

General Dental Practice Inspection (Announced)

The Dental Surgery, 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 The Dental Surgery at 126A West Cross Lane, Swansea, SA3 5NG, within Abertawe Bro Morgannwg University Health Board on the 18 February 2019.

Our team, for the inspection comprised of two HIW inspectors including one lead, 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 the service provided patient focussed care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards and the Private Dentistry Regulations in all areas. This meant that we could not be assured that the practice was providing safe and effective care.

The practice was non compliant with regulations regarding record keeping, sterilisation and decontamination of instruments, management of drugs and equipment and the quality of treatment. These are significant concerns that the practice was required to report action taken to address the issues within a week of the inspection.

However, the practice showed a keen willingness to rectify the problems to the best of their ability, and within a week of the inspection had provided sufficient assurances that these matters had been or would be addressed.

This is what we found the service did well:

- The practice was committed to providing a friendly approachable service to their patients, and the responses provided within the HIW questionnaires were generally very positive.
- The patient waiting areas were pleasant, clean and tidy.

We identified the service was not compliant with the following areas:

The service was non-compliant with regulations regarding patient record keeping. This is because we could not be assured on the day that the dentist was keeping comprehensive records of patient consultations and treatments due to the amount of abbreviations used.

The service was non-compliant with regulations regarding the fitness of the premises. This is because HIW could not be assured that the practice was providing a clean, safe and secure environment for the decontamination and sterilisation of instruments.

The service was non-compliant with regulations regarding the management of drugs and equipment used for resuscitation purposes. During the inspection we found out of date equipment for the resuscitation kit. We could therefore not be assured that there were robust processes in place for the checking and disposal of out of date equipment for the safety of both staff and patients.

The service was non-compliant with regulations regarding the quality of treatment. The practice did not have evidence on the day of the inspection that critical analysis had been undertaken on the radiography equipment to provide assurance that the equipment was safe for use.

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

3. What we found

Background of the service

The Dental Surgery provides services to patients in the West Cross area of Swansea. 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 one dentist, a hygienist, two dental nurses and a 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 evidence that The Dental Surgery provided a friendly and supportive service to their patients.

The practice was patient focussed. We saw evidence of good staff-patient relationships. The practice also had a range of information available to patients to allow them to make informed choices about their own care and treatment.

Patient feedback was positive, and all of the patients that completed a questionnaire said the service was 'excellent' or 'very good'.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 36 completed questionnaires. All of the completed questionnaires were from patients who had been a patient at the practice for over two years.

Overall, patient feedback was positive; all 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:

"Fantastic dentist! Put me at ease despite previous fears. I now enjoy the dentist appointments. Very caring & informative. Thanks Team"

"The staff are always very approachable and friendly. They take time and never rush me or my appointments. Everything is always explained to me and I feel that I am an active participant in my dental care and treatment. Communication is excellent both verbally and written"

"The treatment that I receive is always professional and never hurried. The dentist is very professional and courteous as are all the staff"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; the patients that provided comments were more than

satisfied with the service the practice provides and did not see any need for improvement.

Staying healthy

Health promotion protection and improvement

All but three 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.

We saw a range of information available to patients within the waiting area, covering private and NHS treatments as well as general information around oral health for both adults and children.

Dignified care

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

Staff told us that if there was a need to hold a private conversation with a patient, they would take them to the surgery if this was available, or the rear hallway to prevent conversations being overheard. We saw that the practice had a confidentiality policy.

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

Patient information

The majority of 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.

¹ <https://standards.gdc-uk.org/>

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

We found the patient information leaflet was available to patients in the waiting area and gave comprehensive information about the practice. We saw posters showing private treatment costs and NHS treatment fees displayed in the waiting area. However we found that there were numerous differing prices for 'members' and 'non members'. Not having a clear definition between 'members' and 'non-members' could cause confusion, and we would advise that these are defined on the price lists for clarity.

Communicating effectively

Every patient that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

The practice did not operate a bi-lingual service. Whilst some written information was available in Welsh, this was predominantly presented in English only. Given that the service operates in Wales, arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'².

Improvement needed

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

Timely care

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. Details of how patients could access emergency dental care, when the practice was closed, were displayed at the entrance to the practice and provided on the practice's answerphone message.

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

All but one 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 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 and allow them to reschedule if necessary.

Individual care

Planning care to promote independence

All but one of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

The practice had a removable ramp which could be placed at the entrance to the practice to enable disabled patients access to the surgery.

We found that there were a number of policies in place to support staff and patients, including an equal opportunities policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

Listening and learning from feedback

The practice did not have a process in place to allow patients to provide feedback on the service, although we saw evidence that numerous options had been considered. The practice must regularly seek the views of patients on their experiences of the care and treatment provided by the practice. We would also advise the practice communicates to patients any changes made as a result of their feedback.

We found there was a complaints policy in place that was compliant with NHS Putting Things Right³ and the Private Dentistry Regulations. We were satisfied that the practice was implementing this policy appropriately.

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

Improvement needed

The practice must regularly seek the views of patients on their experiences of the care and treatment provided by the practice

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 could not be assured that the service was providing safe and effective care.

This is because we found evidence that the practice was not fully compliant with the regulations and standards in all areas, including the following

- Sterilisation of dental instruments and effective infection control arrangements
- Out of date drugs and insufficient equipment available for use in a medical emergency
- Unclear and difficult to interpret patient record notes.

As a result of the concerns identified HIW issued a non-compliance notice which identified a number of areas for improvement.

Safe care

Managing risk and promoting health and safety

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

We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety policy, and policies for using equipment. Policies and risk assessments were readily available to all staff. However, HIW felt that the policies and risk assessments were vague and did not give sufficient detail within them to ensure there were clear protocols for keeping staff and patients safe. We recommended that the practice reviews its policies fully to ensure that they are comprehensive, practice specific and consistent with professional guidelines.

We found there were appropriate fire safety measures in place, such as regular testing and servicing for the fire extinguishers and fire alarm system. However, no members of staff had received appropriate fire training and this must be undertaken to protect themselves and patients in the event of an emergency.

We saw that contracts were in place for the transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. During the course of the inspection we noted that items such as teeth and gypsum models were being disposed of in incorrect disposal containers. To avoid cross contamination we recommended that additional advice is sought from their waste contractors with regard to disposing of these items.

Clinical waste was stored in a locked cupboard.

Under the Control of Substances Hazardous to Health Regulations 2002⁴, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. The practice did not use any form of mercury and as such, there was no COSHH assessment or mercury spillage kit. The practice was reminded that if amalgam is used, appropriate arrangements need to be in place to protect staff and patients from hazardous substances.

We saw that portable appliance testing (PAT) for small electrical items was up to date to help demonstrate they were safe to be used. We also saw that there were up to date certificates for the servicing of the gas boiler, and an electrical wiring service certificate in place to show that they were safe for use.

Within the toilet we noted the stopcock for the water supply, and we advised that this is covered to protect the supply lever from being knocked or tampered with.

Improvement needed

The practice must review policies to ensure they are comprehensive and protect patients and staff.

The practice must ensure that staff have received appropriate fire training.

The practice must ensure clinical waste is disposed of appropriately.

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

Infection prevention and control

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

There was a unisex toilet for use by both staff and patients which was accessed through the decontamination area. This meant that patients would be walking through the decontamination area in order to access these facilities.

The practice had a designated area for the cleaning and sterilisation (decontamination) of dental instruments outside of the dental surgery, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁵. However, the area doubled as a walkway to the toilet, surgery, and store room. Paperwork was stored on open shelving, and the compressor was stored under a workbench within the decontamination area. We also saw that items, such as mugs were stored in the cupboard around the sterilisation area. The decontamination room had one sink, and no available work surface for processing dirty instruments. We were told that handwashing was undertaken in the surgery prior to and after moving equipment. A 'clean' sink could be found within the surgery itself. We saw that, ahead of processing, the dirty instruments were placed on the lid of the clinical waste bin. We also saw that the autoclaves were placed on a workbench directly above the compressor, which poses a risk should the autoclave leak any water.

As per WHTM 01-05, the decontamination room should be kept in an area which can be thoroughly cleaned and maintained as a sterile area as far as possible to minimise the risk of cross contamination. We therefore concluded that due to the issues described above that the decontamination area for this practice was not

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

suitable as it could not be adequately cleaned and was open to contamination regularly as staff and patients used this area to access other rooms.

The decontamination processes and equipment must be moved to a more suitable location within the practice, to ensure effective decontamination arrangements are upheld, until alternative arrangements can be made.

With regards to manual washing, procedure needs to be formalised regarding use of thermometer for water temperature, use of appropriate enzymes/ detergents, long handled brushes with soft bristles, rinsing with distilled or RO water and completing any relevant documentation in a dedicated handbook. We advised the use of dedicated logbooks for the manual cleaning process and the autoclaves.

On the day we advised to discard the metal bur/ instrument cleaner as its use should be avoided.

We saw evidence that the protocol for checking the sterilisation equipment was available and up to date, and there was an infection control policy and a sharps safety policy for staff, meaning both staff and patients were being sufficiently protected from needle stick injuries and infection. The practice had a cleaning schedule for staff to follow to ensure all areas were kept clean and tidy, although this was not to a suitable standard for the decontamination room.

We saw evidence that all but one member of staff had up to date infection control training. However, this was provided as further evidence after the inspection. We also saw that the practice had carried out infection control audits in accordance with WHTM 01-05, but the last audit was undertaken in 2015. Annual audits must be conducted in line with WHTM 01-05.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice had proof of immunity for all but one member of clinical staff. Evidence for the final member of staff was provided after the inspection.

Improvement needed

The practice must ensure that the decontamination areas are kept in line with WHTM 01-05.

The practice must ensure that an audit is taken annually in line with WHTM 01-05.

Medicines management

Our concerns regarding the emergency first aid and resuscitation kits were dealt with under our non-compliance process. Details of the immediate improvements we identified are provided in Appendix B.

The practice did not have a resuscitation, or medical emergencies policy in place. These are important as they outline the actions staff are required to take in the event of a patient medical emergency. We did see, however, that all staff apart from one, had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation. The practice provided evidence of the additional staff member following the inspection.

The registered manager had attended first aid training, however this was out of date. We recommended that at least one member of staff should be first aid trained.

Improvement needed

The practice must put in place procedures that detail the actions to be taken in the event of a medical emergency. This must be clearly communicated to all staff.

The practice should ensure that they have sufficient numbers of staff appropriately first aid trained.

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 including all the up to date necessary contacts.

At the time of the inspection all staff apart from two had received up to date safeguarding training. We saw that the whole practice was scheduled to attend training within a week of the inspection. A safeguarding lead was also in place.

We suggested that the safeguarding lead for the practice consider attending a higher level of safeguarding training to ensure they have the appropriate skills and understanding of safeguarding issues to act as a lead.

Improvement needed

The practice must ensure that all members of staff regularly receive up to date safeguarding training within their continual professional development cycle.

Medical devices, equipment and diagnostic systems

Our concerns regarding the testing of the radiological equipment (X-ray machine) was dealt with under our immediate non-compliance process. Details of the immediate improvements we identified are provided in Appendix B.

The X-ray was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machine had regular servicing. We saw that the local rules⁶ were displayed in the surgeries and the radiation protection file was maintained and comprehensive. However, we found that there was no evidence to suggest that a critical analysis had been undertaken on the machine within the last three years as per the manufacturers guidelines. Critical examination should be undertaken regularly to ensure that the x-ray machine is operating safely. In response to the non-compliance, we received sufficient assurance that the critical analysis had been undertaken in 2018.

In accordance with the requirements of the General Dental Council⁷ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000⁸ we saw evidence that all staff apart from one had completed the required training.

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. Sharps bins were available and easy to access, as were clinical waste bins.

Effective care

Safe and clinically effective care

We saw evidence that the practice had conducted a small number of clinical audits but many of these were out of date. We noted that audits such as smoking cessation had not been carried out. As a result of the findings we recommended

⁶ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

⁷ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁸ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

that a total review of audit activity needs to be carried out to ensure that the practice is meeting the basic requirements.

Improvement needed

The practice should ensure that all staff have completed the required IR(ME)R training.

The practice should undertake a review of audit activity that needs to be carried out to ensure that the practice is meeting the basic requirements.

Quality improvement, research and innovation

We were noted that the dentist had a process of peer review with a number of other dentists within his locality.

We were told that the practice was not using any practice development tools such as the Deanery Maturity Matrix⁹ or the BDA Good Practice Guide¹⁰. We advised that using a practice development tool would support positive reflection and development of the practice.

Information governance and communications technology

We found that patient records were stored within the storage room, on unsecured shelving. We noted the storage room was generally kept closed, and although the door faced the reception, we informed the practice that patient records must be securely stored to prevent unauthorised access and ensure patient confidentiality is maintained. We noted the practice had a confidentiality policy.

⁹ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

¹⁰ <https://www.bda.org/goodpractice>

Improvement needed

The practice must ensure that records are kept securely within the practice at all times

Record keeping

We reviewed a sample of patient records. We found that due to the overuse of acronyms our specialist peer reviewer was unable to easily check the quality of the records. Our concerns regarding the patient records were dealt with under our non-compliance process. Details of the immediate improvements we identified are provided in Appendix B.

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.

The registered manager was responsible for the day to day management of the practice and we found evidence of a positive, supportive attitude with staff.

The practice must undertake regular appraisals, and ensure that records are kept to provide evidence that all members of staff are suitably trained, qualified and immunised to protect both staff and patients.

Governance, leadership and accountability

The Dental Surgery is owned and run solely by the Responsible Individual¹¹, who also acts as the Registered Manager¹² and principal dentist.

Whilst there were policies and procedures in place to help protect both staff and patients, as mentioned in other areas of the report, we found that some were in need of review, and others needed to be created and implemented. The

¹¹ “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;

¹² “registered manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

Statement of Purpose¹³ and Patient Information Leaflet contained all the relevant information required by the regulations.

The registered manager confirmed that he was aware of his duties regarding notifications, including serious injury to patients and absence or changes to the registered manager that must be sent to HIW¹⁴.

We saw evidence that all clinical staff, apart from one, were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. Evidence of the final staff member was provided after the inspection.

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

Staff and resources

Workforce

In addition to the training referred to earlier in this report, we saw certificates that evidenced all staff apart from one had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. The practice provided sufficient evidence in response to the non-compliance notice that all members of staff were appropriately qualified and registered. Staff, however, did not receive regular appraisals. The practice must ensure that these are carried out.

¹³ "statement of purpose" is the statement compiled in accordance with regulation 5(1) of the Private Dentistry Regulations and covers all of the vital information that the practice is obliged to provide upon request.

¹⁴ Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

We were told that the practice holds meetings regularly but these were informal and minutes sporadic. We recommended that the practice should document these conversations regularly and make all staff aware of the location of the minutes for ease of reference.

The Regulations for Private Dentistry require that at the time of registration, all staff providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for all but one member of staff. This was provided after the inspection.

As noted previously, the practice must ensure that they keep comprehensive records for all members of staff to ensure they are suitably qualified and protected to work with patients.

Improvement needed

The practice must ensure regular staff appraisals are undertaken.

The practice should document staff meetings.

The practice must ensure that it has evidence that all members of staff are appropriately trained, qualified and have the required immunisations in place to protect both staff and patients.

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: The Dental Surgery

Date of inspection: 20/02/2019

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

Description of non-compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
<p>This is because we could not be assured on the day that the dentist was keeping comprehensive, succinct and contemporaneous records for the consultations and treatments of patients.</p> <p>During an examination of patient records it was found there were significant overuse of acronyms within the records, which made it impossible to assess the quality of the records during the course of the day.</p> <p>For both Private and NHS treatments, patient records should include contemporaneous and</p>	<p>Regulation 20(1)(a)</p>	<p>I can reassure HIW that my record keeping is comprehensive, succinct and contemporaneous. I understand that my non-standard abbreviations make my records a labour to understand even though I have an Abbreviations Policy where my abbreviations are expanded. I understand that my record keeping is a very important duty and I am greatly concerned that HIW were not satisfied. I have consulted with my trusted and authoritative colleagues (my</p>	<p>GRHD</p>	<p>I have immediately stopped using non-standard abbreviations.</p> <p>I wait for my meeting with Dr. Richard Jones.</p>

Description of non-compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
<p>accurate notes of all assessment, treatment planning and treatment provided to patients.</p> <p>A lack of legible and contemporaneous records can have serious patient safety implications for any ongoing or future care and treatment decisions. Care, treatment and decision making must be supported by structured, succinct and accessible clinical records, to ensure that people receive effective and safe care.</p>		<p>Dental Practice Advisor, my Post-Graduate Tutor and a friend who is a Senior Dental Officer in the RAF). I have also re-read my notes from a lecture on record keeping given by Dr. Abhi Pal on 4/12/17. The Reflection from that lecture reads, "Very practical lecture. I was expecting to leave with a great list of improvements but in most areas I'm fine. Treatment plans and charts should be better (but I knew that). My consent is fine. Might have to do more BPEs even though I disagree with them."</p> <p>I have compared my notes with my RAF colleague and found that sometimes I provide more detail and at others, less but that overall there is a similar amount of information.</p>		

Description of non-compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		<p>I have also accessed the FGDP website and re-read their Guidance on Record Keeping.</p> <p>ABM LHB have, very helpfully, instigated a Record Check by Dr. Richard Jones who is another trusted Post-Graduate Tutor.</p> <p>My action since the day of the inspection is to immediately stop using my non-standard abbreviations until the LHB Record Check when I can find out what abbreviations I am allowed. I will also ask my hygienist to print her notes.</p> <p>In addition to this Notice, I have ruled that the Stockroom (which houses the clinical notes) is kept locked during the day (it was previously locked when the surgery was closed). I have created a log of Emergency Drug Adverse Reactions. The autoclave</p>		

Description of non-compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		log is now signed daily after the cycle has been checked.		
<p>This is because we could not be assured on the day that processes were in place for the checking and disposal of out of date equipment and medicines.</p> <p>During the course of the day multiple items including resuscitation mouth pieces, needles and syringes from the emergency kit and medicines were found to have expired use by dates.</p> <p>These were kept in the fridge in the case of the emergency drugs, needles and syringes, and in a box next to the oxygen in the case of the mouth pieces.</p> <p>Expired medicines and medical equipment can pose a serious risk to patient safety and could cause adverse reactions or fail completely. With regard to emergency resuscitation equipment,</p>	<p>Regulation 13(2)(a), 13(4)(a) and Regulation 31(b)</p>	<p>Confirmed with DPA that logged processes now in place and new airways and “Panavia” received. (Confirmed DPA 25/2/19)</p>	<p>GRHD</p>	<p>Immediate and completed</p>

Description of non-compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
<p>this could pose serious risk to life in the case of an emergency.</p>				
<p>The practice had a dedicated area for decontamination procedures, however it was not compliant with regulations for ensuring a safe environment for sterilisation of instruments.</p> <p>The practice undertook decontamination processes in an area behind the reception. This area was accessed through a door, and was the walkway to the staff and patient toilet, and the walkway to the surgery itself. As such, it would not be possible to ensure the environment was, at all times, effectively cleaned to sterilise equipment. The decontamination area was too small to include an area for placing dirty instruments; we were told that during the day they were placing trays of dirty instruments on top of the bin. WHTM 01-05 is clear that a designated area should be available to receive contaminated instruments and should not be used for any other activity.</p>	<p>Regulation 13(3)(b)</p>	<p>Discussed with DPA, Decon Room floor sealed and seen by DPA (25/2/19).</p> <p>Practice working with ABMLHB to redesign and separate Decon area. Will forward plans to ABMLHB before construction.</p> <p>In addition to this Notice, we now use non-alcohol surface wipes (the solution was available before but not in wipe-form). The ultrasonic bath (which was infrequently used) was removed from use on the day of the inspection. The (laminated) postcards have been removed from the wall of the Decon Room.</p>	<p>GRHD</p>	<p>I have immediately sealed the Decon Room floor and disposed of the wire bur cleaners.</p> <p>The Sharps box is now off the floor and I wait for a bracket to fix it to the wall (from Cannon).</p> <p>I have checked with Cannon regarding the disposal of gypsum into my sharps box. Apparently, I was allowed to use it for gypsum and then they changed it (without informing me). A gypsum disposal box is being delivered within a week.</p>

Description of non-compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
<p>Across from this, there was open storage which stored a large array of items, all of which would inhibit effective cleaning. There was no immediate ventilation and no handwashing sink within the vicinity. We also saw that the cabinetry within the decontamination area was dated and damaged in places. Within some of these cupboards we found coffee cups, coffee, tea and other facilities, none of which should be in the specified decontamination area. There were also no seals present between the floors and the walls to protect from bacteria build up. Overall these findings mean that we could not be assured that the identified decontamination area was sufficiently free of contamination to be a safe place to undertake the decontamination process. There is significant misalignment with the guidelines provided in WHTM 01-05.</p> <p>We also noted that there was a sharps bin placed on the floor near to the patient walkway. This posed a significant risk to patient safety if that bin were to be kicked or toppled. It is also an</p>				<p>A decontamination log is being sent by my autoclave engineer.</p> <p>We now inspect the autoclave log and sign it completed (daily).</p> <p>I have had a preliminary discussion with my DPA regarding the redesigning of the Decon Room.</p> <p>I will submit my proposed re-design of the Decon Room to my LHB by 15/3/19.</p> <p>Once the LHB approves these plans I will set a time to close the surgery to make the renovations.</p>

Description of non-compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
<p>accessible height for small children to access on the way to the toilet.</p> <p>Ultimately, failure to undertake sterilisation activities within a controlled area poses a risk to patient safety and the arrangements here create a risk of cross infection of dental instruments.</p>				
<p>This is because we could not be assured on the day that critical analysis of the radiological equipment had been undertaken in the last three years.</p> <p>The practice had provided evidence that critical analysis of the radiography equipment had occurred in 2015, with a detailed report to confirm this.</p> <p>The practice had stated that critical analysis of the equipment had been undertaken in 2018, however there was no evidence in the form of a completed report to show the findings of this work.</p>	<p>Regulation 13(2)(a)</p>	<p>Critical Analysis Certificate uploaded to Objective Connect and confirmed with DPA.</p> <p>Additional to this Notice, I have added my IRMER training to my HPA log and corrected the HPA plan of the surgery (now showing the direction of beams).</p>	<p>GRHD</p>	<p>Immediate and completed.</p>

Description of non-compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
It is essential that radiography equipment is kept in line with manufacturers guidelines and is regularly serviced and tested to ensure proper functionality. Failure to do so could put patients at risk of unnecessary and elevated exposure to radiation.				

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: Gareth R.H Davies
Name (print): Gareth R.H Davies
Job role: Registered Manager
Date: 26/02/2019

Appendix C – Improvement plan

Service: Gareth R.H. Davies

Date of inspection: 18th 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				
The practice should consider making information available to patients through the medium of Welsh.	3.2 Communicating effectively;	I am pro-Welsh Language but I'm afraid my Welsh isn't good enough for a technical dental conversation. I have a dictionary of Welsh terms and phrases but I tend to limit my Welsh to pleasantries at the beginnings and ends of visits. I have many Welsh-speaking friends and I'll ask if one of them can translate my Patient Information Leaflet.	GRHD	Translate my Patient Information Leaflet by 31/10/19.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The practice must ensure that a process is in place to allow patients to provide feedback to the practice, and report on the outcomes to patients as appropriate.</p>	<p>6.3 Listening and Learning from feedback, Private Dentistry Regulations 16</p>	<p>We do listen to patients' views but at the moment it is not formal enough and there isn't a mechanism to report on the outcomes.</p> <p>I aim to:</p> <ol style="list-style-type: none"> 1) Place a "suggestions" box in the Waiting room, 2) Review and Minute the suggestions at each Staff Meeting, 3) Report any outcomes on the Waiting Room Noticeboard, 4) Construct a Patient Satisfaction Questionnaire. 	<p>GRHD</p>	<p>Aim 1) 31/5/19</p> <p>Aim 2) June staff meeting</p> <p>Aim 3) Once there is something to report on.</p> <p>Aim 4) 31/1/20</p>
Delivery of safe and effective care				
<p>The practice must review policies to ensure they are comprehensive and protect patients and staff.</p>	<p>2.1 Managing risk and promoting health and safety; Private Dentistry Regulations 8</p>	<p>Annual Policy Review each November (to tie-in with my QAS)</p> <p>Annual fire training October</p>	<p>GRHD</p>	<p>30/11/19</p> <p>31/10/19</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The practice must ensure that staff have received appropriate fire training.</p> <p>The practice must ensure clinical waste is disposed of appropriately.</p>	<p>Private Dentistry Regulations 22</p>	<p>Clinical Waste was already disposed of correctly apart from my gypsum which was disposed of in the box I was told to use but they changed the designation without telling me!</p> <p>I now have a dedicated gypsum box from Cannon.</p> <p>Additional to the HIW inspection, the electrician found the Main Board and the lighting circuits to be sub-standard. The Main Board is now replaced and the lighting circuits are halfway through replacement.</p>		<p>Completed</p>
<p>The practice must ensure that the decontamination areas are kept in line with WHTM 01-05.</p> <p>The practice must ensure that an audit is taken annually in line with WHTM 01-05.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05</p>	<p>The separation of the Decontamination Area from the walkway is progressing well after advice from my DPA.</p> <p>There is now a partition wall with the woodwork planned for tomorrow. The sinks and new worktop will be fitted after the plumber's holiday.</p>	<p>GRHD</p>	<p>Construction of Decontamination Room: 30/6/19</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		I plan a Decontamination Audit as soon as the Decontamination area is completed.		Decontamination Audit: 31/7/19
<p>The practice must put in place procedures that detail the actions to be taken in the event of a medical emergency. This must be clearly communicated to all staff.</p> <p>The practice should ensure that they have sufficient numbers of staff appropriately first aid trained.</p>	2.6 Medicines Management; Private Dentistry Regulations 22	<p>We have annual Medical Emergency training from the Wales Deanery and there is an Emergency Collapse Policy. Written information on Medical Emergencies is kept with the Emergency Drugs.</p> <p>Update First Aid training when a course is available.</p>	GRHD	<p>Completed</p> <p>The Deanery doesn't have a First Aid course available for the next 12 months but that is likely to change when next (Academic) year's courses are made available.</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must ensure that all members of staff regularly receive up to date safeguarding training within their continual professional development cycle.	2.7 Safeguarding children and adults at risk; Private Dentistry Regulations 14	It was only me who was out of date. My Adult Safeguarding was completed on 20/2/19 and I have a Child Safeguarding course on 18/7/19.	GRHD	Adult completed. Child 18/7/19
The practice should ensure that all staff have completed the required IR(ME)R training. The practice should undertake a review of audit activity that needs to be carried out to ensure that the practice is meeting the basic requirements.	3.1 Safe and Clinically Effective care; Private Dentistry Regulations 17 Private Dentistry Regulations 16	IR(ME)R training was completed before the inspection but I think I had to forward my certificate to you after your visit. Review of audit activity	GRHD	Completed 31/10/19
The practice must ensure that records are kept securely within the practice at all times	3.4 Information Governance and Communications Technology; