

General Dental Practice Inspection (Announced)

Newport Road Dental Clinic /
Cardiff and Vale University Health
Board

Inspection date: 02 October 2019

Publication date: 03 January 2020

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
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	15
	Quality of management and leadership	24
4.	What next?	27
5.	How we inspect dental practices	28
	Appendix A – Summary of concerns resolved during the inspection	29
	Appendix B – Immediate improvement plan	30
	Appendix C – Improvement plan	33

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Newport Road Dental Clinic at 321 Newport Road, Roath, Cardiff, CF24 1RL within Cardiff and Vale University Health Board on the 02 October 2019.

Our team, for the inspection comprised of two HIW inspectors, one of whom led the inspection, 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 Newport Road Dental Clinic was committed to providing patients with a positive experience and safe and effective care.

Patients rated the service as excellent and told us that they were able to get an appointment when they needed it.

However, more effective and proactive arrangements need to be put in place to ensure compliance with current regulations, standards and best practice guidelines.

This is what we found the service did well:

- Staff were polite, respectful and professional to patients
- The reception and waiting areas were well presented and welcoming and clinical facilities were well maintained
- Good oral hygiene information for both children and adults was available in the waiting room
- A range of risk assessments were in place to ensure the premises were fit for purpose
- Staff were supported by good management and leadership arrangements.

This is what we recommend the service could improve:

- Ensure Welsh speaking patients are offered language services that meet their needs
- Collect and act on feedback from patients about their experiences of the treatment and care they have received
- Begin documented weekly fire alarm tests
- More infection prevention and control measures are needed to ensure effective cleaning and sterilisation of dental instruments

- Gaps in the arrangements that help ensure the safe use of radiographic (X-ray) equipment need to be addressed
- Implement routine audit activities to assess and monitor the quality of services provided to patients
- Ensure patient records are fully maintained in keeping with current guidance and professional standards for record keeping.

We found that the service was not compliant with the following regulations of the Private Dentistry (Wales) Regulations 2017:

- Regulation 13(2a) regarding the quality of treatment and other service provision - regular checks of the emergency drugs and emergency resuscitation equipment were not being undertaken as recommended by the standards set out by the Resuscitation Council (UK)
- Regulation 13(3b) regarding the quality of treatment and other service provision - regular checks of the performance of each autoclave being used at the practice were not being undertaken in accordance with the Welsh Health Technical Memorandum 01-05 guidelines.

These are serious matters and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

3. What we found

Background of the service

Newport Road Dental Clinic provides services to patients in Roath and surrounding areas. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes one dentist, one hygienist, one dental nurse, one trainee dental nurse and one receptionist.

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

Quality of patient experience

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

Overall, we found that Newport Road Dental Clinic had suitable processes in place to ensure patients received a positive experience while at the practice.

There was a good range of written information on maintaining good oral hygiene for both adults and children available in the waiting area.

The dentist could speak multiple languages to help meet the language needs of the diverse patient population at the practice. However, more could be done to help meet the needs of Welsh speaking patients.

The practice needs to do more to collect and act on feedback from patients about their experiences of the treatment and care they have received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 15 completed questionnaires.

Overall, patient feedback was positive; the majority of the patients who completed a questionnaire said that they would rate the service provided by the practice as excellent. One patient commented:

"I haven't been a patient here for long but so far am very impressed with all staff in all positions"

Staying healthy

Health promotion protection and improvement

A good range of written health promotion information was on display in the waiting area and leaflets were available for patients to read and take away. This

included information on smoking cessation, preventative care and maintaining good oral hygiene for both children and adults.

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

Dignified care

We observed staff speaking to patients in person and on the telephone in a polite and professional manner. Without exception, each patient who completed a HIW questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

We noted that the door to the dental surgery being used on the day of the inspection could not be fully closed by staff during treatments. We recommend that the door to this dental surgery is fixed to ensure it can be fully closed during treatments to maintain patients' privacy and dignity. We noted the reception desk and waiting area were close together but staff confirmed that private conversations with patients would take place within one of the dental surgeries if necessary.

We noted that multiple copies of the 9 Principles¹ developed by the General Dental Council (GDC) were available throughout the practice to ensure patients were aware of the standards of care they should receive from dental professionals.

Improvement needed

The practice needs to fix the door to dental surgery 2 to ensure it can be fully closed during treatments.

Patient information

We saw that a price list for private treatments and charges for NHS dentistry were

¹ The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

on display in the waiting room. All but one of the patients that completed a HIW questionnaire said that the cost was always made clear to them before they received any treatment.

A patient information folder was available in the waiting room for patients to familiarise themselves with what they can expect from the practice. The folder included a copy of the practice patient information leaflet and statement of purpose² and we found both documents contained all the information required by the regulations.

Where applicable, all of the patients who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. Patients also said they had received clear information about available treatment options.

We couldn't see the names and qualifications of the dental team working at the practice displayed inside or outside the premises. We recommend that these are displayed in an area it can be easily seen by patients in line with GDC guidelines.

Improvement needed

The practice need to display the names and qualifications of the dental team working at the practice in an area it can be easily seen by patients.

Communicating effectively

All of the patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language. The dentist could converse in multiple languages which we recognised as a positive attempt to help ensure patients can receive care that meets their individual language needs and understand all aspects of their care and treatment.

However, we saw that limited written patient information was available for patients in Welsh. The practice must ensure that Welsh speaking patients are

² 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.

offered language services that meet their needs as a natural part of their care as required by the Health and Care Standards.

During the inspection we reviewed a sample of patient records to check they were being maintained in line with professional guidelines. We saw evidence of written treatment plans that included a discussion of the available treatment options and notes of the costs involved. This is in line with best practice and meant that patients were provided with sufficient information in order to make an informed choice about their treatment.

Improvement needed

The practice must ensure that Welsh speaking patients are offered language services that meet their needs as a natural part of their care as required by the Health and Care Standards.

Timely care

All of the patients who completed a HIW questionnaire felt that it was easy to get an appointment when they needed it. Staff told us that patients are informed about any delays to their appointment times on arrival, or as soon as possible, and are offered the option of rescheduling their appointment.

During the inspection we observed patients being treated in a timely manner. However, patients were asked on the HIW questionnaires how the dental practice could improve the service it provides; one patient commented:

“To get seen on your appointment time and not have to wait 20 minutes”

We were told that patients that require emergency treatment during working hours are invited to the practice the same day to be seen by the dentist wherever possible.

Any patients that require emergency care out of hours are directed to the Cardiff and Vale University Health Board Dental Helpline. Information informing patients how they can access emergency treatment out of hours was displayed in the waiting area and every patient who completed a HIW questionnaire confirmed that they would know how to access the out of hours dental service if they had an urgent dental problem.

Individual care

Planning care to promote independence

The practice had a policy in place that detailed the arrangements to assess the capacity of patients to consent to treatment in line with regulatory requirements.

All of the patients who completed a HIW questionnaire told us that the dentist enquires about their medical history before undertaking any treatment. We reviewed a sample of patient records and saw evidence to confirm that medical history checks were being documented at each appointment in the patient records as required by professional guidelines.

People's rights

We saw that the practice had an equality, diversity and inclusion policy which demonstrated a commitment to ensure everyone has access to the same opportunities and to the same fair treatment in accordance with the Equality Act 2010. The practice also had a policy detailing the arrangements for their acceptance of new patients as required by the regulations.

In terms of physical access, the practice did not have a car park but parking was available close by on local residential streets. The reception, waiting area, toilets and dental surgeries were all based on the ground floor and accessible to all including people with mobility difficulties. However, we noted that the toilets were small and therefore not wheelchair accessible.

Listening and learning from feedback

Patients are encouraged to complete an online website review about their experience at the practice. However, in order to monitor the quality of service effectively we recommend that the practice implements a more structured process to actively seek the views of patients such as issuing questionnaires or feedback forms. Best practice would be to enable patients to provide their views anonymously.

Where necessary, the practice must make changes to the service delivery, treatment or care provided to reflect any patient feedback received. Best practice would be to discuss patient feedback regularly with staff during team meetings and to inform patients of any changes made to demonstrate that feedback is being listened to and acted upon.

The procedure for patients to raise a complaint or concern about their care was contained within the patient information folder. We noted that the procedure would enable staff to handle any such complaints effectively and in a timely

manner that was consistent with both NHS Putting Things Right³ guidance and the Private Dentistry (Wales) Regulations 2017. However, the procedure did not make reference to the Putting Things Right process itself; we recommended that the procedure should be amended to refer to Putting Things Right and that a Putting Things Right poster is displayed in the waiting room to ensure NHS patients understand they can also contact the Health Board if no resolution can be found. These recommendations were actioned by staff during the inspection.

We saw that a system was in place to log any formal or informal complaints received from patients. However, the practice had not received any formal complaints during the last five years.

Improvement needed

The practice must begin to regularly collect feedback from patients on their experiences of the treatment and care they have received.

The practice must make changes to the service delivery, treatment or care provided when necessary to reflect any patient feedback received.

³ Putting Things Right is the process for managing patient concerns about care and treatment in NHS Wales.

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 the practice was committed to providing patients with safe and effective dental care.

Clinical facilities were in good condition and well equipped.

A range of risk assessments had been undertaken to help ensure the premises were safe and fit for purpose.

The practice must undertake more clinical audits to monitor the quality of service provided to patients and identify areas for improvement.

Some improvements were needed to ensure patient records are fully maintained in line with professional standards for record keeping.

Immediate improvements were needed to ensure patient safety in relation to ensuring effective sterilisation and decontamination of reusable dental equipment and ensuring the emergency drugs and resuscitation equipment were being checked in line with professional guidelines.

Safe care

Managing risk and promoting health and safety

Overall, we found the practice had various policies, procedures and risk assessments in place to ensure the premises were safe and fit for purpose to help protect the wellbeing of staff and visitors to the practice.

The building appeared well maintained and the reception and waiting areas were well presented and welcoming. All areas of the practice were tidy and free from obvious hazards. Patients who completed a HIW questionnaire felt that, in their opinion, the dental practice was very clean. A Health and Safety poster was

displayed to inform staff how they can best protect their own health and safety within the workplace.

We looked at the precautions the practice had taken to protect staff and people visiting the practice in the event of a fire. Fire extinguishers were available at various locations around the building and servicing had been carried out within the last twelve months to ensure they worked properly. A fire risk assessment to identify any possible causes of fires had recently been undertaken by an external fire safety expert and emergency exits were signposted.

We saw that fire alarms were being tested monthly and recorded in a log book. However, we noted that the fire risk assessment stated that fire alarm tests must be undertaken weekly. We did not see any 'no smoking' signs displayed within the practice to remind staff and patients of the smoke free premises legislation⁴.

A member of the dental team was the appointed fire marshal and we saw evidence that they had received relevant training to undertake this role. We would advise that the fire marshal regularly ensures staff at the practice are aware of the local procedures to follow in the event of a fire and how to spot potential fire hazards in case the appointed fire marshal was absent.

The practice had a business continuity procedure as required by the regulations which detailed the contingencies in place to ensure the safe running of the practice in the case of an emergency or natural disaster.

Staff could change in the staff room which had a lockable door to protect their privacy and dignity. Small storage areas were available for staff to store their personal possessions.

Improvement needed

The practice must undertake documented weekly fire alarm tests as recommended by their recent fire risk assessment.

'No smoking' signs must be put on display throughout the practice.

⁴ 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.

Infection prevention and control

We looked at the arrangements in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05 guidance⁵. The decontamination process was being carried out within each dental surgery. Although space was limited, we noted that dirty to clean decontamination routes had been identified and staff had access to and used personal protective equipment (PPE) during the process to help minimise the possibility of exposure to infections. However, soap dispensers were not available at each hand washing sink and we recommend that these are installed in line with good hand hygiene guidance to help prevent the spread of infection and recontamination of dental instruments.

The practice had appropriate methods and tools available to ensure the correct pre-sterilisation of dental instruments. An autoclave within each dental surgery was then used for the sterilisation process. We saw that each autoclave had a separate data logger to monitor and record data from each cycle to ensure the autoclave achieves the correct pressure and temperature required for effective sterilisation. However, staff confirmed that the data from each data logger was only being downloaded annually. This meant that under the current arrangements each autoclave could potentially be working ineffectively for up to twelve months before any problem would be identified and rectified.

Our concerns regarding this were dealt with under our non-compliance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Further details of the immediate improvements we identified and the remedial actions taken are provided in Appendix B.

We saw evidence that a checklist of daily infection prevention and control tasks to be undertaken by the dental team within each dental surgery was in place.

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.

During the inspection a dental nurse could not provide us with the evidence to demonstrate that they had undertaken the number of hours (five) of verifiable training in disinfection and decontamination during their previous five year cycle as recommended by the GDC. We informed the practice that we required this evidence to be provided to HIW as part of their completed improvement plan in Appendix C.

We saw that hazardous (clinical) waste from the dental surgeries was being stored securely and saw evidence that a contract was in place for the safe transfer and disposal of such hazardous waste. However, we noticed that there were no feminine hygiene facilities available in the toilets at the practice. The practice must ensure that feminine hygiene bins are available within the appropriate toilets and that any feminine hygiene waste is disposed of appropriately in line with WHTM 07-01⁶.

We looked at staff records and found an acceptable 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

Soap dispensers must be installed at each hand washing sink in the dental surgeries.

The practice must provide evidence to HIW that the dental nurse has undertaken the required number of hours (five) of verifiable training in disinfection and decontamination.

Feminine hygiene bins must be made available within the appropriate toilets and feminine hygiene waste must be disposed of appropriately.

Medicines management

During the inspection we checked the procedures in place at the practice to deal with medical emergencies, e.g. patient collapse. A policy which incorporated the

⁶ <http://www.wales.nhs.uk/sites3/Documents/254/WHTM%2007-01.pdf>

most recent national guidelines for resuscitation to help maximise patient outcomes was available and we saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

We saw that emergency drugs and resuscitation equipment were available and stored appropriately. However, staff confirmed that they were not undertaking routine checks of the emergency drugs and resuscitation equipment to ensure everything was present, still in good condition and still within their individual expiry dates. As a consequence we found that items required by the Resuscitation Council (UK) standards⁷ were either missing, in poor condition and not fit for purpose or did not have an expiry date.

The practice took action during the inspection to order new items however we followed up our concerns regarding this issue under our non-compliance process. Further details of the immediate improvements we identified and the remedial actions taken by the practice are provided in Appendix B.

We noted that the practice did not have a policy detailing the arrangements for ordering, recording, administration and supply of medicines to patients as required by the regulations. A clear record of all medicines prescribed to patients was also not available. We did see however that prescription pads were kept securely to reduce the risk of unlawful obtaining and misuse of prescription drugs.

Two members of staff had been trained in first aid to treat minor injuries. However, we recommend that the practice purchases a new first aid kit because we found the first aid kit at the practice to be incomplete and contained some items that had exceeded their expiry date; in future, the first aid kit must also be checked regularly by staff to ensure all items are present and in date.

⁷ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

Improvement needed

The practice must create a policy that details the arrangements for the ordering, recording, administration and supply of medicines to patients at the practice.

A new first aid kit must be purchased and subsequently checked regularly by staff to ensure all items are present and in date.

Safeguarding children and adults at risk

The practice had a safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. We saw that the policy only contained contact details of relevant local children safeguarding agencies and we recommend that contact details of relevant local adult safeguarding agencies are added.

During the inspection we spoke with staff members who told us that they would initially discuss any safeguarding concerns with the dentist who had oversight of safeguarding matters. We saw that all staff had up to date training in the safeguarding of children and vulnerable adults.

The practice did not have a copy of the All Wales Child Protection Procedures 2008, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales. We advise the practice to obtain a copy of the procedures and ensure staff members familiarise themselves with the content in order to understand the national approach to safeguarding children.

Improvement needed

The contact details of relevant local adult safeguarding agencies need to be added to the protection of children and vulnerable adults policy.

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the practice and found that the dental equipment in the dental surgeries had been well maintained and was in good condition.

We looked at the arrangements in place for the safe use of radiographic (X-ray) equipment and found that some improvements were needed in line with guidance

set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017:

- Local rules⁸ need to be displayed by the X-ray equipment to set out the working procedures to ensure that radiation exposure to staff is restricted
- An inventory of radiation equipment needs to be produced that contains information such as the name of the manufacturer, model and serial number and year of manufacture and installation
- The radiation protection policy in place at the practice needs to be reviewed and amended to ensure it comprehensively details the arrangements in place for radiation protection, for example, to outline the arrangements for recording, justification, clinical evaluation and quality assurance of any X-rays taken, training and education requirements for staff, how to deal with equipment malfunction and report incidents and guidance on how to test the X-ray equipment.

We did see evidence that the X-ray equipment had been regularly serviced and that a radiation protection file was in place that contained information relating to the safe use and upkeep of the X-ray equipment.

Improvement needed

Local rules need to be displayed by the X-ray equipment.

The practice needs to produce an inventory of its radiation equipment.

The practice must review and amend their radiation protection policy to ensure it comprehensively details the arrangements in place for radiation protection.

Effective care

⁸ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

Safe and clinically effective care

The practice told us that they were not routinely undertaking clinical audits to help monitor the quality of care and services provided to patients. Given the improvements we identified during the inspection, we recommend that:

- an audit on compliance with the Welsh Health Technical Memorandum (WHTM) 01-05 decontamination best practice guidelines is undertaken annually
- ongoing audits of radiograph images are undertaken to help ensure the quality of X-ray images taken conform to minimum standards (70% excellent, 20% acceptable and no more than 10% unacceptable)

The practice should also consider undertaking other clinical audit activities, for example, audits of antibiotic prescribing, integrated smoking cessation and quality of patient records to further quality assure the care and treatment being provided.

We recommend that the audit activities introduced by the practice are detailed in a policy on the arrangements for clinical audit as required by the regulations.

Improvement needed

The practice must undertake audit activities (including those recommended within this report) to fully assess and monitor the quality of service provided to patients to deliver safe and clinically effective care.

The audit activities introduced by the practice must be detailed in a policy on the arrangements for clinical audit as required by the regulations.

Quality improvement, research and innovation

The registered manager explained that all staff have undertaken training courses to help improve the service provided to patients at the practice. We suggested that the practice may also wish to consider making use of quality improvement programmes such as the Health Education and Improvement Wales Maturity Matrix Dentistry and the Ionising Radiation quality improvement tools to help staff work together to further identify areas for improvement at the practice.

We were told that plans were in place to begin a formal peer reviewing arrangement between practice staff and other dental practices and dental professionals in the local area. We recognised that this would be an area of good

practice and would help contribute to the delivery of safe and effective care provided to patients.

The practice confirmed that they do not undertake any research.

Information governance and communications technology

The practice had a data protection and records management policy in place that set out procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulations (GDPR).

Patient records were electronic and we were told that they are regularly backed up off site so that the original data can be restored should something happen to the practice or system and staff could no longer access them.

We saw that old paper patient records were being kept in line with relevant retention guidelines and securely stored to prevent unauthorised access.

Record keeping

We noted earlier in the report that we reviewed a sample of patient records during the inspection. We found that some areas of the patient records we reviewed were being maintained in line with professional guidelines. However, we did identify the following areas that should be documented in patient records to fully promote the wellbeing and safety of patients:

- the social history (e.g. smoking, alcohol, diet) of patients
- any smoking cessation advice provided to patients
- oral cancer screening examinations performed on patients by the dentist
- oral health assessments undertaken on patients (e.g. caries, gum disease and tooth wear)
- the overall condition (poor, good, moderate) of oral hygiene of patients
- the application of any preventative treatment such as fluoride varnish provided to children.

Improvement needed

Patient records must be fully maintained in keeping with current guidance and professional standards for record keeping (including those recommended within this report).

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found evidence of effective management arrangements in place, including annual staff appraisals and regular staff meetings.

Suitable policies and procedures were available to help ensure the safety of staff and patients which we saw had been reviewed as required by the regulations.

Appropriate processes had been established and followed to ensure all staff were of good character and fit to work at the dental practice.

Governance, leadership and accountability

Newport Road Dental Clinic is owned by the principal dentist who is the nominated responsible individual⁹ and registered manager¹⁰. The principal dentist is supported by a small team of clinical and non-clinical staff.

We found the practice to have good leadership and clear lines of accountability. We observed staff working well together, evidenced by their interaction with

⁹ A 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 (Wales) Regulations 2017).

¹⁰ A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

patients and their co-operation and demeanour throughout the inspection process.

We found a wide range of policies and procedures were in place that had been reviewed in line with the regulations and that staff had to sign to evidence that they had read and understood each policy.

The principal dentist confirmed, as the nominated registered manager, that they were aware of their duties under the regulations regarding any notifications that must be sent to HIW such as in the event of serious injury to patients.

We saw evidence that all clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We also saw that certificates were on display evidencing that the practice had suitable public liability insurance in place and to show that the practice was registered with HIW to provide private dental services.

Staff and resources

Workforce

Overall, we found that suitable governance arrangements had been established at the practice. Staff had a contract of employment and a job description setting out their roles and responsibilities and we saw that these were retained on staff files. An induction policy was in place that set out the procedures to follow to help new staff gain an effective understanding of their new role.

The registered manager told us that appraisals with all members of staff take place annually which allow staff to hear feedback about their performance and to identify training opportunities to help meet their continuing professional development (CPD).

Practice meetings are held regularly to allow all staff to identify lessons learned and provide an opportunity for staff to raise any issues they may have. We advised the registered manager to consider taking minutes of each practice meeting and ensure they are circulated to all staff so that any absent members are aware of what was discussed.

All staff currently working at the practice had undertaken a Disclosure and Barring Service clearance check to help the service comply with the regulatory requirements that all staff are of good character. A recruitment policy was in place that set out the process to follow to recruit new members of staff which included appropriate pre-employment checks the practice would undertake to ensure new staff are suitably qualified, of good character and protected to work with patients.

The practice had a whistleblowing policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care.

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, measurable, 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 2017](#), 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: Newport Road Dental Clinic

Date of inspection: 02 October 2019

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
<p>We looked at the emergency drugs and emergency resuscitation equipment available at the practice. Staff confirmed that they were not undertaking routine checks of the emergency drugs and emergency resuscitation equipment and as a consequence, we found:</p> <ul style="list-style-type: none"> Oropharyngeal airways sizes 1 and 4 were not available; Oropharyngeal airways sizes 0, 2 and 3 were available but were not being stored in their original packaging which meant we were unable to determine their expiry date and whether they were still fit for purpose; 	<p>The Private Dentistry (Wales) Regulations 2017 Regulation 13(2a)</p>	<p>Since the day of the inspection we have implemented a process to ensure that ALL emergency drugs and ALL resuscitation equipment is stored correctly, is within date and meets all regulation guidelines. We have a Log book in place that is signed off each morning by our Nurses / Receptionist and counter checked weekly by the Principal Dentist.</p>	<p>Shahrzad Yegaheh</p>	<p>Complete and ongoing</p>

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> • Clear face masks (for a self-inflating bag) were available but were in poor condition and not fit for purpose; • A paediatric pad for the defibrillator was not available. <p>The service must undertake weekly (as a minimum) documented checks of the emergency drugs and emergency resuscitation equipment as recommended by the Resuscitation Council (UK) to monitor stock levels, condition of equipment and that all drugs and equipment are still within their individual expiry dates.</p>				
<p>We looked at the two autoclaves being used at the practice within each dental surgery. Each autoclave had a separate data logger to independently monitor and record data for each sterilisation cycle to ensure that the autoclave achieves the correct pressure and temperature required to sterilise reusable dental instruments.</p> <p>However, staff confirmed that the data from the data loggers was only being downloaded annually and that the data was last downloaded in January 2019. Under the current arrangements</p>	<p>The Private Dentistry (Wales) Regulations 2017 Regulation 13(3b)</p>	<p>Data prior to the inspection was and still is being captured at each and every cycle via the data logger. Daily checks are also completed and recorded manually as per manufacturer's guidelines. Since the inspection we have uploaded the logger to each PC in each of our 2 surgeries and are now reviewing this data currently</p>	<p>Shahrzad Yegaheh</p>	<p>Complete and ongoing</p>

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
<p>in place at the practice the autoclave could be working ineffectively for up to twelve months before any problem would be identified and rectified.</p> <p>The service must ensure that the data for each sterilisation cycle is downloaded from each data logger and reviewed at least weekly, preferably daily, to provide assurance that each autoclave is working as intended and therefore sterilising reusable dental equipment effectively.</p>		<p>daily, with the intention of moving this to a weekly task.</p>		

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Newport Road Dental Clinic

Date of inspection: 02 October 2019

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice needs to fix the door to dental surgery 2 to ensure it can be fully closed during treatments.	Health and Care Standards 2015 Standard 2.1 Private Dentistry (Wales) Regulations 2017	The door to Surgery 2 is now fully operational and is closed at all times during treatments.	Shahrzad Yeganeh	Complete

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 15(1)			
The practice need to display the names and qualifications of the dental team working at the practice in an area it can be easily seen by patients.	General Dental Council Standards	The names and qualifications of all staff working within the practice were displayed at the time of the inspection within the patient Handbook located at the reception desk where patients register their attendance at the practice, since the inspection we have also included this on the wall in the reception area.	Shahrzad Yeganeh	Complete
The practice must ensure that Welsh speaking patients are offered language services that meet their needs as a natural part of their care as required by the Health and Care Standards.	Health and Care Standards 2015 Standard 3.2	At the time of the inspection we had a large array of material displayed in both the English and Welsh language – Recognising that this is a requirement we have now expanded this to include our full Patient Handbook – Including Complaints Handling, Price Lists, Statement of Purpose etc.	Shahrzad Yeganeh	Complete
The practice must begin to regularly collect feedback from patients on their experiences of the treatment and care they have received.	Health and Care	As we are a very small practice, we always encourage patient feedback, but recognise patients may prefer to write this down as opposed to discussing,	Shahrzad Yeganeh	Complete

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Standards 2015 Standard 6.3	therefore, we have implemented a patient feedback book – This is being completed and regularly reviewed.		
The practice must make changes to the service delivery, treatment or care provided when necessary to reflect any patient feedback received.	Private Dentistry (Wales) Regulations 2017 Regulation 16(2c)	We will at all times make every effort to make changes appropriate to patient requests. Taking all feedback and acting upon it accordingly.	Shahrazad Yeganeh	Complete
Delivery of safe and effective care				
The practice must undertake documented weekly fire alarm tests as recommended by their recent fire risk assessment.	Private Dentistry (Wales) Regulations 2017	We are completing fire alarm tests in accordance with the recent BISON fire Risk assessment and recording these in the Fire Alarm Drills section of the Fire Booklet supplied.	Shahrazad Yeganeh	Complete
'No smoking' signs must be put on display throughout the practice.	Regulation 22(4) Regulatory Reform (Fire	Several No Smoking signs are now in place around the surgery.	Shahrazad Yeganeh	Complete

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Safety) Order 2005			
Soap dispensers must be installed at each hand washing sink in the dental surgeries.	Private Dentistry (Wales) Regulations 2017	Soap dispensers are purchased and will be installed.	Shahrzad Yeganeh	1/12/2019
The practice must provide evidence to HIW that the dental nurse has undertaken the required number of hours (five) of verifiable training in disinfection and decontamination.	Regulation 13(3b)	The dental nurse has undertaken this training and is awaiting certification to send to HIW.	Shahrzad Yeganeh	31/12/19
Feminine hygiene bins must be made available within the appropriate toilets and feminine hygiene waste must be disposed of appropriately.	Health and Safety Executive guidance – Health and Safety at Work Regulations	We have been in contact with Cannon – Who have agreed to supply these for us as part of our contract,, however they cannot do this until January-2020.	Shahrzad Yeganeh	01/01/2020
The practice must create a policy that details the arrangements for the ordering, recording, administration and supply of medicines to patients at the practice.	Health and Care Standards 2015	The practice has a medicine management policy in place – Additionally we also have a book securely locked away with the prescription pads that records all medication provided to patients in	Shahrzad Yeganeh	Complete

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Standards 2.1 and 2.6	accordance with the Health and Care Standards 2015.		
A new first aid kit must be purchased and subsequently checked regularly by staff to ensure all items are present and in date.		A new first Aid kit was purchased on the day of the inspection and is checked on a daily / weekly basis to ensure it is fully equipped in the event of an emergency.	Shahrzad Yeganeh	Complete
The contact details of relevant local adults safeguarding agencies need to be added to the protection of children and vulnerable adults policy.	Private Dentistry (Wales) Regulations 2017 Regulation 14(1e)	The Safeguarding policy has been updated with the correct contact details for the protection of vulnerable adults accordingly.	Shahrzad Yeganeh	Complete
Local rules need to be displayed by the X-ray equipment.	Health and Care Standards 2015	Local Rules are now available in each surgery.	Shahrzad Yeganeh	Complete
The practice needs to produce an inventory of its radiation equipment.	Standard 2.9	This has been updated and available in our DBG Radiation Protection File.	Shahrzad Yeganeh	Complete
The practice must review and amend their radiation protection policy to ensure it	Ionising Radiation (Medical	We have updated and completed all the necessary information in accordance	Shahrzad Yeganeh	Complete

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
comprehensively details the arrangements in place for radiation protection.	Exposure) Regulations 2017	with our Radiation Protection Advisors (DBG).		
The practice must undertake audit activities (including those recommended within this report) to fully assess and monitor the quality of service provided to patients to deliver safe and clinically effective care.	Health and Care Standards 2015 Standard 3.3 Private	We have started this with the auditing of x-rays taken over a period of time and their quality. This is being done ongoing, and improvements have been found and implemented. Further audits will follow and be documented accordingly.	Shahrzad Yeganeh	Ongoing
The audit activities introduced by the practice must be detailed in a policy on the arrangements for clinical audit as required by the regulations.	Dentistry (Wales) Regulations 2017 Regulation 8(1n)	We have written the policy for the Auditing of x-rays as outlined above, further audits will be added to the File as they are conducted.	Shahrzad Yeganeh	Ongoing
Patient records must be fully maintained in keeping with current guidance and professional standards for record keeping (including those recommended within this report).	Private Dentistry (Wales) Regulations 2017 Regulation 20	All patient records are at all times updated relating to all / any treatment received on the day the patient attends the practice. It is noted that in addition we should add to these that we have discussed with them 'smoking cessation'/ oral cancer too.	Shahrzad Yeganeh	Complete and Ongoing

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of management and leadership				
No improvements were identified for this section.				

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): Shahrzad Yeganeh

Job role: Registered Manager

Date: 27 November 2019