

General Dental Practice Inspection (Announced)

J.W. Rees Dental Surgery,
Aneurin Bevan University Health
Board

Inspection date: 11 September
2018

Publication date: 12 December
2018

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

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	14
	Quality of management and leadership	23
4.	What next?	26
5.	How we inspect dental practices	27
	Appendix A – Summary of concerns resolved during the inspection	28
	Appendix B – Immediate improvement plan	29
	Appendix C – Improvement plan	30

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 J.W. Rees Dental Surgery, Tintern House, Magor, within Aneurin Bevan University Health Board on the 11 September 2018.

Our team, for the inspection comprised of 2 HIW inspectors and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall we found evidence that J.W. Rees Dental Surgery provided a friendly and professional service to their patients.

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

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

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

This is what we found the service did well:

- There was evidence of good strong relationships between staff and patients.
- All patients who completed the HIW questionnaire told us they were happy with the service they had received.
- Appropriate arrangements were in place for the safe use of x-ray equipment.
- Clinical records were maintained to a high standard as were staff files and practice information.

This is what we recommend the service could improve:

- The practice should ensure all confidential patient information is stored securely
- The practice should make provision for separate storage for its refrigerated emergency medication.
- The practice should ensure that all equipment is PAT tested by a suitably qualified individual.

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

We identified a number of regulatory breaches during this inspection. These included but are not confined to amendments to the record keeping, patient information and policies and procedures. Further details can be found in Appendix C. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered person takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

J.W. Rees Dental Surgery provides services to patients in the Magor and Caldicot area of South Wales. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes 1 dentist and 3 dental nurses.

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

Quality of patient experience

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

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

The practice provided a good range of oral health promotion and treatment information leaflets for the patients.

We noted that the practice had a complaints policy and a system for capturing complaints was in place but advised that a process for evaluation and providing feedback on the comments received should be put in place.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 57 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 all patients that completed a questionnaire said that overall they would rate the service provided by the practice as either 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"I feel fortunate to belong to this practice. I would not want to go elsewhere"

"I am extremely happy with the care & treatment I receive. Service is already excellent"

"I have always received the best treatment over the many years that I have been coming to this dental practice. Any problems with my teeth and they can sort it out straight away"

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

“Another dentist possibly providing further appointments and this can be done financially and economically to the practice”

“As all members of my family attend the practice it would be helpful to write the name on the top of appointment card”

Staying healthy

Health promotion protection and improvement

We saw a wide range of information available to patients within the waiting area, covering both private and NHS treatments as well as general information around oral health for both adults and children. This was a good example of the practice supporting patients to maintain their oral health and hygiene.

All but one of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. Our review of a sample of medical records supported this.

Dignified care

Without exception, all patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. Patients told us:

“They [staff] treat you with respect and I always feel that they genuinely care”

“All staff are absolutely fabulous. Always, kind, caring and helpful”

Staff told us that if there was a need to hold a private conversation in person or on the telephone with a patient, they would step in to the surgery if this was available. We noted that the practice had a confidentiality policy.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We noted that the 9 Principles as set out by the General Dental Council (GDC)¹ was displayed in the waiting area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

Patient information

Almost all patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and that they had received clear information about available treatment options.

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

We saw posters displaying private treatment costs and NHS treatment fees displayed on the back of the door to the reception area. However, as this door was propped open during the course of the inspection; meaning patients would not be able to see them, we would suggest that the practice consider displaying information on prices and costs in a prominent position to ensure that all patients have ease of access to this information.

Outside we noted that the opening hours and the emergency contact telephone number, together with the names and qualifications of the dentist were displayed on the window by the front door.

Improvement needed

The practice must display costs for both private and NHS dental treatments in a prominent position that is clear for patients to view.

¹ <https://standards.gdc-uk.org/>

Communicating effectively

All patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language. Whilst written information was available this was predominantly presented in English only. Given that the service operates in Wales, arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'².

Improvement needed

The practice should consider making information available to patients through the medium of Welsh.

Timely care

All of the patients that completed a questionnaire told us that it was “very easy” or “fairly easy” to get an appointment when they needed it. The majority of patients that completed a questionnaire also said that they would know how to access the out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice and provided on the practice's answerphone message.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay.

Individual care

Planning care to promote independence

All of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. As mentioned previously, almost all patients that completed a questionnaire told us

² An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

that they felt involved as much as they wanted to be in any decisions made about their treatment and that they had received clear information about available treatment options.

People's rights

The practice was accessible for wheelchair users, with all patient area located on the ground floor. The patient toilet was also wheelchair accessible.

We were unable to see that an equal opportunities policy was in place to support staff and patients, we recommended that the practice should introduce a relevant policy and communicate its implementation to all staff.

Improvement needed

The practice must introduce an equal opportunities policy.

Listening and learning from feedback

The practice had a suggestion box in the waiting area which had received a small number of comments, but at the time of inspection the results had not been evaluated. We suggest that these comments should be evaluated by the practice, and any changes made as a result of these comments communicated to patients.

We found there was a complaints policy in place that was compliant with NHS putting things right³ and the Private Dentistry Regulations.

Improvement needed

The practice must begin undertake analysis of comments made, and feed back to patients outcomes from the suggestion box.

³http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf

Delivery of safe and effective care

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

Overall we found that patients were provided with safe and effective care. We noted that clinical facilities were well equipped and were visibly clean and tidy.

There were arrangements in place for the safe use of X-ray equipment, as well as evidence of ongoing and regular maintenance.

The practice followed NICE guidelines for the recall for private patients, but needed to ensure NHS patients were also subject to the same protocols.

Safe care

Managing risk and promoting health and safety

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

The outside of the building appeared to be well maintained. Internally we noted that the door to the staff area and office on the first floor was not locked, and was easily accessible by a member of the public. This needs to be rectified as soon as possible.

We noted that there were a number of policies in place relating to the fitness of the premises, including a health and safety policy and evidence that environmental risk assessments had been undertaken. We have suggested that each risk assessment is dated on the assessment itself to easily identify when these are completed. We noted that there was no risk management policy, and recommend that this is put in place. It was also noted that only some policies were signed and agreed to by staff. We suggested that to show that staff had read and understood relevant policies and procedures, the practice may wish to consider implementing a process to confirm staff have done this, such as signing and dating them.

There were no concerns given by patients over the cleanliness of the dental practice; and all patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean. It was noted that the storage area for the compressor was in a state of disrepair which meant the compressor was not protected from the elements and at risk of being damaged. We have recommended that this is repaired later on in this report. We observed all public access areas to be clean and uncluttered.

We were informed that that principal dentist had undertaken the portable appliance testing (PAT) for the practice. According to Health and Safety Executive (HSE) guidance, in many low-risk environments, testing can be undertaken by a competent person, and, if they have enough knowledge and training, this could be a sensible member of staff undertaking visual inspections. But, when undertaking combined inspection and testing, and where patients and staff are coming into contact with the electrical appliances they must be tested by a qualified person. We would recommend the practice engage a suitably qualified person to undertake in-depth PAT to ensure the safe use of small electrical appliances within the practice.

We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months. However it was noted that the signs above some of the extinguishers did not match the extinguishers themselves and the extinguishers upstairs and water extinguisher in the reception area were not wall mounted or on a secure stand. The fire extinguisher in the staff room also had damaged casing. We recommend that all fire extinguishers are appropriately secured adjacent to corresponding signage. We noted the appropriate signposting of the fire exits throughout the building. We found that staff had received internal fire training from a member of staff, however we would suggest that formal fire training is undertaken in line with the regulations. We would also advise that a documented fire drill schedule is put in place to evidence current activities.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. Clinical waste was stored appropriately

Under the Control of Substances Hazardous to Health Regulations 2002⁴, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist and relevant safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice.

The practice had an accident reporting policy and an accident and incident reporting file. We also noted the practice had both a resuscitation policy and a business continuity policy in place.

Improvement needed

The practice must put a lock on the staff area on the first floor.

The practice must develop a risk management policy.

The practice must arrange portable appliance testing of all electrical equipment.

The practice must ensure the extinguishers are all present next to the indicative signs, and appropriately secured.

The practice must develop a fire drill schedule to document their current activity.

Infection prevention and control

The practice had facilities for the cleaning and sterilisation (decontamination) of dental instruments within the surgery, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁵. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

⁴ http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/

⁵ 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 saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy and a sharps safety policy in place.

Staff had access to, and used personal protective equipment (PPE) when undertaking decontamination activities.

We saw evidence that all staff had up to date infection control training. We also saw evidence that the practice undertakes regular infection control audits in accordance with WHTM 01-05.

There were fabric chairs in the surgeries and we advise that, for infection control purposes, these are either replaced with ones that are washable or as a minimum, the practice develop a disinfection protocol for cleaning them. We would also advise the surgery put a cleaning protocol in place for the cleaning of toys in the children's waiting area.

We noticed that there were no facilities for feminine hygiene in the staff toilet, the practice must arrange for a feminine hygiene bin to be installed.

Improvement needed

The practice must ensure that all furnishings such as chairs within the surgeries are subject to cleaning schedules as set out in WHTM 01-05.

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

Medicines management

The practice had procedures in place to deal with patient emergencies including a resuscitation and medical emergency procedure. All but one dental nurse had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation. We were sufficiently assured on the day that training had been scheduled.

The practice had one appointed first aider.

The staff held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁶. We noted that the drugs that needed to be kept refrigerated were kept in the staff kitchen fridge along with food and drink, and we recommend that a second fridge is obtained solely for storing emergency drugs. We would also recommend that a logbook is kept to ensure all emergency drugs are regularly checked and records maintained. We also found that the needles for the emergency kit were out of date and we recommended these be replaced as soon as possible.

The practice's first aid kit was complete and in date.

When reviewing the surgeries, we noted that some of the hygiene moisturising kits were out of date. When we brought this to the attention of staff, these were immediately removed. We recommend regular checks are undertaken to ensure all items are in date. We also recommend a log book is maintained for this purpose and it is reviewed by the practice manager.

The practice had a medication policy in place. It was noted that there was no formal procedure relating to the appropriate disposal of drugs, and recommend that an appropriate policy is put in place.

We were told that all drug-related adverse incidents are recorded via the MHRA Yellow Card⁷ scheme.

Improvement needed

The practice must arrange for the needles to be replaced in the emergency kit.

The practice must arrange appropriate CPR training for the dental nurse.

The practice must put a policy in place for the appropriate disposal of drugs.

⁶ 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 might want to ad

⁷ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Safeguarding children and adults at risk

We saw that the practice had comprehensive policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies. At the time of the inspection, all staff had completed training in the protection of children and protection of vulnerable adults to level 1. We noted that additional safeguarding advice was annexed to the safeguarding policy, which also contained the contact information for the local safeguarding agencies. Although a safeguarding lead was in place, we would recommend that they are identified within the relevant policy. We would suggest that the safeguarding lead for the practice consider attending a higher level of safeguarding training.

Improvement needed

The practice must name the safeguarding lead in the relevant policies.

Medical devices, equipment and diagnostic systems

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

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We noted that the local rules⁸ were displayed in the surgeries.

Evidence of full environmental risk assessments were seen, in accordance with the regulations. The practice also had a cleaning schedule for staff to follow to ensure all areas were kept clean and tidy.

⁸ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

In accordance with the requirements of the General Dental Council⁹ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000¹⁰ the principal dentist and all but one dental nurse had completed the required training. We saw evidence during our inspection that training would be taking place during September 2018.

We noted that the storage box for the compressor was damaged and due to being located outside at the rear of the practice, left the compressor vulnerable to extreme weather. We would recommend that this is repaired as soon as practicable.

Improvement needed

The practice must ensure all staff have appropriate IR(ME)R training.

The practice should repair the storage box for the compressor.

Effective care

Safe and clinically effective care

We saw evidence that the practice had a number of clinical audits in place. We noted these were sporadic, and audits such as record keeping need to be carried out.

We noted the practice had a new patient procedure and assessment, diagnosis and treatment of patients' policy in place.

Quality improvement, research and innovation

We were told that the dentist meets regularly to discuss clinical and practice issues with another local dentist, but we advised that this process should be formalised as a peer review process. We also suggested that a similar arrangement is put in place for the dental nurses within the practice.

⁹ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

¹⁰ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

We were told that the practice was using the Welsh Deanery Maturity Matrix Dentistry practice development tool¹¹. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work

Improvement needed

The practice must ensure that appropriate audits, such as record keeping, are carried out.

Information governance and communications technology

We found that the electronic patient information was stored securely, ensuring that personal and sensitive information was protected. Paper records were kept in filing cabinets behind the reception area, but some of these did not lock. We would recommended that paper records are kept in lockable cabinets to protect patients' privacy and dignity. We observed during the inspection that during the lunch hour the front door was locked to ensure the security of information kept within the practice. We noted the practice had a records management policy.

