

General Dental Practice Inspection (Announced)

University Dental Care/Abertawe
Bro Morgannwg 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 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 University Dental Care at Horton Residence, Singleton Park, Swansea, SA2 8PP within Abertawe Bro Morgannwg University Health Board on the 12 February 2019.

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

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

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

2. Summary of our inspection

Overall, we found evidence that University Dental Care was working hard to provide a high quality experience to their patient population.

The environment was bright, clean and tidy and the dental surgeries were modern and well equipped.

Feedback received from HIW questionnaires confirmed that the majority of patients rated the service provided at the practice as excellent or very good.

The patient records we reviewed were detailed, but we identified two areas where improvement is required.

The practice had a suite of policies and procedures that enabled staff to obtain information to help them with their day to day work.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas and this ensured they had up to date skills and knowledge to assist them with their work.

This is what we found the service did well:

- The staff team appeared happy in their roles and had a strong commitment to providing a high quality service
- Appropriate arrangements were in place for the safe use of X-rays
- Clinical facilities were well-equipped and visibly clean
- All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good
- Waste was seen to be stored appropriately and locked to prevent unauthorised access

- Patients were provided with relevant information to make informed decisions about their treatment and they were satisfied with the service they received
- There were provisions at the practice and on the website for patient feedback.

This is what we recommend the service could improve:

- Patient notes need to have better recording of the justification for the recall interval between oral health reviews and cancer risk assessments documented
- Consideration to be given in line with guidelines to using single use disposable matrix bands¹ and single use self aspirating local anaesthetic syringe systems that incorporate a mechanism to protect against accidental injury
- An appraisal system needs to be formalised and staff receive an annual appraisal
- See Appendix C for the full improvement plan

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

¹ Matrix bands are used to confine restorative materials within the tooth during its restoration stage

3. What we found

Background of the service

University Dental Care provides services to patients in the Swansea and surrounding area. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice has a staff team which includes four dentists, one hygienist, four dental nurses, one of whom is the practice manager; two trainee dental nurses 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 University Dental Care was committed to providing a positive experience for patients. All of the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

The practice and all the facilities related to their service was located on the ground floor, which enabled anyone with a mobility difficulty to be treated at the practice.

Relevant patient information was displayed in the reception/waiting area.

Patient questionnaires were in place which provided the practice with a means of identifying themes with a view to making improvements to services.

Prior to our inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 25 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; the majority of the patients that completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"My dentist is great! She is really competent"

"My dental care has been swift and painless, caring and excellently managed during procedures. My dental phobia has diminished greatly with the care and attention"

"My dentist is brilliant. She is very knowledgeable, personable and welcoming. I've always felt safe and comfortable under her care"

"Staff are very polite and helpful"

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

"provide better parking facilities"

"Get more reception staff"

Staying healthy

Health promotion protection and improvement

Without exception, all 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.

Health promotion information was available in the reception/waiting area, including practice specific information leaflets and various health and cosmetic promotion leaflets. The practice also had Smile Vision², a TV that displayed personalised practice information.

A sign displaying the practice name, telephone number, opening hours and emergency out of hours telephone number were located on the main entrance of the dental practice.

A sign displaying 'No Smoking' was also displayed which confirmed the emphasis placed on compliance with smoke free premises legislation³.

Dignified care

² <https://www.smilevision.co.uk/>

³ The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

We saw evidence that patients were provided with care in a dignified and respectful manner and we heard staff speaking to patients in a friendly and professional way. All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff were able to have private conversations with patients within the dental surgeries and there was also space available, away from the reception/waiting area, if required.

The General Dental Council's (GDC) 9 principles⁴ were displayed in the patient information folder located on the reception desk and therefore in line with the Private Dentistry (Wales) Regulations 2017.

We found that there were sufficient systems in place to ensure the security of patient information. Electronic records were backed up daily and paper files were kept securely in a locked cabinet.

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 said that they had received clear information about available treatment options.

Patients also said that the cost of any treatment was always made clear to them before they received any treatment. A price list for NHS treatments was displayed in the reception/waiting area. Within the patient information folder, prices for private and NHS treatments were displayed.

The practice had its own information leaflet which was available in the reception area. A review of the patient information leaflet showed it to contain all the information required by the Private Dentistry (Wales) Regulations 2017.

The statement of purpose⁵ contained all the areas required by the Private Dentistry (Wales) Regulations 2017 and is available to patients upon request.

⁴ The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom. This means that the principles apply to all the dental team members and sets out what patients can expect from a dental professional.

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

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.

Staff told us that any patient with a hearing impairment and/or wishing to converse in a language other than English would be accommodated and had been. The practice had access to organisations to assist with this request. Staff confirmed during the visit that a poster will be displayed to assist and guide patients on the available services to help them with their communication needs.

Some information was displayed in both English and Welsh. In addition, staff told us that if patients required written information in Welsh or another language, they could arrange this through a translation service.

Of the patient records we reviewed, we saw evidence of written treatment plans on file. This ensures that patients are provided with information to make informed choices about their treatment.

Timely care

The practice endeavours to provide dental care in a timely manner and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. All of the patients that completed a questionnaire felt that it was very easy or fairly easy to get an appointment when they needed it.

The majority of patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. An out of hours telephone number was displayed on a poster of the

⁵ Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. For more information visit hiw.org.uk

main entrance door and within the patient information folder. Staff said the information was also on their answer machine.

Individual care

Planning care to promote independence

We reviewed a sample of patient records and found that there were records of treatment options and planning, and consent was obtained for treatment from each patient.

Within the patient records, each patient's medical history was reviewed and updated at each visit. All but four of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

The practice and all the facilities were located on the ground floor. Doorways were wide enough to accommodate mobility aids and/or pushchairs.

The patient toilet was clearly signposted. The toilet provided hand washing and drying facilities and handrails were fitted to provide additional support.

Listening and learning from feedback

The practice had a complaints policy and procedure in place. Information for patients on how to raise a concern was displayed for patients in the waiting area and the patient information leaflet. The NHS Wales Putting Things Right⁶ poster was located in the reception/waiting area.

⁶ '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

The complaint information included response timescales and details of organisations that could be contacted to assist patients with their concerns regarding both NHS and private treatments.

The practice had a complaints file which was used to record, monitor and respond to any complaints received. Staff told us that they would review any complaints to identify any themes with a view to making improvements to the services provided.

The practice had their own patient questionnaires located in the waiting area. Staff told us that these had been in place since January 2019. Staff told us the questionnaires will be reviewed and analysed on a quarterly basis and discussed at team meetings to identify any themes arising.

Staff had a system for capturing verbal comments or general feedback from patients. Staff told us that all verbal comments/concerns would be dealt with at the time and used as an additional means of identifying improvements to the service.

Delivery of safe and effective care

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

We found that the practice was being run with the intention of meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice provided a clean and tidy environment and facilities for staff and visitors. There were contracts in place to ensure the environment and facilities were safe and well maintained.

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

Safe care

There were no immediate assurance issues identified during this inspection visit.

Managing risk and promoting health and safety

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

The practice occupied the ground floor of a building located on Swansea university campus. Therefore many aspects of the buildings maintenance was the responsibility of the landlords.

The practice had an open plan reception/waiting room, which was bright, clean and tidy. There were three dental surgeries, all suitably equipped for providing dental treatments. Staff had access to a kitchen area and had lockers for personal belongings.

The building was visibly well maintained both internally and externally. All areas within the practice were clean, tidy and free from trip hazards.

There were no concerns given by patients over the cleanliness of the dental practice; the majority of patients that completed a questionnaire felt that, in their opinion, the dental practice was “very clean”.

The fire safety arrangements were organised and maintained by the landlords for the building. Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months. Two staff members were trained fire marshals and all staff had received internal training on fire safety. Emergency exits were signposted and a Health and Safety poster was displayed within the practice.

The practice had various policies and procedures, as well as risk assessments in place, which were current for ensuring the premises were fit for purpose.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had two named, appointed first aiders. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁷.

We recommended that the practice use single use disposable matrix bands and single use self aspirating local anaesthetic syringe systems that incorporate a mechanism to protect against accidental injury in line with current guidance and best practise.

Improvement needed

The registered provider should consider using single use disposable matrix bands and single use self aspirating local anaesthetic syringe systems that incorporate a mechanism to protect against accidental injury in line with current guidance and best practise

Infection prevention and control

⁷ 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 had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁸. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

We saw evidence that the practice was using data sheets for recording autoclave and manual cleaning information, but we recommended the practice consider dedicated logbooks for manual cleaning/autoclaves. This will ensure compliance with WHTM 01-05 guidance (4.18 - 4.23).

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

We saw evidence that an infection control audit took place using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately in secure bins outside of the practice. Collections by the local council were in place for the disposal of non-hazardous (household) waste.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Medicines management

⁸ 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

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. However, we did recommend the practice consider keeping emergency drugs and treatment flow charts in individual folders. This would enable staff to access specific emergency drugs quickly. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)⁹.

The practice had a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Prescription pads were kept securely.

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

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There was a safeguarding policy for the protection of children and vulnerable adults in place. A flowchart was available which contained details of who to contact and the actions required by staff should a safeguarding issue arise.

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

⁹ [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.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the principal dentist and/or practice manager and were confident those concerns would be acted upon.

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included undertaking Disclosure and Barring Service¹⁰ (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. Staff told us that the clinical team were adequately trained to use the equipment.

The surgeries were clean and organised. Floors and surfaces within the surgeries were easily cleanable to reduce the risk of cross infection. We found that the dental instruments were in excellent condition and sufficient in number.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw the local rules¹¹ displayed by the X-ray equipment to identify the key working instructions to ensure that exposure to staff is restricted.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

¹⁰ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

¹¹ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry. They are intended to identify the key working instructions to ensure that exposure to staff is restricted.

We saw that image quality audits of X-rays had been completed as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made, if required.

Effective care

Safe and clinically effective care

The practice carried out a number of audits to monitor the quality and safety of the care and treatment provided to patients. However, we suggested that this area is developed further because the results of the audits will help to identify areas for improvement and support any changes to dental team practises. Specifically, we suggested a sharps audit is undertaken to ensure that sharps are managed safely within the practice and to reduce the risk of inoculation injury.

Staff told us they obtain up to date guidance via circulars from external bodies and from staff attending conferences and training.

Quality improvement, research and innovation

The practice had a programme of internal audits which they undertake to enable themselves to demonstrate best practice in providing dental care. Staff told us that peer reviews between the clinical teams take place. This will contribute to the quality and safety of the care provided to patients.

The practice does not undertake any research.

The practice had recently completed the Welsh Deanery Maturity Matrix Dentistry practice development tool¹² and were awaiting their certificate. 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.

¹² <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

As the practice had only recently registered with HIW, we reminded staff that visits by the registered provider need to be undertaken in accordance with the regulations.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly.

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

Record keeping

There was evidence that the practice was keeping their clinical records to a high standard. This demonstrated that care was planned and delivered to a high standard, maintaining patients' safety and dental wellbeing.

We found the records contained sufficient information regarding discussions held about treatment options, costs and how patient consent was obtained. There was also evidence of treatment planning and treatment plans were given to patients for consideration.

We recommended two areas where records need to be improved. These included ensuring cancer risk assessments were documented. Also, dentists need to record the justification for recall intervals between oral health reviews that are appropriate to the needs of individual patients, based on agreed risk categories¹³.

Of the records we reviewed, we noted that X-rays were timely and good quality. Justification for X-rays was clearly documented and where applicable, reasons for not taking X-rays were made clear in the notes.

¹³ NICE Guidance: Dental checks - intervals between oral health reviews
<https://www.nice.org.uk/guidance/cg19/chapter/1-Guidance>

The notes were appropriately stored and record entries were clear, legible and good quality.

Improvement needed

The registered provider must ensure that dentists working at the practice complete patient dental records fully in accordance with professional standards for record keeping. Specific attention must be given to improving patient records so that recall reasons and cancer risk assessments are documented.

Quality of management and leadership

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

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

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The policies and procedures were reviewed annually, or when required, to ensure practises remained current.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas.

We have recommended a review of staff files to ensure full employment information is contained and that an appraisal programme is formalised for all staff.

Governance, leadership and accountability

The practice is owned by the principal dentist and is managed by a practice manager who is supported by a wider team of clinical and non-clinical staff. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

All of the staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with the dentist/s or practice manager, or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures.

We saw that staff had signed to evidence they had read and understood the policies and procedures. Staff told us that all policies were reviewed annually or as and when required. Review dates were recorded on the back of the policy and included evidence of any changes made to that policy.

The practice's statement of purpose and patient guide are documented under the patient information section in the quality of patient experience part of this report.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had a current public liability insurance certificate.

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

Staff and resources

Workforce

The practice had a number of human resources (HR) related policies in place. These include the recruitment of staff policy, equal opportunities policy, and whistleblowing policy.

We saw the induction programme in place for all new starters and this was evidenced on the new starters file we looked at. Staff files contained pre-employment information which included a contract. Some files were missing references and we recommended these are obtained and placed on file to evidence full employment information as required by the Private (Wales) Dentistry Regulations 2017.

All staff are required to have a disclosure barring service (DBS) certificate prior to starting their job role and we saw evidence of these for most of the staff group. Those who were awaiting a DBS check completed a self-declaration that was placed on file. Staff told us DBS certificates would be renewed every three years. This practise contributes to ensuring safer recruitment choices, including working with vulnerable groups such as children.

The practice were in the process of developing their appraisal process to ensure all staff receive an annual appraisal.

We saw some certificates for staff that evidenced they had attended a range of topics relevant to their roles and meeting the continuing professional development (CPD) requirements.

Staff told us that they held formal team meetings every three months, which were documented. For anyone unable to attend a meeting, the minutes are circulated to staff. Staff are asked to read and sign them to confirm they are up to date with practice matters.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all clinical staff. We saw booster recommendations were required for some staff. However, due to a current shortage of the vaccine, some staff had been unable to obtain these. As a result of this, the practice had undertaken risk assessments to ensure the safety of staff and patients. These were evident on the staff files reviewed. We were reassured that staff would receive their boosters once a supply was available and this was being managed by the practice manager.

Improvement needed

The registered provider must ensure that full employment information is obtained and kept on file. Specifically, references for new starters

The registered provider must ensure that an appraisal system is put in place and that staff receive an annual appraisal

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: University Dental Care

Date of inspection: 12 February 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
No immediate non compliance issues were identified on 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: University Dental Care

Date of inspection: 12 February 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				
No areas for improvement were identified during this inspection				
Delivery of safe and effective care				
The registered provider should consider, in line with guidelines, to using single use disposable matrix bands and single use self aspirating local anaesthetic syringe systems that incorporate a mechanism to protect against accidental injury	Health & Care Standards 2.9 medical devices, equipment & diagnostic systems	University Dental Care to purchase single use matrix bands and local anaesthetic syringe systems to avoid all sharps injury relating to this. We have given ourselves a month to allow orders to be placed and items to be received. Policies to be written up explaining the new process of single use matrix and	Mrs. H. Morrissey	1st April 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	The Private Dentistry (Wales) Regulations 2017 Regulation 13 (2)(a)(b)	self-aspirating local anaesthetic syringe systems when all items have arrived and prior to use.		
The registered provider must ensure that dentists working at the practice complete patient dental records fully in accordance with professional standards for record keeping. Specific attention must be given to improving patient records so that recall reasons and cancer risk assessments are documented.	Health & Care Standards 3.5 Record Keeping Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1) (a) (i) (ii)	Dentists have had a meeting to discuss findings regarding professional standards for record keeping relating to recall reasons and cancer risk assessments. These are to be documented following standards and acted upon as of immediate effect.	Dr. G. Kini	Current
Quality of management and leadership				
The registered provider must ensure that full employment information is obtained and kept on	Health & Care standard 7.1 workforce	Ensure recruitment policy is adhered to and references are followed up upon employment process and kept in	H. Morrissey	Current

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
file. Specifically, references for new starters	Private Dentistry (Wales) Regulations 2017 - Regulation 18 (2) (e)	employee records as evidence.		
The registered provider must ensure that an appraisal system is put in place and that staff receive an annual appraisal	Health & Care standard 7.1 workforce Private Dentistry (Wales) Regulations 2017 - Regulation 17 (4)	Annual appraisal system required to be put in place for all staff and reviewed appropriately.	G. Kini (Dentist's) A. Skivkumar (Managers) H. Morrissey (Nurse's / Receptionists)	Current

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): Mrs Hannah Morrissey

Job role: Practice Manager

Date: 4th March 2019