

General Dental Practice Inspection (Announced)

Bargoed Smile, Aneurin Bevan
University Health Board

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2018

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Contents

- 1. What we did 5
- 2. Summary of our inspection 6
- 3. What we found 8
 - Quality of patient experience9
 - Delivery of safe and effective care15
 - Quality of management and leadership24
- 4. What next? 27
- 5. How we inspect dental practices 28
 - Appendix A – Summary of concerns resolved during the inspection29
 - Appendix B – Immediate improvement plan30
 - Appendix C – Improvement plan31

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 Bargoed Smile at Bryn Surgery, Bryn Road, Cefn Fforest, Blackwood NP12 3HG, within Aneurin Bevan University Health Board on the 12 November 2018.

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

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

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

2. Summary of our inspection

Overall it was clear that the practice faced significant challenges with regards to staffing. On the day of the inspection, with the exception of one non-clinical member of staff (the owner), all clinical staff were working on a locum or temporary basis. There was no practice manager or administrative support. The practice owner has been advised by HIW of the need to recruit a dental team to ensure continuation of service provision.

All the patients who completed the HIW questionnaire told us that they were treated with dignity and respect by staff at the dental practice.

The practice needed to develop a number of policies as set out in the current Private Dentistry (Wales) Regulations 2017.

The interior and exterior of the practice was in good condition but we recommended the practice develop a programme of risk assessments.

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

This is what we found the service did well:

- Patients told us it was "very easy" or "fairly easy" to get an appointment when needed
- We observed patients being treated with dignity and respect.
- The clinical facilities were clean and contained the appropriate equipment

This is what we recommend the service could improve:

- The practice is to provide HIW with evidence that its therapist has received up to date training relevant to her role

- The practice is to review the status of its complaints and update its records, populating its complaints folder with the complaint, action taken and outcome.
- The practice to put in place policies as required by the current regulations
- 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

We identified regulatory breaches during this inspection regarding the matters listed above, further details can be found in Appendix C. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered person takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations

3. What we found

Background of the service

Bargoed Smile provides services to patients in the Blackwood 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 one therapist. On the day of the inspection, there was also a locum dentist and three agency dental nurses.

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

Quality of patient experience

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

The majority of the people who completed a questionnaire rated the service as excellent or very good.

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

The practice needed to ensure that its complaints folder contains comprehensive records of verbal and written complaints received, action taken and the outcomes.

The practice was also advised to develop a process for capturing informal feedback

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 10 questionnaires were completed.

Staying healthy

Health promotion protection and improvement

We saw a small selection of health promotion information, such as leaflets about treatments and preventative advice, available in the waiting area.

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

Dignified care

Without exception, all patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. We observed staff treat patients courteously and professionally.

If there was a need to hold a private conversation in person or on the telephone with a patient they would use the office to the rear of the reception desk or a free surgery. The practice had a confidentiality policy in place.

We found that electronic patient information was stored securely, ensuring that personal and sensitive information was protected. On the day of the inspection we found a batch of patient medical histories in an unlocked cupboard in the reception area. In addition there was a notebook containing numerous names and contact details. It was not clear if these were patient details. We recommend that all patient information is stored securely. We noted the practice had a data protection policy.

All dental surgeries had doors which could be closed when a patient received treatment, maintaining privacy and dignity.

The 9 Principles as set out by the GDC¹ apply to all members of the dental team and set out what patients can expect from a dental professional. This was not displayed and we recommend this is rectified.

Improvement needed

The practice must ensure that all patient data is stored securely.

The practice must display the GDC's 9 Principles

Patient information

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

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

¹ <https://standards.gdc-uk.org/>

There was a poster setting out NHS dental treatment costs in the waiting area but no information about private treatment charges. We recommend that the practice provide information about all dental treatment it provides.

We noted that the practice had a patient consent policy.

In accordance with the Private Dental Regulations 2017, the practice had a Patient Information Leaflet that contained all required information. We recommend that this is updated once staff are employed. We also recommend it is made available in the waiting area for patients to pick up if they so wish without the need to ask a member of staff.

Outside the practice, we saw that the practice's opening hours were provided but there was no emergency contact telephone number. This needs to be rectified. Once full time dental provision is provided the dentists' names and qualifications will also need to be displayed.

We noted there was a General Data Protection Regulations² (GDPR) policy.

Improvement needed

The practice must display private dental treatment charges

The practice must ensure that an emergency contact telephone number is displayed outside the practice.