Improvement needed

The practice must ensure all paper records are kept in lockable cabinets.

Record keeping

We reviewed a sample of patient records. We found in some cases there were omissions, with the following not always recorded in patient records:

- Oral hygiene and diet advice

¹¹ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

- Recall of patients in accordance with NICE guideline
- Patients consent was not recorded and we would strongly recommend that this is recorded prior to any treatment.

Improvement needed

The practice must ensure patient records are completed in keeping with professional standards for record keeping.

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.

J.W. Rees is owned by the principal dentist, who is also the responsible individual and registered manager. He is supported by three dental nurses. The lead dental nurse supported the principal dentist in much of the day to day running of the practice. We found evidence of good leadership and management.

The practice had a range of relevant policies and procedures in place and staff were supported to ensure their CPD requirements were up to date.

Governance, leadership and accountability

J.W. Rees is owned and managed by the principal dentist, Jeff Rees. He is the sole dentist in the practice with three dental nurses as support. He also has the role of registered manager¹² and responsible individual¹³. The lead dental nurse supported him in the day to day running of the practice. We found the practice to have good leadership and all staff understood their roles and responsibilities.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients.

¹² "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

¹³ "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

The Statement of Purpose contained all the relevant information required by the regulations. We noted that the Patient Information Leaflet was missing information about the practice's complaints procedure. This needs to be included to comply with the regulations.

The registered manager confirmed that he was aware of his duties regarding notifications, including serious injury to patients and absence or changes to the registered manager that must be sent to HIW under regulations 25-29 of the Private Dentistry Regulations.

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

Improvement needed

The practice must include complaints procedure details in the patient information leaflet.

Staff and resources

Workforce

The practice had a number of Human Resources related policies and procedures in place including a recruitment policy. Staff also completed regular appraisals and all had personal development plans in place for the upcoming year. We also saw evidence that all staff had contracts of employment that were retained on individual staff files.

With the exception of training referred to earlier in this report, we saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements

We were told that the practice holds meetings regularly. We saw minutes relating to these meetings and staff unable to attend were updated by the practice manager verbally, on discussions and action points. The practice may wish to consider asking staff to sign the minutes to show that they have received them.

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

saw evidence that DBS clearance checks had been carried out for all but one dental nurse. The practice must ensure that all relevant checks are undertaken on all staff.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all but one members of its clinical staff. The practice confirmed that the member of staff did not have immunity, and the 5 yearly booster was overdue. We have recommended that the practice rectify this.

Improvement needed

The practice must ensure that all relevant checks are undertaken on all staff.

One nurse must have 5 yearly booster against Hepatitis B.

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 identified			

Appendix B – Immediate improvement plan

Service: J W Rees Dental

Date of inspection: 11th September 2018

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

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non-compliance issues were raised during this inspection				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: J W Rees Dental Practice

Date of inspection: 11th September 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				
	1.1 Health promotion, protection and improvement;			
	4.1 Dignified Care;			
The practice must display costs for both private and NHS dental treatments in a prominent position that is clear for patients to view.	4.2 Patient Information, Private Dentistry Regulations 6(3)	We have added to the price lists which were on the back of the waiting room door. There are now price lists visible in the waiting room itself.	Jeff Rees	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	3.2 Communicating effectively;			
	5.1 Timely access;			
	6.1 Planning Care to promote independence;			
The practice must introduce an equal opportunities policy.	6.2 Peoples rights; Private Dentistry Regulations 8(1)	An equal opportunities policy is in place,	Jeff Rees	Completed
The practice must begin undertake analysis of comments made, and feed back to patients outcomes from the suggestion box.	6.3 Listening and Learning from feedback, Private Dentistry Regulations 16	We now display a response to the suggestion box notes and requests, in the waiting room	Jeff Rees	Completed

Delivery of safe and effective care

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The practice must put a lock on the staff area on the first floor.</p> <p>The practice must develop a risk management policy.</p> <p>The practice must arrange portable appliance testing of all electrical equipment.</p> <p>The practice must ensure the extinguishers are all present next to the indicative signs, and appropriately secured.</p> <p>The practice must develop a fire drill schedule to document their current activity.</p>	<p>2.1 Managing risk and promoting health and safety; Private Dentistry Regulations 20(2)</p> <p>Private Dentistry Regulations 8(1)</p> <p>Private Dentistry Regulations 13(2)</p> <p>Private Dentistry Regulations 22(4)</p> <p>Private Dentistry Regulations 22(4)</p>	<p>A key pad lock has been purchased and will be fitted.</p> <p>A risk Management policy is in place.</p> <p>Full Pat Tests And certification By an electrician performed on 06/10/18.</p> <p>All extinguishers next to signs and will be secured</p> <p>Fire drill schedule has been developed when we updated our fire safety management file.</p>	<p>Jeff Rees</p>	<p>28/11/2018</p> <p>Completed</p> <p>Completed</p> <p>28/11/2018</p> <p>Completed</p>
<p>The practice must ensure that all furnishings such as chairs within the surgeries are subject to cleaning schedules as set out in WHTM 01-05.</p> <p>The practice must arrange for a feminine hygiene bin to be installed in the staff toilet</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05</p>	<p>A cleaning schedule is in place and wipeable chairs have been purchased for parents etc to sit on in the surgery</p> <p>Feminine Hygiene bin will be installed by Initial. Contract has been arranged</p>	<p>Jeff Rees</p>	<p>Completed</p>
<p>The practice must arrange for the needles to be</p>	<p>2.6 Medicines</p>	<p>New Needles are in the emergency drug</p>	<p>Jeff Rees</p>	<p>Completed</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>replaced in the emergency kit.</p> <p>The practice must arrange appropriate CPR training for the dental nurse.</p> <p>The practice must put a policy in place for the appropriate disposal of drugs.</p>	<p>Management; Private Dentistry Regulations 14(4)</p> <p>Private Dentistry Regulations 31(3)</p> <p>Private Dentistry Regulations 14(4)</p>	<p>kit</p> <p>CPR training for all staff was on 06/11/18</p> <p>A practice policy is in place</p>		<p>Completed</p> <p>Completed</p>
<p>The practice must name the safeguarding lead in the relevant policies.</p>	<p>2.7 Safeguarding children and adults at risk; Private Dentistry Regulations 14(1)</p>	<p>The safeguarding lead is now named in all policies</p>	<p>Jeff Rees</p>	<p>Completed</p>
<p>The practice must ensure all staff have appropriate IR(ME)R training.</p> <p>The practice should repair the storage box for the compressor.</p>	<p>2.9 Medical devices, equipment and diagnostic systems; Private Dentistry Regulations 17(3)</p> <p>Private Dentistry Regulations 8 and</p>	<p>All staff have had appropriate IR(ME)R training and have certification</p> <p>The materials for repair to the housing of the compressor have been obtained and will be fitted within two weeks</p>	<p>Jeff Rees</p>	<p>Completed</p> <p>07/12/2018</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	13(2)			
	3.1 Safe and Clinically Effective care;			
The practice must ensure that appropriate audits, such as record keeping, are carried out.	3.3 Quality Improvement, Research and Innovation; Private Dentistry Regulations 8(1)	To ensure such audits are performed the practice has applied to Heather Stewart for the Antimicrobial Prescribing and Smoking Cessation audits. And to Richard Williams for the Maturity Matrix Self evaluation tool '	Jeff Rees	Ongoing
The practice must ensure all paper records are kept in lockable cabinets.	3.4 Information Governance and Communications Technology; Private Dentistry Regulations 20(2)	To ensure paper record are kept in lockable cabinets the old filing cabinets will be replaced.	Jeff Rees	Completed
The practice must ensure patient records are completed in keeping with professional standards for record keeping.	3.5 Record keeping; Private Dentistry Regulations 20(1)	Taking advice from the HIW inspection, consent has now been added to the drop down boxes on computer. Plus I am attending a course on record keeping in Dec 18	Jeff Rees	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of management and leadership				
The practice must include complaints procedure details in the patient information leaflet.	Governance, Leadership and Accountability; Private Dentistry Regulations Schedule 2	Copy of practice leaflet discussed with HIW and amended	Jeff Rees	Completed
The practice must ensure that all relevant checks are undertaken on all staff. One nurse must have 5 yearly booster against Hepatitis B.	7.1 Workforce; Private Dentistry Regulations Schedule 3 Part 3	All Staff are checked. Letter sent re nurse 5 yearly booster	Jeff Rees	Completed

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): Jeff Rees

Job role: Dentist Date: 26/11/2018