

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

Robert Willner and Associates  
Dental Practice, Aneurin Bevan  
University Health Board

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

## **Our purpose**

**To check that people in Wales are receiving good care.**

## **Our values**

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

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care.**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice.**

**Influence policy and standards:**

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

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Robert Willner and Associates Dental Practice at Unit 1 Bettws Shopping Centre, Lambourne Way, Bettws, Newport NP20 7TN, within Aneurin Bevan University Health Board on the 29 October 2018.

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

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

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

## 2. Summary of our inspection

We found evidence that Robert Willner and Associates Dental Practice provided a friendly and professional service to their patients.

The practice was patient focussed and sought feedback from its patients. There was evidence of strong leadership and the practice had the necessary policies and procedures in place to support the practice, patients and staff.

The practice needs to ensure that patient records are maintained in accordance with professional standards for record keeping and are stored securely.

This is what we found the service did well:

- There was evidence of clear lines of responsibility and strong management and leadership
- Appropriate arrangements were in place for the safe use of X-rays.
- The practice had a comprehensive programme of audits in place

This is what we recommend the service could improve:

- The Statement of Purpose needs updating to reflect that the practice provides sedation.
- Patient records to be stored securely
- Patient records are to be maintained in accordance with professional standards for record keeping, namely the Private Dentistry (Wales) Regulations 2017 and the General Dental Council Guidance

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

### 3. What we found

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

Robert Willner and Associates Dental Practice provides services to patients in the Bettws area. 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 three dentists, three dental nurses, one trainee dental nurse, one receptionist and one practice manager/senior dental nurse.

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. All the people who completed a questionnaire rated the service as excellent or very good.

We found that all of the patients that completed a questionnaire felt that it was very easy or fairly easy to get an appointment when they needed one and the majority of patients told us that they felt involved, as much as they wanted to be, in any decisions made about their treatment.

We recommended the practice amend its complaints policy to include reference to HIW as an avenue for resolving complaints.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 38 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 very positive; almost all patients that completed a questionnaire said that 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 have the greatest confidence and regard for this practice and would recommend it to others without hesitation"*

*"I have been with this practice for nearly 20 years. I have always found the staff to be helpful and courteous at all times"*

*"Have always had excellent service from this dental surgery. Dentist has been amazing with my children's' and my own dental care"*



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

*“Longer opening hours”*

*“More emergency appointments”*

*“Text reminders prior to appointment”*

*“More privacy in waiting room”*

## **Staying healthy**

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

In the waiting area we saw a selection of information available about oral health and dental treatments. This included information relating to data protection and a request for patients to notify the dentist if there were any changes to health or medication. In the staff and patient toilets there was also information about safeguarding.

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

## **Dignified care**

On the day of the inspection we observed the staff being polite and courteous to patients, both on the telephone and visiting the practice. Staff told us that if there was a need to hold a private conversation in person or on the telephone with a patient they would use the office or free surgery, if one was available. All surgeries had doors that could be closed whilst a patient was receiving treatment affording them privacy and dignity. We noted that the practice had a confidentiality policy.

All but one of the patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. One patient told us:

*“Very happy every time, always polite and helpful”*

It is important that patient information is stored securely to protect personal and sensitive information. We noted that a large number of patient records were stored in open shelving behind the reception desk. Some patient information was also stored in filing cabinets in the practice manager's office and we were

told that these were locked at the end of the day. However, on the day of the inspection, there were some patient files in a basket on the floor, waiting to be processed by staff. Archived patient information and other documentation was stored in a separate unit within the shopping complex. Whilst this was secure, the documentation was stored in boxes and not locked cabinets. We also noted that, in the practice, some radiographs were at risk of being mislaid due to the poor condition of some of the record envelopes. We recommend all staff ensure that all patient information is kept secure to ensure it cannot be accessed inappropriately and/or lost. These findings were despite the practice having an appropriate records management and a data security policy.

We noted that the 9 Principles as set out by the GDC<sup>1</sup> 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.

#### Improvement needed

The practice to ensure that all patient information is kept secure.

#### Patient information

Where applicable, 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 all but one of the patients said that they had received clear information about available treatment options.

We saw posters in the waiting area clearly displaying private and NHS treatment costs. Patients also said that the cost of any treatment was always made clear to them before they received any treatment.

The practice had in place policies relating to the arrangements for acceptance of patients and patient consent, but there was no policy addressing the arrangements for assessment, diagnosis and treatment of patients and recommend this is rectified.

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<sup>1</sup> <https://standards.gdc-uk.org/>

In accordance with the Private Dental Regulations 2017, the practice had a Patient Information Leaflet that contained all required information and copies were available for patients in the waiting area. The leaflet was contained in a folder together with a list of charges for private dental treatment. We would advise that information relating to the cost of NHS dental treatment is also included.

Outside the practice we saw that the practice's opening hours displayed, together with the names and qualifications of all of the dentists. We were told that at night, shutters were closed on all the units meaning that patients would not be able to view this information and for this reason the out of hours number was not displayed, but was provided on the practice's answerphone message.

We noted there were policies in place relating to the protection of data, and records management.

#### Improvement needed

The practice to develop a policy relating to the arrangements for the assessment, diagnosis and treatment of patients

#### Communicating effectively

All but one of the patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

#### Timely care

Details of how patients could access emergency dental care when the practice was closed was provided on the practice's answerphone message. As mentioned above the shutter prevented this information being visible after the practice was closed. We were told that if a patient contacted the practice in the morning seeking an urgent appointment every effort would be made to provide an appointment on the same day, or at the latest, within 24 hours. All patients that completed a questionnaire told us that it was “very easy” or “fairly easy” to get an appointment when they needed it.

Just under a third of the patients that completed a questionnaire said they would not know how to access the out of hour's dental service if they had an urgent dental problem.

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

## Individual care

### Planning care to promote independence

The Statement of Purpose<sup>2</sup> set out all the treatments provided by the practice with the exception of sedation. We recommend it is amended to reflect this.

A review of patient dental records showed that dentists are not consistently recording that they are asking patients about their medical history at the time of their visit. A recommendation regarding this is made later in the report.

Where applicable, all of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

#### Improvement needed

The practice to update its Statement of Purpose to indicate that it provides sedation

### People's rights

The practice was on the ground floor and could be accessed by wheelchair users. As two of the surgeries were too small for a wheelchair user arrangements would be made for them to be treated in the larger surgery at the rear of the practice. The patient toilet was situated on the ground floor and was wheelchair accessible.

The practice had appropriate policies in place to protect people's rights, including an equality policy and disability discrimination policy

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<sup>2</sup> A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

## Listening and learning from feedback

The practice had a complaints policy for both NHS and private dental treatment. Where relevant the policy was aligned to the NHS complaints process "Putting Things Right"<sup>3</sup> and with regard to private dental treatment to the Private Dentistry Wales 2017 Regulations<sup>4</sup>. Whilst the patient information leaflet contained reference to HIW, the policy did not but this was rectified during the inspection. The policy was displayed in the reception area together with "Putting Things Right" information.

The practice had a nominated lead for all complaints. It also maintained a folder for the filing of complaints. They have received just one complaint since 2016. Whilst the folder contained all the relevant information, we suggest that a log be put in place record the nature of the complaint, action taken and outcome.

The practice had a notebook at reception to record any informal feedback and we noted there was also a suggestion box. Whilst all comments are reviewed by the practice it does not feed back to the patients. We would advise the practice include in this a "you said: we did" style of feedback to patients' comments and suggestions.

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<sup>3</sup> "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

<sup>4</sup> <http://www.legislation.gov.uk/wsi/2017/202/made>

## Delivery of safe and effective care

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

Overall we found evidence that patients were provided with safe and effective dental care.

We found the clinical facilities in the practice to be well equipped and there were arrangements in place for the safe use of X-ray equipment and evidence of ongoing and regular maintenance.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use.

The practice to ensure all its patient information is kept securely.

## Safe care

### Managing risk and promoting health and safety

Overall we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. We noted there were a number of relevant policies in place, including a comprehensive health and safety policy. We noted there was a health and safety poster in the office. There was also a business continuity plan in place.

There was a fire safety policy and we noted the fire and safety log book that recorded the weekly checks of smoke detectors and fire extinguishers. There was also a maintenance contract in place for the annual checking of the fire extinguishers to ensure that the equipment worked properly. Fire drills were undertaken every 6 months. We also noted the appropriate signposting of the fire exits. We saw evidence that a fire risk assessment had recently been undertaken. With the exception of one dental nurse all of the staff had received fire safety training and we recommend this is rectified.

The building appeared to be well maintained both internally. We observed all public access areas to be clean and uncluttered. There were no major concerns given by patients over the cleanliness of the dental practice; the vast majority of

patients that completed a questionnaire felt that, in their opinion, the dental practice was “very clean”.

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice.

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

At the time of the inspection, there was no door to the dedicated decontamination room and we recommend one is fitted in order to ensure no visitor to the practice has access to the equipment or chemicals that are stored in the room.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist and relevant safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice. We also noted the practice had a mercury handling guidance contained in its health and safety policy and a spillage kit was available.

The practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book that was completed when an accident occurred.

#### Improvement needed

The practice to ensure all staff receive training in fire awareness and fire safety.

The practice to fit a door to the decontamination room to ensure equipment and chemicals stored in the room are secure.

#### Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health

Technical Memorandum (WHTM) 01-05<sup>5</sup>. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place. The absence of a door to the room is referred to above.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy, decontamination policy and immunisation and needlestick injury policy in place.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

We saw evidence that the practice undertakes infection control audits in accordance with WHTM 01-05.

We saw evidence that all staff had certificates on file to confirm their infection control training was up to date.

### **Medicines management**

The practice had procedures in place to deal with patient emergencies, including a medical emergencies and resuscitation policy. To ensure all members of staff know their role, in the case of a medical emergency, we would suggest the practice amend its medical emergencies policy to include information on roles and responsibilities of staff.

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardio respiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to their role<sup>6</sup>. We saw evidence that, with the exception of one dental nurse, all staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had an appointed first aider.

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<sup>5</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices

<sup>6</sup> <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>



The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>7</sup>. We noted the practice held Midazolam but there was no controlled drug policy or sedation policy and we recommend this is rectified. We noted that the practice had a system in place to check that emergency drugs and equipment were in date and ready for use.

We noted that all medication was stored securely and during the inspection prescription pads were moved to a locked filing cabinet.

Staff confirmed their understanding of the correct procedure for reporting any problems relating to drugs or medical devices via the MHRA Yellow Card<sup>8</sup> scheme.

The practice offers sedation but there was no policy in place relating to the use of controlled drugs and we recommend this is rectified.

#### Improvement needed

The practice to ensure all staff are trained on how to deal with medical emergencies and perform cardiopulmonary resuscitation

The practice to put in place a controlled drug policy and a sedation policy.

#### Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies. We saw evidence that all staff had completed training in the protection of children and protection of vulnerable adults. The practice did not have an identified safeguarding lead and we advise

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

<sup>8</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

that someone is identified for this role. We would also suggest that the lead complete relevant safeguarding training to level 3.

The practice had an underperformance and whistleblowing policy and there were arrangements in place for staff to raise any concerns.

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

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

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

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

In accordance with the requirements of the General Dental Council<sup>9</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>10</sup> all clinical staff had completed the required training.

## **Effective care**

### **Safe and clinically effective care**

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence that the practice had a policy supporting arrangements for clinical audits. Audits currently in place included clinical record audit, radiograph audit and 6 monthly infection control audits.

We noted the practice had a clinical governance policy.

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

<sup>10</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)

## Quality improvement, research and innovation

We were told that informal dentist peer reviews take place. We would advise that these are formalised and become regular.

The practice has used the Skills Optimiser Self Evaluation tool<sup>11</sup> and has recently applied for the Welsh Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

## Information governance and communications technology

The practice had paper records and the storage of these has been referred to earlier in this report. Radiographs were digital and arrangements were in place for these to be regularly backed up.

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

## Record keeping

We reviewed a sample of patient records. We found in some cases there were omissions, namely there was no record as to the following:

- Radiographs - routine bitewings
- No justification for the use of and grading of radiographs
- Social history being obtained
- Smoking cessation advice
- The discussion of treatment options
- The checking and countersigning of medical histories at the start of each treatment

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<sup>11</sup> The Skills Optimiser Self-Evaluation Tool (SOSET) is a dental practice team development tool, which allows the whole team to focus on how they are addressing a 'skill-mix'/teamwork approach for the effective delivery of oral healthcare.

- The evidencing of NICE recalls<sup>12</sup>
- Patient consent
- FP17 forms<sup>13</sup> not being signed by the dentist

We recommend that patient notes are completed in accordance with current guidelines. It is worth noting that following a recent medical records audit a template had been introduced to ensure much of the missing information, above, was now recorded. We found the records illegible and difficult to read which could have an impact on treatment and the interpretation of relevant information for NHS claims and we would advise the practice to consider introducing electronic records.

#### Improvement needed

In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information.

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<sup>12</sup> <https://www.nice.org.uk/guidance/cg19>

<sup>13</sup> FP17 detail dental activity data. The data recorded on the FP17 shows the patient charge collected, the number of units of activity performed and treatment banding information

## 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.*

Robert Willner and Associates Dental Practice is owned by the principal dentist. The practice manager/senior dental nurse was responsible for the day to day management of the practice. We found evidence of strong leadership and lines of accountability.

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

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

## Governance, leadership and accountability

Robert Willner and Associates Dental Practice has been owned by the principal dentist for over 25 years. The principal dentist is both the responsible individual<sup>14</sup> and registered manager<sup>15</sup>. There was an associate dentist and the

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<sup>14</sup> “responsible individual” means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice.

<sup>15</sup> “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

principal dentist's wife was the practice orthodontist. The practice manager/senior dental nurse, supported by Mrs Willner, was responsible for the day to day management of the practice. We found the practice to have strong 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. There were creation and review dates and provision for staff to evidence that they had read and understood the policies. We also noted the additional information added to some of the policies to support staff learning.

The principal dentist 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 main corridor.

## **Staff and resources**

### **Workforce**

The practice had a number of HR related policies in place that have been signed by staff to evidence that they have been read and understood.

We noted that all staff had a contract of employment and we that the practice had a recruitment policy and practice training policy in place. There was an induction programme for dental nurses and we were told that an induction programme for reception staff was being developed. When agency staff were engaged on a temporary basis there was a procedure in place to make them aware of the systems and processes in place at the practice.

We saw evidence that regular staff appraisals take place which are documented. Appraisal meetings include discussion around training and development which was also monitored by Mrs Willner.

We saw certificates that evidenced the majority of clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. The exceptions have been referred to previously.

The practice holds regular team meetings for all staff. We saw minutes relating to these meetings. We were told that following each meeting each member of staff is provided with a copy of the minutes, which are also filed in their staff files.

The Regulations for Private Dentistry require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for both clinical and non-clinical staff.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all members of clinical staff.

The principal dentist in his role as registered manager and responsible individual confirmed that he was aware of his duties and obligations as set out in the Private Dentistry Regulations 2017.

## 4. What next?

Where we have identified improvements and immediate non compliance issues during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, 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 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

## Appendix B – Immediate improvement plan

**Service:** Robert Willner and Associates Dental Practice

**Date of inspection:** 29 October 2018

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

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
There were no immediate non compliance issues identified 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:** Robert Willner and Associates Dental Practice

**Date of inspection:** 29 October 2018

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The practice to ensure that all patient information is kept secure.	4.1 Dignified Care; Private Dentistry Regulations 2017 Section 13 (9)(c)	<p>Patients notes are kept in a Railex system to the side of the reception desk, access to this area has now been secured by the fitting of a roller door system that is kept closed and locked apart from when staff need access to the area.</p> <p>Patients notes that have been taken from the Railex system awaiting appointments or processing are kept in locked cabinetry, keys for these and the roller door are kept in a key safe in the</p>	Frances Willner	<p>The secure roller door system was fitted 6/12/18.</p> <p>The policy of all patients notes being secured in locked cabinetry and a key safe used was</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		office		actioned 12/11/18
The practice to develop a policy for the arrangements for assessment, diagnosis and treatment of patients	4.2 Patient Information, Private Dentistry Regulations 2017 Section 8	<p>The practice leaflets have now included the price list for treatment carried out under the NHS.</p> <p>A policy is being developed to cover the arrangements for assessment diagnosis and treatment of patients. This policy will comply with Private Dentistry Regulations 2017 Section 8. It will make reference to our equality and diversity policy, our Statement of purpose, our consent policy. Assessments will be based upon NICE guidelines, best practice radiographic guidelines and accepted screening indices ie CPITN.</p> <p>Assessments and treatment plans will be carried out following the FP17DC form as guidance. Included within the policy will be the requirement that treatment options are discussed including associated risks and benefits so that valid informed consent is</p>	Frances Willner	Policy to be completed by 31/12/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		obtained and recorded. All treatment procedures carried out will be in compliance with our decontamination policy and in accordance with current best practice.		
The practice to update its Statement of Purpose to indicate that it provides sedation	6.1 Planning Care to promote independence; Private Dentistry Regulations 2017 sections 5 and 7 and Schedule 1	The Statement of Purpose has been updated to include the provision of treatment under conscious sedation	Frances Willner	Action completed
<b>Delivery of safe and effective care</b>				
The practice to ensure all staff receive training in fire awareness and fire safety.	2.1 Managing risk and promoting health and safety; Private Dentistry Regulations 2017 Section 4	At the time of the inspection a fire risk assessment had been carried out at the beginning of October and all recommendations had been carried out. In addition all staff members apart from one nurse had undergone fire awareness and safety training by an	Frances Willner	Reinforcement of policies and drill to be part of practice meeting in

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		<p>external trainer on 20/09/18. The member of staff who missed the training has done on line CPD recognised courses.</p> <p>A practice fire drill has been timetabled for the practice meeting in January</p>		January
The practice to fit a door to the decontamination room to ensure equipment and chemicals stored in the room are secure.	Private Dentistry Regulations 2017 section 22	During discussion with the HIW inspectors at the time of the inspection the difficulty of putting a door on such a small room was highlighted and the suggestion of a secure "baby gate" barrier was accepted as a positive measure to limited access to this area.	Frances Willner	"Baby gate" secured to door frame and kept closed at all times except for staff access placed 15/11/12
The practice to ensure all staff are trained on how to deal with medical emergencies and perform cardiopulmonary resuscitation	2.6 Medicines Management; Private Dentistry Regulations 2017 section 17	The practice undergoes inhouse training on how to deal with medical emergencies and perform CPR on an annual basis through the Welsh Deanery. The Dental nurse who missed the training that took place on 9/10/18 has now completed online training	Frances Willner	Training completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Resuscitation Council UK	recognised for CPD this has been supplemented by one to one instruction in house on emergency drugs, CPR, use of oxygen and Defib by Frances Willner		
The practice to put in place a controlled drug policy and a sedation policy.	Private Dentistry Regulations 2017 section 8	A controlled drug and conscious sedation policy have now been put in place taking guidance from and based upon Service Standards for Conscious Sedation in a dental care setting embedded in WHC(2018)009	Frances Willner	Policy in place
In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information.	3.5 Record keeping; Private Dentistry Regulations 2017 section 20	The practice has continued to audit its standards in relation to clinical notes in comparison to guidance from HIW.  It has been decided that the practice should look to electronic record keeping and to achieve this arrangements have been made for the practice to obtain advice from Dentsys the practice management system	Frances Willner	Webinar arranged for 7/1/19  Conversion to electronic notes to begin as soon as possible

## Quality of management and leadership



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): Frances Willner**

**Job role: Dentist/ Quality Assurance, clinical governance manager.**

**Date: 18/12/18**