd newydd ry yn ein practis yn Gymro Cymraeg. Daw I gwrdd a phob un ry'n cael triniaeth ganddo ac yn ysgwyd llaw hefyd. Mae'n wych nedru cyfathalbu yn fy llaniaith.

Translation: The new dentist in the practice is a Welshman. He has met everyone that receives treatment from him and shakes your hand. It's fantastic being able to communicate in my mother-tongue

Patients were asked on the questionnaires how the dental practice could improve the service it provides; one patient commented:

Better access to emergency appointments

Staying healthy

Health promotion protection and improvement

Initially at the start of the inspection there was no health promotion information, such as leaflets about treatments and preventative advice, available. After it was brought to the practice's attention a selection of material was placed on a stand in the waiting area.

All of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

Without exception, all patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. We observed staff treat patients courteously and professionally.

All areas of the practice were on the ground floor. Staff told us that if there was a need to hold a private conversation in person or on the telephone with a patient they would use the area behind the reception.

We found that both handwritten and electronic patient information was stored securely, ensuring that personal and sensitive information was protected.

All dental surgeries had doors which could be closed when a patient received treatment, maintaining privacy and dignity.

The practice had in place a human rights and equality policy, patient care policy and a patient experience policy.

We noted that whilst they are not specified the patient Information Leaflet reflects the 9 Principles as set out by the GDC¹. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

Patient information

The majority of patients that 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.

Where appropriate, all but one of the patients that completed a questionnaire said the cost of any treatment was always made clear to them before they received any treatment.

There were leaflets setting out private treatment costs in the waiting area. We were told that the practice only treats NHS patients who are exempt from treatment charges which negated the need for a NHS price list.

We noted the recording treatment plans in patient medical records. The practice also had appropriate policies, including treatment planning policy and evidence based dentistry policy. We also noted policies relating to the provision of charge information and patient consent.

In accordance with the Private Dental Regulations 2017 the practice had a Patient Information Leaflet that contained all required information and was available upon request in the practice. We recommend it is made available in the waiting area for patients to pick up if they so wish without the need to ask a member of staff.

¹ <https://standards.gdc-uk.org/>

Outside the practice we saw that the practice's opening hours and the emergency contact telephone number, together with the names and qualifications of all of the dentists.

We noted there were policies in place relating to the protection of data, and records management including a General Data Protection Regulations² (GDPR) policy.

Improvement needed

The practice to make its Patient Information Leaflet easily accessible to patients.

Communicating effectively

Almost all of the patients that completed a questionnaire told us that they have always been able to speak to staff in their preferred language.

The practice has a website, which was in line with General Dental Council (GDC) ethical advertising guidance and contained details of the private dental treatments that it provides, together with a price list. It also provided guidance on making a complaint, details of the practice team, opening hours and how to obtain emergency dental treatment.

Timely care

The majority of the patients that completed the questionnaire said they found it 'very easy' or 'fairly easy' to get an appointment when they needed it. Just over a quarter of the patients also said they would not know how to access the out of hours dental service if they had an urgent dental problem. 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 and website.

² <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

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.

Individual care

Planning care to promote independence

The practice provides treatments as set out in their Statement of Purpose³.

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

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

People's rights

The practice had no car park but there was ample parking available nearby. Access to the practice was via a slope with handrails, enabling wheelchair access. The practice was on the ground floor meaning all patient areas were accessible to all.

The patient toilet had handrails but was small so may not be suitable for a wheelchair user.

The practice had in place appropriate policies to protect people's rights, including an equality, dignity and human rights policy. The Patient Information Leaflet set out patient rights and responsibilities that followed the principals of the GDC's 9 Principles.

Listening and learning from feedback

³ A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

The practice had a complaints policy for both NHS and private dental treatment. Where relevant the policy was aligned to the NHS complaints process "Putting Things Right"⁴ and with regard to private dental treatment to the Private Dentistry Wales 2017 Regulations⁵. The policy was displayed in the reception area. We would advise the practice to display "Putting Things Right" posters and have "Putting Things Right" leaflets available.

The practice maintained a folder for the filing of complaints containing a pro forma for completion, although this was not completed. We recommend the practice maintain the complaints folder, ensuring the nature of the complaint, action taken and outcome are recorded.