Once permanent staff are employed, the practice must update its Patient Information Leaflet and make the leaflet readily available to patients.

Communicating effectively

All patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language

² <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

Timely care

All of the patients that completed the questionnaire said they found it 'very easy' or 'fairly easy' to get an appointment when they needed it. In addition, all of the patients also said they would not know how to access the out of hour's dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were provided on the practice's answerphone message. We recommend they are also displayed at the entrance to the practice to inform patients attending the practice when it is closed.

Individual care

Planning care to promote independence

On the day of the inspection, the practice was providing treatments as set out in their Statement of Purpose³.

A review of patient records showed that patients are asked about their medical history at the time of their visit.

All of the patients who completed a questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment.

Improvement needed

The practice must display at its entrance, information on how to access the out of hour's dental service.

People's rights

Access to the practice was via a slope from a public car park enabling wheelchair access. The practice was on the ground floor meaning all patient areas, including both surgeries, were accessible to all.

³ A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

There was a toilet available for patients which was suitable for disabled patients and wheelchair users. There was also a separate staff toilet.

The practice had in place a disability policy and a confidentiality policy but we recommend it produce an equal opportunities policy.

Improvement needed

The practice must put in place an equal opportunities policy

Listening and learning from feedback

The practice had a complaints policy for both NHS and private dental treatment. Whilst it was aligned to the Private Dentistry Wales 2017 Regulations,⁴ we recommend it is updated to ensure it is aligned to the NHS Putting Things Right⁵ complaints process. The policy, that was displayed, identified the previous practice manager as being responsible for handling any complaints received. Once new staff are employed we recommend the policy is amended to identify the new lead.

The practice maintained a folder containing records of written complaints received but these were incomplete and it was not possible to identify which ones had been resolved. We recommend this is rectified.

We advise the practice to put in place a system for capturing verbal/informal concerns, for example, maintaining a notebook in reception. Together with the information on formal complaints, this would enable the practice to identify any recurring themes.

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

⁵ "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

We were told the practice has previously conducted patient surveys. We would suggest these are undertaken on a regular basis, the results analysed and information displayed on how the practice has responded to feedback received. We noted there was a patient satisfaction policy.

Improvement needed

The practice must amend its complaints policy to reflect the NHS Putting Things Right process, and to identify the individual responsible for handling any complaints received.

The practice must review its complaints folder and the status of each of the complaints received, and to ensure action taken and outcome are recorded.

Delivery of safe and effective care

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

There were some systems in place which ensured that patients were being treated as safely as possible.

The practice is to develop policies relating to the fitness of the practice and its equipment and put in place a programme of risk assessments.

We found the clinical facilities to be well equipped but the practice needed to ensure its radiation protection file and equipment inventory are updated.

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

The practice needed to ensure the prescription pads were stored securely.

Safe care

Managing risk and promoting health and safety

We found there were some arrangements in place to protect the safety and well-being of practice staff and people visiting the practice. However, there were no policies in place relating to: ensuring that the premises are at all times fit for purpose; monitoring the quality and suitability of facilities and equipment, including maintenance of such equipment; and the identification of, assessing and managing risks associated with the operation of the practice. There was also no business continuity plan in place.

We also noted that there was no evidence of any risk assessments being undertaken and recommend that the practice put in place, at a minimum, a health and safety risk assessment and a fire risk assessment.

There was no fire safety policy but we saw evidence that a maintenance contract was in place for the annual checking of the fire extinguishers to ensure that the equipment worked properly. We also saw evidence that prior to the practice manager leaving the practice, there had been weekly checking of fire extinguishers. We noted the appropriate signposting of the fire exits but not all fire extinguishers were secure. We recommend this is rectified. There was no evidence of fire safety training having been completed and recommend this is rectified when the practice is employing a full complement of staff.

The building appeared to be well maintained both internally and externally. 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 saw that there was a contract in place for the safe transfer and disposal of hazardous (clinical) waste. Non-hazardous (household) waste was disposed of by the local authority. Clinical waste was stored correctly and securely. There was no mercury handling policy.

Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice did not have a comprehensive set of safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice. The COSHH information needs to be reviewed. On the day of the inspection cleaning materials were stored in the staff and patient toilet and we recommend that they are stored securely.

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 must implement policies relating to:

- ensuring that the premises are at all times fit for purpose
- the monitoring the quality and suitability of facilities and equipment, including maintenance of such equipment
- the identification of, assessing and managing risks associated with the operation of the practice

- business continuity plan
- fire safety

The practice must develop and implement health and safety and fire risk assessments.

The practice must ensure all fire extinguishers are secure

The practice must ensure all its employed staff undertake appropriate fire safety and awareness training

The practice must implement a mercury handling policy

The practice must develop its COSHH information folder, and must ensure all relevant substances are included

The practice must ensure all cleaning materials are stored securely

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) 01-05⁶. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place. We did note on the day of the inspection that some of the instrument bags were not appropriately dated. We recommend that all instruments that have been decontaminated are bagged and dated and advise that as part of the decontamination process, the dental nurse check each bagged item to ensure the date of expiry is placed on each bag and that it is clear.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was a cross infection control policy in place but no sharps policy in place.

⁶ 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

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

There was no evidence that the practice had recently undertaken an infection control audit in accordance with WHTM 01-05. It is recommend that in line with current guidance, such audits should be completed at least annually.

Improvement needed

The practice must ensure that all instruments that have been decontaminated are bagged and clearly dated

The practice must implement a sharps policy

The practice must implement a programme of annual infection control audits

Medicines management

The practice did have procedures in place to deal with patient emergencies but no policy and we recommend a policy is developed. 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 role⁷. The temporary staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). We noted a certificate indicating that the practice had received training within the last 12 months but did not provide any names. The therapist, because she had not known of the inspection had been unable to provide evidence on the day. We recommend this is forwarded to HIW. There was no appointed first aider and we recommend this is rectified when staff are employed.

⁷ <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) guidance⁸. We noted that the practice had in place a system to check that emergency drugs and equipment were ready for use but this had not been completed since September 2018. We recommend checking of the emergency kit resumes immediately. Whilst all drugs and equipment were in date, we noted that some of the plastic equipment, including the ambu-bag attachment (that did not have expiry dates) were beginning to perish and recommend these are replaced. We noted that whilst the oxygen cylinder was in date there was no evidence that this was being checked annually. We recommend the practice put in place a process for the checking and recording of this.

Prescription pads were stored in an unlocked cupboard behind reception. We recommend that these are stored securely. We also noted that pads relating to a previous dentist were still being used and recommend these are appropriately destroyed.

Improvement needed

The therapist must forward evidence of having completed CPR training within the last 12 months

The practice must appoint a first aider

The practice must resume its system to check that emergency drugs and equipment are ready for use

The practice must ensure its oxygen cylinder is checked at least annually and that this is recorded.

The practice must replace the resuscitation items that were beginning to perish

The practice must replace the Abmu-bag (breathing apparatus).

The practice must ensure its prescription pads are stored securely

⁸ 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

The practice must ensure that any invalid prescription pads are destroyed.

Safeguarding children and adults at risk

The practice had a policy for the protection of vulnerable adults but not relating to the protection of children. We recommend this is rectified. We did note the practice had guidance on safeguarding both adults and children and relevant contact numbers for local safeguarding teams. We also noted they had the All Wales Child Procedures.

For the reason referred to above the therapist was unable to provide evidence that she had completed training in the protection of children and the protection of vulnerable adults. We would ask that the practice confirm that she has completed the appropriate training.

Because of the staffing issues, there was no safeguarding lead and we recommend that once staff are employed this is rectified. We would also suggest that this individual complete safeguarding training to level 3.

Improvement needed

The practice implement a policy for the protection of children.

The practice must appoint a designated safeguarding lead.

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. The practice provided documentation to show that the X-ray machines were regularly serviced. The practice had a radiation protection file

that was missing essential information, including the details of the radiation protection supervisor, radiation protection adviser and a radiation policy. Whilst a copy of the local rules⁹ were displayed in surgery 1 they were absent from surgery 2 and we recommend that they are displayed in both.

The General Dental Council¹⁰ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000¹¹, set out the training requirements of the clinical staff. The employment agencies had provided the practice owner with confirmation that the temporary agency staff had completed the required training. As above, we did not see evidence that the therapist had completed the necessary training and recommend this is forwarded to HIW.

On the day of the inspection the practice was unable to produce an inventory of equipment, recording the manufacturer, model and serial numbers and year of manufacture. We recommend this is forwarded to HIW.

Improvement needed

The practice must ensure its radiation protection file contains all the relevant information as required by current guidance.

The practice must display the local rules in both surgeries.

The therapist must forward evidence of having completed the required training as recommended by IR(ME)R

The practice must provide HIW with a copy of its equipment inventory

Effective care

Safe and clinically effective care

⁹ Local Rules are intended to indicate the general arrangements for work with X-ray sources of ionising radiations that are in force.

¹⁰ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

¹¹ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Patients benefit from a practice that seeks to continuously improve the services it provides. We recommend the practice put in place a comprehensive programme of audits to include: medical records audit, to include medical histories, twice yearly individual radiographic audits, annual infection control audits, anti-microbial audit and a smoking cessation audit. We would advise the practice liaise with the Wales Deanery for guidance and support in this respect.

Improvement needed

The practice must develop and implement a programme of clinical audits

Quality improvement, research and innovation

As there is no clinical team there are no dentist peer reviews taking place. We would suggest that once there is a clinical team in place the setting up of these is considered.

Information governance and communications technology

The practice had electronic records and we noted that the storage of these was appropriate to ensure the safety and security of personal data. Electronic files were regularly backed up.

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

Record keeping

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

- Interdental radiographs are not always taken of some child patients

- No six point pocket charting¹² being completed
- Smoking cessation advice
- The discussion of treatment options
- There was no area on the medical history forms for the dentist to countersign

We recommend that patient notes are completed in accordance with current guidelines

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.

¹² Dental charting is a process in which your dental healthcare professional lists and describes the health of your teeth and gums. Periodontal charting, which is a part of your dental chart, refers to the six measurements (in millimeters) that are taken around each tooth

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.

At the time of the inspection the practice owner was relying on agency staff to ensure that Bargoed Dental was able to provide a dental service to its patients.

As a result of there being no practice manger or administrative staff there was no day to day management of the practice and no evidence of leadership or support of staff. The practice owner has been advised of the importance of identifying and employing suitable staff to ensure the continuation of service provision.

There were some policies and procedures in place but the practice needed to ensure that additional policies are put in place in order to adhere to current regulations.

Governance, leadership and accountability

The owner of Bargoed Smile Limited is not a clinician and does not live in the area, although he was present on the day of the inspection. Following receipt by HIW of an application to de-register submitted by the previous practice manager, there is currently no named responsible individual or registered manager. In keeping with the current Regulations, this must be rectified. At the time of the inspection day to day management was provided by the owner.

On the day of the inspection, we were advised that with the exception of the therapist, in order to ensure the provision of the dental service, staff were all engaged via an agency. The owner advised us that he would be seeking permanent staff. Following discussions during the inspection, it was confirmed that in the interim the therapist would oversee the essential practice manger duties on a part time basis. During the visit the inspection team made it clear to the practice owner that recruiting a full time team off staff is vital to maintaining

the practice's registration with HIW and that HIW requires regular updates on progress with recruitment.

We noted there were a number of policies and procedures in place to ensure the safety of both staff and patients but additional documentation is required in order to meet current guidance and regulations. We did note that for those policies in place there was a checklist available for staff to sign to evidence that they had read and understood them.

The Statement of Purpose and Patient Information Leaflet will need to be updated to reflect changes to the complaints policy, the responsible individual and registered manager and staff employed by the practice.

We noted the practice's public liability insurance certificate was displayed.

Improvement needed

The owner of Bargoed Smile Ltd must notify HIW of the identity of the responsible Individual and registered Manager.

The owner of Bargoed smile must provide HIW with regular updates progress with recruitment.

The practice must implement policies as set out in section 8 of the Private Dentistry Wales Regulations 2017

In accordance with current guidance, the practice must update its Statement of Purpose and Patient Information Leaflet

Staff and resources

Workforce

On the day of the inspection only the therapist was employed by the practice. The additional staff were employed via an agency (one dentist and three dental nurses).

During this inspection, we were unable to see any staff documentation. The therapist (who worked part time) told us that she had not known that the inspection was taking place and therefore had not brought in her documentation. We recommend that copies are provided to HIW.

The practice did not have any HR related policies and procedures in place save for a workplace stress policy. We recommend that in anticipation of permanent staff being employed these are put in place.

With regard to the temporary staff working on the day of the inspection, we were advised that the respective agencies provided the practice owner with assurances that they had performed pre-employment checks, including DBS¹³ clearances, checked and that the staff undertaken the required training and were immunised against Hepatitis B to protect patients and themselves against infection.

Improvement needed

The practice must implement a range of relevant HR related policies and procedures

The practice must provide HIW with evidence that the therapist has:

- completed the mandatory training
- had a DBS check and evidenced with a certificate
- been immunised against Hepatitis B.

¹³ 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

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			

Appendix B – Immediate improvement plan

Service: Bargoed Smile

Date of inspection: 12 November 2018

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

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non compliance issues				

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: Bargoed Smile

Date of inspection: 12 November 2018

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice must ensure that all patient data is stored securely. The practice must display the GDC's 9 Principles	4.1 Dignified Care			
The practice must display private dental treatment charges The practice must ensure that an emergency	4.2 Patient Information			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>contact telephone number is displayed outside the practice.</p> <p>Once permanent staff are employed, the practice must update its Patient Information Leaflet and make the leaflet readily available to patients.</p>				
<p>The practice must display at its entrance, information on how to access the out of hour's dental service.</p>	3.2 Communicating effectively			
<p>The practice must put in place an equal opportunities policy</p>	6.2 Peoples rights			
<p>The practice must amend its complaints policy to reflect the NHS Putting Things Right process, and to identify the individual responsible for handling any complaints received.</p> <p>The practice must review its complaints folder and the status of each of the complaints received, and to ensure action taken and outcome are recorded.</p>	6.3 Listening and Learning from feedback			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
<p>The practice must implement policies relating to:</p> <ul style="list-style-type: none"> • ensuring that the premises are at all times fit for purpose • the monitoring the quality and suitability of facilities and equipment, including maintenance of such equipment • the identification of, assessing and managing risks associated with the operation of the practice • business continuity plan. • fire safety <p>The practice must develop and implement health and safety and fire risk assessments.</p> <p>The practice must ensure all fire extinguishers are secure</p>	<p>2.1 Managing risk and promoting health and safety</p>			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The practice must ensure all its employed staff undertake appropriate fire safety and awareness training</p> <p>The practice must implement a mercury handling policy</p> <p>The practice must develop its COSHH information folder, and ensure all relevant substances are included.</p> <p>The practice must ensure all cleaning materials are stored securely</p>				
<p>The practice must ensure that all instruments that have been decontaminated are bagged and clearly dated</p> <p>The practice must implement a sharps policy</p> <p>The practice must implement a programme of annual infection control audits</p>	2.4 Infection Prevention and Control (IPC) and Decontamination			
<p>The therapist must forward evidence of having</p>	2.6 Medicines Management			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>completed CPR training within the last 12 months</p> <p>The practice must appoint a first aider</p> <p>The practice must resume its system to check that emergency drugs and equipment are ready for use</p> <p>The practice must ensure its oxygen cylinder is checked at least annually and that this is recorded.</p> <p>The practice must replace the resuscitation items that were beginning to perish</p> <p>The practice must replace the Abmu-bag (breathing apparatus).</p> <p>The practice must ensure its prescription pads are stored securely</p> <p>The practice must ensure that any invalid prescription pads are destroyed.</p>				
<p>The practice implement a policy for the</p>	<p>2.7 Safeguarding</p>			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>protection of children</p> <p>The practice must appoint a designated safeguarding lead.</p>	<p>children and adults at risk</p>			
<p>The practice must ensure its radiation protection file contains all the relevant information as required by current guidance.</p> <p>The practice must display the local rules in both surgeries.</p> <p>The therapist must forward evidence of having completed the required training as recommended by IR(ME)R</p> <p>The practice must provide HIW with a copy of its equipment inventory</p>	<p>2.9 Medical devices, equipment and diagnostic systems</p>			
<p>The practice develop and implement a programme of clinical audits</p>	<p>3.1 Safe and Clinically Effective care</p>			
<p>In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient</p>	<p>3.5 Record keeping</p>			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information.				
Quality of management and leadership				
<p>The owner of Bargoed Smile Ltd must notify HIW of the identity of the responsible Individual and registered Manager.</p> <p>The owner of Bragoed smile must provide HIW with regular updates progress with recruitment.</p> <p>The practice must implement policies as set out in section 8 of the Private Dentistry Wales Regulations 2017</p> <p>In accordance with current guidance, the practice must update its Statement of Purpose and Patient Information Leaflet</p>	Governance, Leadership and Accountability;			
<p>The practice must implement a range of relevant HR related policies and procedures</p> <p>The practice must provide HIW with evidence</p>	7.1 Workforce			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>that the therapist has:</p> <ul style="list-style-type: none"> • completed the mandatory training • had a DBS check and evidenced with a certificate • been immunised against Hepatitis B. 				

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: