



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

Dew Street Dental/Hywel Dda  
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 Dew Street Dental at 31 Dew Street, Haverfordwest, SA61 1ST, within Hywel Dda University Health Board, on the 14 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 Dew Street Dental was working hard to provide a high quality experience to their patient population.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained. The environment provided clinical and patient facilities that were well equipped and maintained.

Throughout our inspection we identified and reviewed numerous areas that were not being documented, despite staff verbally telling us they had taken place. The service needs to strengthen and improve their recording systems and processes to clearly evidence the actions taken.

We recommended improvements to the decontamination process in line with national guidance. In addition, we recommended that the practice stop sterilising and reusing the suction tubes that were in use at the time of our visit and replace this practise with single use suction tubes.

The patient records we reviewed were mostly detailed, but we identified some areas where improvement must be made to ensure full information regarding patient care, is evidenced.

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 specific to the practice and aligned to 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.

This is what we found the service did well:

- There were clinical and patient facilities located on the ground floor, making the practice accessible and suitable for patients with mobility difficulties
- All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good
- We found this to be a patient focussed practice and staff interaction with patients was friendly but courteous
- The dental surgeries were in good condition and well equipped
- Waste was seen to be stored appropriately and locked to prevent unauthorised access.

This is what we recommend the service could improve:

- Improved record keeping is required in all areas within the practice to clearly evidence the actions taken
- Improvements to the decontamination process are required in line with national guidance to evidence that the equipment is functioning and cleaning instruments appropriately
- Single use suction tubes should be used throughout the practice
- Patient notes need to have consistent recording of the justification and reporting of X-rays, risks and benefits of taking X-rays and oral cancer screening
- See Appendix C for the full improvement plan

### 3. What we found

#### **Background of the service**

Dew Street Dental provides services to patients in the Haverfordwest and surrounding area. The practice forms part of dental services provided within the area served by Hywel Dda university health board.

The practice has a staff team which includes three dentists, one hygienist, one therapist, five dental nurses, one of whom is a trainee, one receptionist and one practice manager.

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



## Quality of patient experience

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

Overall, we found Dew Street Dental was committed to providing a positive experience for patients. The majority of patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent.

The practice had a surgery, X-ray room and other patient facilities located on the ground floor that enabled anyone with a mobility difficulty to be treated at the practice.

There were systems in place which ensured any formal complaints received were recorded and dealt with. To improve this process, we have recommended that a procedure specific for NHS and private treatment respectively, is made available to patients.

Patient surveys are undertaken annually by the practice which ensures there are methods to identify themes with a view to making improvements to patients' services. However, we have recommended that verbal comments and general feedback are formally captured to support and enhance the information the practice receives, to further enhance patient services.

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 47 questionnaires were completed. Patient comments included the following:

*"We've been at this practice since they started and can't fault them. Always friendly and very helpful"*

*"They are fabulous"*

*"All staff are very understanding and supportive and go out of their way to help me. The staff are always smiling"*

*"I have always received excellent dental care and am happy with the regular dental checks my children receive also"*

## **Staying healthy**

### **Health promotion protection and improvement**

Health promotion information was available in the reception/waiting area, including practice specific information leaflets and various health and cosmetic promotion leaflets.

A price list was displayed in the reception/waiting area regarding private treatment costs. Despite the practice only undertaking a small percentage of NHS treatment, the team must also ensure that patients paying for their NHS treatment have clear information about costs. This was because there was no such information on display.

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

#### **Improvement needed**

The registered provider must ensure that any patient paying for their dental treatment has clear cost information displayed, including NHS costs.

## **Dignified care**

We saw evidence that patients were provided with care in a dignified and respectful manner. Staff were able to have private conversations with patients within the dental surgeries and there was also private office space available, if required.

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<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.

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. Electronic records were backed up daily and paper copies were kept securely in a locked cabinet.

### 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.

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. We were told that following their recent registration with HIW, further updates to the patient information leaflet and statement of purpose<sup>3</sup> had been requested to ensure full compliance with the Private Dentistry (Wales) Regulations 2017. Staff informed us that the changes were being made and the updated documents would be submitted to HIW once completed.

We found policies and procedures in place detailing the arrangements for consent.

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<sup>2</sup> The GDC 9 principles set 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.

<sup>3</sup> Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. For more information visit [hiw.org.uk](http://hiw.org.uk)

## Communicating effectively

The majority of patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language. A few patients told us they were Welsh speakers and were always, or sometimes, able to speak to staff in their preferred language. A notice in the waiting room did advise patients that if they wanted to discuss their treatment in Welsh to speak to a member of staff.

## Timely care

Staff at the practice told us that appointments were provided in a timely way and we observed this during the inspection.

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. The out of hours telephone number was displayed outside of the practice. In addition, the practices' answer phone message contained the out of hours telephone number.

## Individual care

### Planning care to promote independence

We saw evidence of individualised treatment plans, and feedback from the patients who completed our questionnaire confirmed that the dental team had advised 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 Dew Street Dental 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. Access to the building was via one small step and doorways were wide enough to accommodate mobility aids. There was one dental surgery, X-ray room, reception/waiting room and public toilet situated on the ground floor. Two other dental surgeries and an additional waiting room were situated on the first floor.

The toilet facilities were clean and provided hand washing and drying facilities. The room was large enough to accommodate mobility aids but there were no handrails to provide additional support. Staff told us that their patients who had mobility difficulties would bring a carer with them to provide additional support if needed.

### **Listening and learning from feedback**

The practice had a complaints policy in place. The policy contained details of alternative organisations to contact should additional advice be required by patients.

A notice displayed in the waiting room requested patients ask staff for a copy of the complaints policy if they had a concern.

It is recommended that whilst the complaints policy listed the local health board as a relevant point of contact, a clear process should be recorded to ensure patients know what process to follow depending on whether their complaint relates to NHS or private treatment. In addition, Putting Things Right<sup>4</sup> information should be available to support a patient who may have a NHS concern.

The practice had a complaints file which was used as their system to record, monitor and respond to any complaints received. Very few complaints had been received, but we saw the complaint file contained all the correspondence relating to each complaint. Staff told us that they reviewed any complaints to identify any themes with a view to making improvements to patients' services.

Staff told us that they carry out annual patient surveys as a way of obtaining patient feedback regarding the service. We also saw the survey analysis that had been completed for 2017 which highlighted a positive response by their

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<sup>4</sup> Putting Things Right is the process for managing concerns in NHS Wales.

patient group. The issues highlighted from 2017 responses had been actioned. Such action included displaying the emergency/out of hours telephone number. The lack of long stay parking directly outside the practice was an issue highlighted by some patients. Despite the practice not having dedicated car parking there were free parking spaces available nearby and staff had made enquiries with the local council regarding the time restrictions that were in force outside the practice. It was therefore suggested that the practice consider ways of communicating their survey outcomes so that patients are kept up to date. Staff told us they planned to put future outcomes on their website.

There was no formal system for capturing verbal comments or general feedback from patients. Staff told us that all verbal comments/concerns would be dealt with at the time, but we recommended having additional systems in place so that these areas can be formally captured and used as an additional means of identifying improvements to the service.

#### Improvement needed

The registered provider must ensure NHS and private patients are directed to the appropriate complaints procedures and the NHS Putting Things Right process is displayed for NHS patients.

The registered provider should consider implementing a formalised system for capturing verbal comments and enabling patients to submit general feedback

## 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 clean and tidy 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.

We identified areas within the decontamination process that need to be improved and evidenced. For example, we recommended start and end of day checklists are implemented and that the autoclave and ultrasonic equipment is routinely tested in line with national guidance.

We also recommended that the practice stop sterilising and reusing the suction tubes that were in use at the time of our visit; replacing them with single use suction tubes.

The patient records we reviewed were mostly detailed, but we identified areas where improvement must be made to ensure full information regarding each patient is evidenced.

### 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 occupied three floors, the ground and first floor providing dental facilities to treat patients. The third floor accommodated staff offices. The practice had been modified to enable an open plan reception/waiting room, which was bright, clean and tidy. There were three dental surgeries at Dew Street Dental, each being suitably equipped. 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. The staff had not, however, received formal fire safety training. One staff member had completed training and provided an overview to all staff. As this member of staff was not based at the practice on a full time basis, we recommended that all staff undertake fire safety training.

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

The practice had various 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. In addition, we were told that more staff were going to be first aid trained to ensure the practice sufficient first aiders at all times.



The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>5</sup>. These were stored appropriately, where they could be accessed easily in the event of an emergency.

#### Improvement needed

The registered provider needs to ensure all staff receive, and maintain, up to date fire safety training.

#### 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:

- 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 and dated appropriately
- There was sufficient availability of personal protection equipment (PPE) to protect staff against injury and/or infection.

We saw evidence that an infection control audit took place in 2015 using recognised audit tools, including the Wales Deanery audit tool which is aligned

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<sup>5</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.

to the Welsh Health Technical Memorandum (WHTM) 01-05<sup>6</sup> guidance. We recognised this as good practice due to the comprehensive scope of the audit. However, the Wales Deanery advise it is good practice to undertake the audit annually and we recommended that this guidance is followed to ensure standards remain high.

We identified that improvements were necessary to the practice's daily maintenance programme for checking the sterilisation equipment. Despite a logbook in place for the ultrasonic bath<sup>7</sup>, we recommended that in line with WHTM 01-05, protein<sup>8</sup> and foil<sup>9</sup> tests are carried out and recorded to ensure the effectiveness of the equipment/process. The autoclave had a data logger which was not routinely being reviewed to ensure the equipment's functionality. We recommended staff complete helix<sup>10</sup> tests for the autoclave and along with regular analysis of the data logger which will need to be recorded to evidence the equipment is working appropriately.

Checklists need to be implemented for the start and end of day checks, as there was no recorded evidence the tasks required, were being completed.

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<sup>6</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>7</sup> Ultrasonic cleaning is a process that uses ultrasound and an appropriate cleaning solvent to clean items. Ultrasonic cleaners can be more effective than manual cleaning, especially with complex and hinged instruments. They also reduce the incidence of splashes and sharps injuries that can occur with manual cleaning.

<sup>8</sup> A protein residue test is a chemical test used to detect levels of protein on a processed load that cannot be seen by visual inspection. The test is looking for a certain type of protein which is found in blood. If an instrument is not clean it cannot be sterilised.

<sup>9</sup> The performance of an ultrasonic cleaner is completed by means of a foil test. The performance of an ultrasonic cleaner is determined by the intensity, strength and distribution of the cavitation in the fluid. Intensity, strength and distribution are made visible with the help of aluminium foil. If the ultrasonic cleaner is working effectively, the foil should be perforated.

<sup>10</sup> A method for assessing whether a steam autoclave is functioning properly and therefore for measuring its capacity for sterilization and steam penetration in a hollow item. A Helix test shows the strength of steam penetration in a chamber.

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 in a locked shed outside of the practice. Collections by the local council were in place for the disposal of non hazardous (household) waste.

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 clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

#### Improvement needed

The registered provider must ensure that an annual infection control audit is carried out and results recorded and kept to evidence any actions

The registered provider must improve infection control procedures, specifically in relation to decontamination. Particularly, start and end of day checklists need to be implemented and recorded for evidence; autoclave and ultrasonic cleaning equipment needs to be routinely tested in line with WHTM 01-05 guidelines and results recorded.

#### 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). At the time of our visit, one dentists' CPR certificate was unavailable. We asked the registered provider to obtain the certificate and send a copy to HIW.

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)<sup>11</sup>.

The practice had a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Prescription pads were kept securely; however, we recommended that a log be kept of NHS prescriptions. The log should form a record of all prescriptions issued from the prescription pad. It should also contain details such as the name of the patient, the medication, quantity and dose, date of prescription and the unique serial number of the prescription.

Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

#### Improvement needed

The registered provider should keep a log of all the NHS prescriptions issued.

#### 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 was a safeguarding policy for the protection of children and vulnerable adults in place. The policy contained details of the local hospital, including a social worker. However, there was no flowchart available to inform staff of the actions required should a safeguarding issue arise. This is something we suggested the practice consider.

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<sup>11</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.

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

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the principal dentist, practice manager or other senior manager 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>12</sup> (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

### **Medical devices, equipment and diagnostic systems**

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. Staff told us that the clinical team 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 satisfactory condition and sufficient in number. However, we saw that suction tubes were being sterilised and reused. Without a vacuum cycle being used during the sterilisation process we were not reassured the suction tubes were completely sterile. Therefore we recommended that sterile, single use suction tubes are used immediately from the point of our inspection.

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

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<sup>12</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).

date. We saw the local rules<sup>13</sup> displayed by the X-ray equipment 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) 2017.

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.

#### Improvement needed

The registered provider must provide reassurance that sterile, single use suction tubes are being used at the practice.

### Effective care

#### Safe and clinically effective care

The practice carried out a limited number of audits to monitor the quality and safety of the care and treatment provided to patients. Staff told us of their planned audits for 2018 which included smoking cessation and patient records audit. The results of these audits will help to identify areas for improvement and support any changes to dental team practises.

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<sup>13</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.

### Improvement needed

The registered provider should consider implementing a wide range and structured programme of audit activity, including improvement plans where appropriate.

### Quality improvement, research and innovation

We found limited evidence of a formalised process with regard to the assessment and monitoring of the quality of service provision. We therefore recommended that any reviews and clinical audits be documented and used to support changes within the practice. Staff told us of their intentions they had to follow the British Dental Association (BDA) Good Practice scheme<sup>14</sup>. This will enable the practice to demonstrate best practice in providing dental care.

### Improvement needed

The registered provider must formalise and evidence service reviews and clinical audits, including outcomes of such activity

### 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 paper notes were stored in a locked cabinet.

The practice had a number of appropriate policies and procedures in place including a data protection and data security policy. This meant that staff had access to suitable guidance with regard to their day to day work.

### Record keeping

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<sup>14</sup> BDA Good Practice is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

We considered a sample of patient dental records to assess the quality of record keeping. The notes made were mostly detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients.

We found however, some areas where records were inconsistent and needed to be improved:

- Recording of patient social history was not consistently recorded i.e. alcohol and tobacco use. Where patient records indicated they were smokers, there were limited records of when smoking cessation advice had been offered
- The reporting and justification for X-ray's was not evident
- The recording of oral cancer screening was not being completed as a separate entity
- In line with the IR(ME)R 2017 regulations risks and benefits of X-rays must be documented
- Patient medical histories needed to be consistently recorded and checked by the clinicians in-line with national guidelines.

#### Improvement needed

The registered provider must ensure that dentists working at the practice complete patient dental records fully in accordance with professional standards for record keeping. Specific attention must be given to improving patient records so that medical histories, X-ray risk and benefits, oral cancer screening and the reporting and justification of X-rays are documented.



## 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.*

This is a well established practice owned and led by the principal dentist and supported by a practice manager and other senior persons. There was strong evidence that this was a patient focussed dental practice.

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 were reviewed annually, or as and when required, to ensure practises remained current. However, we recommended that policies and procedures be reviewed and updated to ensure Welsh regulations are reflected.

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 were unable to evidence various outcomes that staff told us had taken place, including employment references and induction. As a result we recommended that processes are improved and strengthened to ensuring evidence is recorded and kept and in line with regulations and standards.

## Governance, leadership and accountability

Dew Street Dental is owned by the principal dentist who is also the nominated responsible individual<sup>15</sup>. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

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 suggested that as the policies and procedures were generic, the registered provider should consider reviewing them. This was to ensure that they provided staff with more relevant details and were specific to the requirements of the practice. We also suggested in order to evidence that staff had read and understood the policies and procedures that they sign a sheet to evidence their understanding and responsibilities. A front sheet on the policies and procedures folder 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 be reviewed and updated to reflect the appropriate regulations in Wales and where applicable inspection bodies.

The practice was in the process of updating their statement of purpose and patient guide following recommendations by HIW during their registration process. The updated documents will ensure adherence 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. The practice also had a current public liability insurance certificate.

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<sup>15</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)

To adhere to the Private Dentistry (Wales) Regulations 2017, we reminded the registered individual of their responsibility to complete visits in accordance with regulation 23. This means they have overall responsibility for supervising the management of the regulated service and for ensuring the quality of the services provided.

### Improvement needed

The registered provider should review all the policies and procedures to ensure they document the localised practises used within the practice and updated to reflect the regulations and/or professional bodies applicable to all practices in Wales.

## 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, underperformance (whistleblowing) policy and confidentiality policy.

We noted that staff had a contract of employment that was retained on staff files. However, there was a lack of other employment information kept on staff files. We were told that verbal references were taken for one staff member but there was no written evidence on file to confirm the conversation and outcome. In addition, we were told that the practice had an induction programme in place, which covered training and relevant policies and procedures. Evidence of this process was not found within the files we reviewed. Throughout the visit, staff were able to verbally tell us of their processes and procedures, but there was a lack of written information/evidence available to support that. We recommended therefore, that the practice improve this area and ensure that information is clearly documented and saved appropriately to clearly evidence what staff were verbally telling us happens/takes place and is in line with regulations and standards.

There was evidence of staff having received an appraisal within the last year and that discussions had included training and development.

We saw some certificates for staff that evidenced they had attended a range of topics relevant to their roles and meeting the continuing professional development (CPD) requirements. However, as mentioned in the previous section, staff required fire training.

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, specifically to verify up to date training in CPR and infection control. This was agreed at the feedback meeting at the end of the inspection.

Staff told us that the practice held formal team meetings twice a year. Minutes were available relating to these meetings. In between the formal meetings, staff said that they discussed issues daily but in an informal way that was not documented. For any member of staff unable to attend the formal team meeting, the minutes were kept on file. This ensured that staff are made 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 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.

#### Improvement needed

The registered provider must improve and strengthen their recording systems and processes to ensure information is clearly documented and kept in line with regulations and standards

Evidence must be submitted to HIW to confirm that the staff member, who did not have all their training certificates available on the day of the 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:** Dew Street Dental

**Date of inspection:** 14 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
No immediate non compliance issues identified				

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:** Dew Street Dental Practice Ltd

**Date of inspection:** 14 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
<b>Quality of the patient experience</b>				
The registered provider must ensure that any patient paying for their dental treatment has clear cost information displayed, including NHS costs.	Regulation 13 (9) (a) Health & Care Standards 3.2 Communicatin g Effectively	Displayed treatment costs posters have been updated to include NHS charge bands and will be reviewed annually	Practice Manager	Completed 18/10/18
The registered provider must ensure NHS and private patients are directed to the appropriate complaints procedure and the NHS Putting Things Right process is displayed for NHS patients.	Regulation 21 (4) (b) Health & Care Standards 6.3 Listening &	NHS Putting Things Right posters displayed in waiting rooms. Updated complaints policy.	Practice Manager	Completed 18/10/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Learning from Feedback			
The registered provider should consider implementing a formalised system for capturing verbal comments and enabling patients to submit general feedback.	Regulation 16 (1) (a); (2) (c), (d) (i) (ii) (iii) & 21 (5)  Health & Care Standards 6.3 Listening & Learning from Feedback	Feedback forms will be permanently available at the reception desk, and will be regularly reviewed, audited and results correlated in our quality assurance report to feedback to all stakeholders.	Practice Manager	To be implemented End November 2018
<b>Delivery of safe and effective care</b>				
The registered provider needs to ensure all staff receive and maintain up to date fire safety training.	Regulation 22 (4) (c)	Fire training booked for 22/10/18	Practice Manager	Completed 22/10/18
The registered provider must ensure that an annual infection control audit is carried out and results recorded and kept to evidence any actions	WHTM 01-05  Regulation 13 (3) (a) & (6) (a)	WHTM 01-05 audit completed using Infection Prevention Society Audit Tool. Technological issues with the feedback report will not allow us to print this at the	Registered Provider	On going