The practice does not record any informal feedback and we would advise that it puts a process in place to record any informal patient feedback.

The practice undertakes patient surveys and also has a suggestion box. Whilst all comments are reviewed by the practice it does not feed back to the patients. We were told the practice was updating its website to include a patient newsletter and we would advise the practice include in this a "you said: we did" style of feedback to patients' comments and suggestions.

Improvement needed

The practice to ensure the nature of a complaint, action taken and outcome are recorded and filed with all supporting documentation in one place.

⁴ "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

⁵ <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. Medical records were maintained to a high standard.

We noted that clinical facilities were well equipped and there were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

We recommend the practice fits locks to the door of the staff room and the radiograph room to ensure patients cannot access staff only areas. This will also ensure the security of the emergency kit and drugs, stored in the radiograph room; and the decontamination room which is accessed via the staff room.

Safe care

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 noted there were a number of relevant policies in place, including a fire drill policy and procedures and a health and safety policy. We noted there was a health and safety poster but would advise the practice add details of its nearest Health and Safety Executive office. We also noted that health and safety, environmental and fire risk assessments had also been undertaken.

There were no concerns given by patients over the cleanliness of the dental practice; all patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean. Externally, the building appeared to be well maintained. Internally we noted the following:

- There were fabric chairs in the surgeries and we advise that, for infection control purposes, these are either replaced with ones that are washable or as a minimum, the practice develop a disinfection protocol for the cleaning of these. We would also advise the surgery

put a disinfection protocol in place for the cleaning of toys in the children's waiting area.

- We saw evidence of dust on top of a cupboard in Surgery 1. We recommend this is addressed. We also noted that this surgery in general was untidy and would advise that this is rectified.
- The door to the staff room (which led into the decontamination rooms) was unsecure. We would recommend a lock is fitted to ensure that members of the public cannot access these areas.

We observed all public access areas to be clean and uncluttered.

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 also noted the appropriate signposting of the fire exit.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical), non-hazardous (household) and amalgam waste. Clinical waste was stored correctly. We noted the absence of a feminine hygiene bin in the staff toilet and this needs to be rectified. In addition, there was a hand towel for staff to wipe their hands after washing. This needs to be replaced with disposable hand towels or a hand drying machine.

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 a 'Control of Substances Hazardous to Health' (COSHH) controls checklist and relevant safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice.

The practice had an accident reporting policy and a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book which was completed when an accident occurred. We also noted a serious incidents policy, mercury handling policy, medical emergencies policy and a disaster planning and emergency contingencies policy.

Improvement needed

The practice to replace the fabric chairs in the surgeries with ones that are washable or as a minimum, the practice develop a disinfection protocol

The practice to ensure that all areas of the clinical areas are dust free

The practice to fit locks to the door of the staff room

The practice to arrange for a feminine hygiene bin to be installed in the staff toilet

The hand towel in the staff toilet to be replaced with disposable hand towels or a hand drying machine.

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁶. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy and sharps policy in place.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas. In the decontamination room there was a swing lid bin and we recommend this is replaced with a pedal operated bin.

We saw evidence that the practice had recently undertaken an infection control audit in accordance with WHTM 01-05.

⁶ 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

We noted that there were daily surgery cleaning checklists in place and that they were completed. We also noted that in the surgery the clean and dirty areas were clearly marked. In Surgery 1 there were no clinical waste refuse bags lining the clinical waste bins and we recommend this is rectified.

We saw evidence that all clinical staff had completed appropriate infection control training.

Improvement needed

The practice to ensure that all clinical waste bins are lined with appropriate clinical waste refuse bags

The practice to replace the swing lidded bin in the decontamination room with a pedal operated bin.

Medicines management

The practice had in place procedures to deal with patient emergencies. 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 two appointed first aiders.

The staff held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁷. We noted that the practice had in place a system to check that emergency drugs and equipment were ready for use.

The emergency kit and emergency drugs were stored, unsecured, in the radiograph room. Prescription pads were also stored in this room. We recommend that the door is fitted with a keypad lock that ensures both security of the emergency kit and drugs and prescription pads and ease of access for staff. During the inspection the emergency drugs were re-organised, again for ease of access. We noted some out of date dressings that were immediately removed by staff.

⁷ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration

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

Improvement needed

The practice to fit an appropriate lock to the door of the radiograph room to ensure the security of the emergency kit and emergency drugs

The practice to ensure prescription pads are kept securely.

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. With the exception of one dentist, all staff had completed training in the protection of children and protection of vulnerable adults. On the day following the inspection, the dentist, who had previously completed protection of vulnerable adults training, completed the appropriate training in respect of safeguarding children, and provided us with a copy of the certificate.

There were arrangements in place for staff to raise any concerns, and we were told they were encouraged to do this in the practice. The practice had an identified safeguarding lead. We noted that safeguarding advice flowcharts were displayed in all the surgeries and in the staff room. The practice had a safeguarding policy and supporting guidance but this was contained in three separate folders and we suggest this information is filed in one place.

Both clinical and non-clinical staff held Disclosure and Barring Service (DBS) certificates.

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 maintained and comprehensive, containing all the essential information, including a radiation policy.

In accordance with the requirements of the General Dental Council⁸ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000⁹ all clinical staff had completed the required training.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence that the practice had a policy supporting arrangements for clinical audits. Audits currently in place included clinical record audit, radiograph audit and an infection control audit.

We noted the practice had policies in place for arrangements to accept patients and assessment, diagnosis and treatment of patients, including an evidence based dentistry policy and treatment planning policy

Quality improvement, research and innovation

There was no evidence of any dentist peer reviews taking place. We would recommend formal and regular meetings are arranged between the dentists for this purpose. We would also suggest the dental nurses consider arranging regular meetings for the purposes discussing clinical issues.

The practice might wish to consider applying for the Welsh 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.

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

⁹ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/ukxi_20001059_en.pdf

Information governance and communications technology

The practice had electronic and paper records and we noted that the storage of these was appropriate to ensure the safety and security of personal data. Electronic files were regularly backed up.

The practice had a number of appropriate policies and procedures in place including a records policy.

Record keeping

We reviewed a sample of patients' records. Overall, we found there was a very good standard of record keeping that indicated good patient care had been provided. No improvements were noted in this area and therefore the quality of clinical record keeping is to be commended.

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.

Both principal dentists were responsible for the day to day management of the practice and we found evidence of good leadership and lines of accountability.

The practice had in place a comprehensive range of relevant policies and procedures that were reviewed annually and we saw evidence that they had been read by all staff.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

We noted that all staff had received the necessary training for their roles and responsibilities.

Governance, leadership and accountability

Castle Court Dental Practice has been owned by the two principal dentists since November 2017. They jointly share the roles of responsible individuals¹⁰ and registered managers¹¹. We found the practice to have good leadership and all staff understood their roles and responsibilities.

¹⁰ "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;

¹¹ "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice;

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. We recommend the practice make provision for staff to evidence that they had read and understood the policies.

We were provided with copies of the Statement of Purposes, one for each responsible individual. Both contained all the relevant information but need further detail with regard to the practice's arrangements for dealing with complaints.

Both principal dentists confirmed that they were aware of their duties regarding notifications, including serious injury to patients and absence or changes to the registered manager, that must be sent to HIW under regulations 25-29 of the Private Dentistry Regulations.

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

Improvement needed

Both Statements of Purpose are to be amended to provide further information on the process for dealing with patient complaints.

Staff and resources

Workforce

The practice had a number of HR related policies in place that have been signed by staff to evidence that they have been read and understood. We noted that these policies were located in a number of different files and would suggest they are filed in a single HR policy folder for ease of reference.

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. When agency staff were engaged on a temporary basis there was a procedure in place to make them aware of the systems and processes in place at the practice.

We saw evidence that regular staff appraisals take place which are documented. Appraisal meetings include discussion around training and development. Since the principal dentists purchased the practice appraisals have been every three months to support staff adjust to the changes in ownership. We were told that these will shortly be changed to every six months.

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. We noted that there was a training checklist on each staff member's file highlighting training they should undertake.

The practice holds monthly team meetings for all staff. We saw minutes relating to these meetings. We were told that following each meeting the minutes are put on the staff notice board to ensure that all staff, including those that had not attended, are made aware of issues discussed and agreed actions. We advise that all staff sign the minutes to evidence that they have been read and understood.

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.

Both principal dentists in their roles as joint registered managers and responsible individuals confirmed that they were aware of their duties and obligations as set out in the Private Dentistry 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
At the start of the inspection there were no health promotion material available. After it was brought to the practice's attention a selection of material was placed on a stand in the waiting area	Health promotion information, such as leaflets about treatments and preventative advice leaflets help to support patients' oral health.	We raised this concern with the registered managers.	The registered managers utilised a stand and leaflets they had in storage and put them on display in the waiting area.

Appendix B – Immediate improvement plan

Service: Castle Court Dental Practice

Date of inspection: 31 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 were raised during this inspection				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Castle Court Dental Practice

Date of inspection: 31 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
Quality of the patient experience				
The practice to make its Patient Information Leaflet easily accessible to patients.	4.2 Patient Information, Private Dentistry Regulations 2017 Sections 6 and 8	Leaflet to be easily available to patients at reception	Eifion Roberts and Bharat Nagrani	Aug 2018
The practice to ensure the nature of a complaint, action taken and outcome are recorded and filed with all supporting documentation in one place.	6.3 Listening and Learning from feedback, Private Dentistry	Outcome of complaints and actions taken recorded along with the nature together in the complaints file.	Eifion Roberts and Bharat Nagrani	Aug 2018

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulations 2017 Sections 6 and 8			
Delivery of safe and effective care				
The practice to replace the fabric chairs in the surgeries with ones that are washable or as a minimum, the practice develop a disinfection protocol	2.1 Managing risk and promoting health and safety;	New wood and plastic chairs to be purchased to replace the additional guest chairs within the surgery	Eifion Roberts and Bharat Nagrani	Aug 2018
The practice to ensure that all areas of the clinical areas are dust free	Private Dentistry Regulations 2017 section 22	Small area of dust cleaned immediately from the top of cupboard in surgery 1. Adapted cleaning checklist to prevent area being missed in future.	Eifion Roberts and Bharat Nagrani	Aug 2018
The practice to fit locks to the door of the staff room		Combination lock to be purchased and fitted to staff room door.	Eifion Roberts and Bharat Nagrani	Oct 2018
The practice to arrange for a feminine hygiene bin to be installed in the staff toilet		In addition to the feminine hygiene bin already available in patient toilet a second feminine hygiene bin has been purchased for the staff toilet	Eifion Roberts and Bharat Nagrani	Sept 2018

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
The hand towel in the staff toilet to be replaced with disposable hand towels or a hand drying machine.		Purchase and fit a paper towel dispenser for the staff toilet	Eifion Roberts and Bharat Nagrani	Aug 2018
The practice to ensure that all clinical waste bins are lined with appropriate clinical waste refuse bags	2.4 Infection Prevention and Control (IPC) and Decontamination , Private Dentistry Regulations 2017 section 13 WHTM 01-05	All bins in to be lined with appropriate refuse bags and this has been added to the daily checklist	Eifion Roberts and Bharat Nagrani	Aug 2018
The practice to replace the swing lidded bin in the decontamination room with a pedal operated bin.		New pedal operated bin has been purchased to replace the old bin	Eifion Roberts and Bharat Nagrani	Aug 2018
The practice to fit an appropriate lock to the door of the radiograph room to ensure the security of the emergency kit and emergency drugs	2.6 Medicines Management; Private Dentistry Regulations 2017 section 13	Lock will be fitted following refurbishment and delivery of new lead lined door	Eifion Roberts and Bharat Nagrani	Nov/Dec 2018
The practice to ensure prescription pads are kept securely.		Prescription pads are now locked away and only removed for use	Eifion Roberts and Bharat Nagrani	August 2018

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The dentists to arrange formal and regular meetings for the purpose of peer review.	3.3 Quality Improvement, Research and Innovation; Private Dentistry Regulations 2017 section 16	The practice will formalise and record the ongoing peer review meetings held between staff within the practice. Look at options of arranging peer review audits with other practices.	Eifion Roberts and Bharat Nagrani	Sept 2018
Quality of management and leadership				
Both Statements of Purpose are to be amended to provide further information on the process for dealing with patient complaints.	Governance, Leadership and Accountability; Private Dentistry Regulations 2017 sections 5 and 7 and Schedule 1	Statements of purpose will be amended to give the patient more information and details on the complaints process	Eifion Roberts and Bharat Nagrani	October 2018

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): Eifion Roberts

Job role: Principal Dentist

Date: 25/09/2018