

General Dental Practice Inspection (Announced)

Deeside Dental Surgery / Betsi
Cadwaladr 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 Deeside Dental Surgery at 55 High Street, Connah's Quay, Deeside, CH5 4DD, within Betsi Cadwaladr University Health Board on the 7 August 2018.

Our team, for the inspection comprised of a HIW inspector 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 Deeside Dental Surgery provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

We found the practice to be well run and meeting the relevant standards and regulations to ensure the health, safety and welfare of staff and patients.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

We found the practice to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Surgery facilities were well-equipped, visibly clean, tidy and well organised
- Appropriate arrangements were in place for the safe use of x-rays.

This is what we recommend the service could improve:

- Devise and customise some key policies and procedures
- Seek the views of patients
- Patient records

- All staff to receive fire training
- Implement a wide range of clinical audits with a view to identifying areas for improvement; in particular, antibiotic prescribing, smoking cessation and patient records.

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

3. What we found

Background of the service

Deeside Dental Surgery provides services to patients in the Flintshire area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes three dentists, two hygienists, three dental nurses, two trainee dental nurses and one receptionist.

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

Quality of patient experience

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

Overall, we found evidence that Deeside Dental Surgery provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided.

We received a total of 39 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive. Almost three quarters of patients who completed a questionnaire rated the care and treatment received as excellent. Some of the comments provided by patients on the questionnaires included:

"I find it an excellent practice, I have been here over 32 years. The staff are always pleasant and helpful and always try to fit me in to suit my requirements. Excellent"

"We have always been able to access emergency treatment when required"

"The staff are always helpful and friendly"

"Very good service, always able to get an appointment near enough to the date/time I need one. Have always been looked after here and everything is always explained to me clearly"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; comments provided by patients included:

*“Provision of weekend or a late night appointment option.
We pay on a family plan but our two sons are unable to
attend during the day due to work commitments”*

Staying healthy

Health promotion protection and improvement

There was ample, dedicated dental health promotion information available in the reception / waiting area, which meant patients had access to information which could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice and oral health.

The majority of patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We noted that information on prices was available to view in the waiting area which meant patients had access to information on how much their treatment may cost.

A sign displaying 'No Smoking' was displayed by the main entrance which confirmed the emphasis being placed on compliance with smoke free premises legislation¹.

Dignified care

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

¹ 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.

The General Dental Council's (GDC) 9 principles² were displayed in the waiting area and therefore in line with the Private Dentistry (Wales) Regulations 2017.

Patient information

All 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 all but one patient who completed a questionnaire told us that they had received clear information about the available treatment options. In addition, all patients also told us that the cost of any treatment was always made clear to them before they received any treatment.

We also found evidence of treatment planning and options noted within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was available on its website and was displayed around the reception and the waiting area. 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.

Communicating effectively

All patients who completed a HIW questionnaire 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, some staff working at the practice can communicate bilingually with patients.

Timely care

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

² 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.

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

An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, provided on the answer phone message, the practice website and patient information leaflet.

The vast majority of patients who completed a questionnaire confirmed that it was very or fairly easy to get an appointment when they needed one.

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were adequately maintained. Treatment options were recorded and consent to treatment was obtained from each patient.

Without exception, all patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

The treatments and services offered by the practice 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. However, we noted that the policy made reference to the Equality Act 2006 and not the Equality Act 2010. We brought this to the attention of the principal dentist who agreed to amend the policy immediately.

The practice is located over two floors. The ground floor is fully accessible for patients with mobility difficulties. Wheelchair users could access one dental surgery on the ground floor, the reception and waiting area.

We were informed by the principal dentist that plans are in place to further improve the services offered to patients with mobility difficulties by relocating the hygienist surgery from the first floor to the ground floor.

Listening and learning from feedback

We saw that the practice had a written complaints procedure in place for both private and NHS treatment. The procedures for making a complaint or how to raise a concern were clearly on display in the waiting area. Details were also included within the patient information leaflet.

We saw evidence that the practice had systems in place to record, monitor and respond to any complaints received. At the point of inspection there had not been any formal complaints received by the practice since it was taken over by the current owner in 2013.

We discussed the practice's mechanism for seeking patient feedback. The practice informed us that they do not have a formal system in place to seek patient views. We noted that a comment / suggestion book was available in reception for patients to provide comments. However, there was no comment box available for patients to submit suggestions anonymously. We recommended that the practice develops a patient questionnaire in order for patients to provide their feedback. We also advised the practice to display an analysis of the feedback received in the waiting area / reception, demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice.

Improvement needed

The practice should implement a formal mechanism to seek the views of patients and ensure feedback analysis is displayed for patients to view.

Ensure a comments box is available for patients to submit suggestions and questionnaires anonymously.

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 the practice to be well run and meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

We found that patients were provided with safe and effective dental care.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

However, we did identify that some improvement was needed in relation to patient records and implementation of clinical audits.

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.

The building appeared to be generally well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards.

There were no concerns expressed by patients over the cleanliness of the dental practice; all patients who completed a questionnaire felt that, in their opinion, the dental practice was very clean or fairly clean.

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly very clean.

We saw that the testing of portable appliances (PAT) had been completed to ensure the safe use of small electrical appliances within the practice. However, we noted that the testing took place in April 2016. We advised the principal

dentist that it would be good practice to consider re-testing all small appliances by the end of the year to ensure they remain safe for use.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months.

Emergency exits were visible and a Health and Safety poster was displayed within the practice. Regular fire drills took place which was documented. However, we noted that none of the staff had received fire training.

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. However, the practice did not have a policy or procedure in place detailing the arrangements for emergency contingencies which ensure the continuous safe running of the dental practice.

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 a named, appointed first aider.

Improvement needed

All staff to receive fire training.

Devise a comprehensive policy detailing the arrangements for emergency contingencies at the practice.

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) 01-05³. The facility was very clean, well organised, equipped and uncluttered.

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.

We considered the arrangements for decontamination and our observations of this process were satisfactory. Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination. Our observations included:

- 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.
- Instrument storage containers were lockable and labelled correctly.

We saw evidence that infection control audits took place using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for each autoclave⁴ and we saw evidence that start and end of the day safety checks were taking place.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. However, we saw that the incorrect designated bags were used in all clinical areas. We brought this to the attention of the principal dentist who immediately arranged for the correct bags to be put in place during our visit. We saw that all other waste had been segregated into the designated bags / containers in accordance with the correct method of disposal. We did recommend that a pharmaceutical waste bin should be added to the waste contract for the disposal of unused medicines.

We found that the practice had a mercury spillage kit available. However, the practice did not have a mercury handling policy in place.

⁴ 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. However, we noted that the policy and procedures were generic and needed to be customised to the practice.

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 clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses. However, we did recommend that the practice displays the protocol instructions for needle stick injury and blood borne virus exposure flowcharts in each clinical area.

Improvement needed

Pharmaceutical waste bin for unused medicines.

Develop a mercury handling policy.

Infection control policy and relevant procedures to be customised to the practice.

Display the protocol instructions for needle stick injury and blood borne virus exposure flowcharts in each clinical area.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the practice had one dedicated first aider.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

There were no size '0' and '3' clear face masks for the self-inflating ambulatory bag available in the emergency kit held by the practice. Our concerns regarding the emergency kit were dealt with immediately during the inspection. Further details are provided in Appendix A.

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 in place to protect children and vulnerable adults. The policies contained the contact details for the local safeguarding team along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. The practice had identified a member of staff as the nominated safeguarding lead who took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and 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 principal dentist and were confident those would be acted upon.

The practice manager described 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 Service⁵ (DBS) checks. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients. The surgeries were well organised, clean and tidy.

⁵ 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).

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and regular image quality assurance audits of X-rays were completed. We saw evidence of up-to-date ionising radiation training for all clinical staff.

Effective care

Safe and clinically effective care

The practice did not have a programme in place for undertaking a wide range of clinical audits with the aim of identifying areas for improvement. We found that no audits had been undertaken of antibiotic prescribing, smoking cessation or patient records. We recommended that the practice implement a programme of audits across the year.

We also found that the practice did not have a policy in place governing the quality improvement activities with regards to patient consent for research.

Improvement needed

Implement a wide range of clinical audits with a view to identifying areas for improvement; in particular, antibiotic prescribing, smoking cessation and patient records.

Develop a policy and procedure for patient consent to research.

Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff has been undertaken which contributes to the quality and safety of the care provided to patients.

We were informed by the principal dentist that the practice have plans in place to self assess using the Denplan Excel⁶ development tool.

⁶ Denplan Excel is a comprehensive clinical governance programme

The practice might wish to also consider using the Welsh Dental Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix is a dental practice team development tool that encourages the team to focus on best practice, quality and safety, legislative requirements and on how they work as a practice team.

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

A sample of patient records were reviewed for each of the dentists. Overall, there was evidence that the practice is keeping adequate records demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing. However, we found some gaps and inconsistencies, between dentists, with the level of detail recorded in some of the patients' individual records, which could be improved.

We found inconsistent reporting of justification and reporting of X-rays. We also found missing risk assessments for cavities, perio, tooth wear and oral cancer. We brought our concerns regarding the gaps and missing assessments to the attention of the principal dentist who immediately introduced a standard template across the practice for patients' examination recording. The implementation of the new template will ensure the level of detail recorded is consistently maintained across the practice.

As previously mentioned in the report, all patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. However, we found that not all medical history forms had been updated, signed by the patients, or countersigned by the dentists. We brought this to the attention of the principal dentist who

informed us that medical history forms are completed and updated using the practice clinipad⁷ but poor Wi-Fi signal can sometimes prevent regular use.

We also examined a sample of patients' records for the two hygienists and found good evidence of detailed records being maintained.

Improvement needed

Ensure all patients medial history forms are updated and signed at each treatment and countersigned by the dentists.

⁷ Clinipad enables patients to complete and sign forms electronically whilst at the practice, using mobile devices such as iPads. This removes the need for paper forms

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 the practice to have good leadership and clear lines of accountability.

The staff team appeared happy in their roles and were competent in carrying out their duties and responsibilities. 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.

We saw that the practice had a range of policies and procedures in place. However, these were generic and needed to be customised to the practice. We also found that not all policies were in place and they did not contain staff signatures, a review date and were not version controlled.

Governance, leadership and accountability

The principal dentist / owner of Deeside Dental Surgery is the registered manager⁸ and nominated responsible individual⁹.

⁸ "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 found the practice to have good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the principal dentist. Staff told us that they were confident in raising any issues or concerns directly with the principal dentist and felt well supported in their roles. Since most of the staff had worked together for some time, there was a good rapport amongst them.

We found that staff were clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for their patients.

The practice had a range of policies and procedures in place. However, we found that the policies and procedures were not version controlled, did not contain a review date and did not include a staff signature demonstrating that the policies and procedures had been read and understood. We also found that the policies were generic. We recommended that the principal dentist reviews the policies and procedures ensuring these are customised to the practice. We also found that the following policies and procedures were not available at the practice:

- The recruitment, induction and retention of employees, their employment conditions and training requirements ,
- Ensuring the safe recruitment of staff including checks appropriate to the work that staff are to undertake ,
- Ensuring that, where research is carried out in a private dental practice, it is carried out with the consent of any patient or patients involved, is appropriate for the practice concerned and is concluded in accordance with any up-to-date and authoritative published guidance on the conduct of research projects.

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

⁹ “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)

the Statement of Purpose did not include details of the arrangements for respecting the privacy and dignity of patients nor did it contain the date it was written. We brought this to the attention of the principal dentist who agreed to immediately update the document.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The HIW registration certificate was clearly on display by reception. The practice also had a current public liability insurance certificate available.

Improvement needed

Develop the following policies and procedures:

- The recruitment, induction and retention of employees, their employment conditions and training requirements.
- Ensuring the safe recruitment of staff including checks appropriate to the work that staff are to undertake.
- Ensuring that, where research is carried out in a private dental practice, it is carried out with the consent of any patient or patients involved, is appropriate for the practice concerned and is concluded in accordance with any up-to-date and authoritative published guidance on the conduct of research projects.

Ensure all policies and procedures are customised to the practice, reviewed every three years, contain a review date, staff signature and are version controlled.

Ensure the Statement of Purpose includes details of the arrangements for respecting the privacy and dignity of patients and ensure it contain the date it was written.

Staff and resources

Workforce

We noted that all staff had a contract of employment that was retained on staff files. We also saw 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.

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. However, the practice did not have a training matrix tool in place. We advised the principal dentist to devise a training matrix in order to monitor the training and skill levels within the practice which the principal dentist agreed to implement.

Staff told us that the practice holds regular team meetings and we saw there were detailed records being kept on file. For any member of staff unable to attend, the minutes are brought to the staff attention by the Principal Dentist. 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. As previously mentioned in the report, we saw evidence that DBS clearance checks had been carried out for all clinical staff.

The registered provider confirmed that they were aware of their duties and obligations as set out in 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
There were no size '0' and '3' clear face masks for the self-inflating ambulatory bag available in the emergency kit held by the practice.	This meant that adults and children were at risk in an emergency situation.	We brought this to the attention of the principal dentist who immediately arranged for the items to be purchased.	The principal dentist immediately ordered the items on the day of our inspection for delivery the next day.

Appendix B – Immediate improvement plan

Service: Deeside Dental Surgery

Date of inspection: 7 August 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
There were no immediate non-compliance concerns 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: Deeside Dental Surgery

Date of inspection: 7 August 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				
<p>The practice should implement a formal mechanism to seek the views of patients and ensure feedback analysis is displayed for patients to view.</p> <p>Ensure a comments box is available for patients to submit suggestions and questionnaires anonymously.</p>	<p>6.3 Listening and Learning from feedback</p> <p>PDR 16 (2 c, d)</p>	<p>This action will be completed by 30/11/18. The person responsible is J.Brandon.</p>		
Delivery of safe and effective care				
<p>Devise a comprehensive policy detailing the arrangements for emergency contingencies at the practice.</p>	<p>2.1 Managing risk and promoting</p>	<p>A policy document was formulated on 13/9/18 by J.Brandon.</p>		

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
All staff to receive fire training.	health and safety PDR 8 (o)	All staff will do online fire safety training by 30/11/18.		
Pharmaceutical waste bin for unused medicines.	2.4 Infection Prevention and Control (IPC) and Decontamination PDR 8 (m) WHTM 01-05	Will add to contract when next collection is due.		
Develop a mercury handling policy.		Completed 13/9/18 by J.Brandon.		
Infection control policy and relevant procedures to be customised to the practice.		Re-written 14/9/18.		
Display the protocol instructions for needle stick injury and blood borne virus exposure flowcharts in each clinical area.		Will be completed 30/9/18 by J.Brandon		
Implement a wide range of clinical audits with a view to identifying areas for improvement; in particular, antibiotic prescribing, smoking cessation and patient records.	3.1 Safe and Clinically Effective care; PDR 16 (2)	Will be Completed by 30/11/18 J.Brandon Smoking Cessation by FR Spiller		
Develop a policy and procedure for patient consent to research.		Completed by J.Brandon 14/9/18		
Ensure all patients medial history forms are	3.5 Record	This process is ongoing and has already		

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
updated and signed at each treatment and countersigned by the dentists.	keeping; PDR 20 (1)	been started. J.Brandon		
Quality of management and leadership				
<p>Develop the following policies and procedures:</p> <ul style="list-style-type: none"> • The recruitment, induction and retention of employees, their employment conditions and training requirements (h), • Ensuring the safe recruitment of staff including checks appropriate to the work that staff are to undertake (i), • Ensuring that, where research is carried out in a private dental practice, it is carried out with the consent of any patient or patients involved, is appropriate for the practice concerned and is concluded in accordance with any up-to-date and authoritative published guidance on the conduct of research projects (j) 	<p>Governance, Leadership and Accountability; PDR 8 (h), (i) and (j)</p>	<p>Policy which underwrites existing practice written by J.Brandon 15/8/18</p> <p>Completed by J.Brandon 15/9/18</p> <p>Policy has been produced should the practice ever undertake research.</p>		

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>Ensure all policies and procedures are customised to the practice, reviewed every three years, contain a review date, staff signature and are version controlled.</p> <p>Ensure the Statement of Purpose includes details of the arrangements for respecting the privacy and dignity of patients and ensure it contain the date it was written.</p>		<p>To be completed by J.Brandon and staff by 30/11/18</p> <p>Statement of Purpose updated by J.Brandon 15/9/18</p>		

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

Service representative

Name (print): J.Brandon

Job role: Principal Dentist

Date: 20/9/18