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	(b) (i) (ii) (iii)  Health & Care Standards 2.4 Infection Prevention and Control (IPC) & Decontamination	moment. Working on this issue.  Audit will be repeated at least annually		
The registered provider must improve infection control procedures, specifically in relation to decontamination. Start and end of day checklists need to be implemented and recorded for evidence; autoclave and ultrasonic cleaning equipment needs to be routinely tested in line with WHTM 01-05 guidelines and results recorded	WHTM 01 -05 Regulation 13 (6) (a) (b) (i) (ii) (iii)  Health & Care Standards 2.4 Infection Prevention and Control (IPC) & Decontamination	WHTM 01-05 audit completed using Infection Prevention Society Audit Tool.  Following inspection additional checks have been implemented and recorded for evidence.  Sterilising equipment is routinely tested in line with WHTM 01 – 05 and manufacturers guidelines.  Start and end of day procedures have been updated and are now done routinely.	Practice Manager	Completed 18/09/18  Completed 15/08/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider should keep a log of all the NHS prescriptions issued	Health & Care Standards 3.5 Record Keeping	Log introduced to record all NHS prescriptions issued. Kept locked in the medicine cabinet	Practice Manager	Completed 15/08/18
The registered provider must provide reassurance that sterile, single use suction tubes are being used at the practice	Regulation 13 (1) (a) (b) (2) (a)  Health & Care Standards 2.1 Managing Risk & Promoting Health & Safety & 2.4 Infection Prevention & Control (IPC) & Decontamination	Single use suction tubes used at the practice following inspection.	Registered Provider	15/08/18
The registered provider should consider implementing a wide range and structured programme of audit activity, including	Regulation 16 (1) (a) & 23 (2) (a) (b) (c) (3)	Audit database to be used to schedule structured audits throughout the year.	Registered Provider	On going

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
improvement plans where appropriate.	Health & Care Standards Governance, Leadership & Accountability			
The registered provider must formalise and evidence service reviews and clinical audits, including outcomes of such activity	Regulation 13 (8) & 16 (1) (a) Health & Care Standards Governance, Leadership & Accountability	Annual quality assurance report will be compiled to included outcomes of all audits, feedback, complaints, patient surveys. Report will be available to all stakeholders.	Registered Provider	On going
The registered provider must ensure that dentists working at the practice complete patient dental records fully in accordance with professional standards for record keeping. Specific attention must be given to improving patient records so that medical histories, X-ray risk and benefits, oral cancer screening and the reporting and justification of X-rays are documented.	Regulation 20 (1) (a) (i) (ii) Health & Care Standards 3.5 Record Keeping	Regular scheduled audit of Associate's patient notes will be implemented to include peer review. Improvements to the dental software taken place to ensure patient records enable those details too entered	Registered Provider	December 2018

## Quality of management and leadership

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider should review all the policies and procedures to ensure they document the localised practises used within the practice and updated to reflect the regulations and/or professional bodies applicable to all practices in Wales.	Regulation 8 (6)	All Policies and procedures are reviewed on an annual basis. Next review date is January 2019. All policies will be reviewed to reflect local regulations.	Registered Provider	January 2019
The registered provider must improve and strengthen their recording systems and processes to ensure information is clearly documented and kept in line with regulations and standards	Regulation 16 (2) (a) (b) (i) (ii) (iii) (iv) & 18 (2) (e) & 20 (1) (a) (i) (ii) Health & Care Standards 3.5 Record Keeping	Following inspection we have implemented structured systems with the assistance of the British Dental Association guidance.	Registered Provider	On going
Evidence must be submitted to HIW to confirm that the staff member, who did not have all their training certificates available on the day of the inspection, has the appropriate information in line with the Private Dentistry (Wales) Regulations 2017.	Regulation 13 (6) (c) (i) (ii) Health & Care Standards 7.1 Workforce	Relevant CPD certificates uploaded to HIW	Practice Manager	22/10/18

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):**        **Lauren Bowen**

**Job role:**        **Registered Provider**

Date: 22/10/18

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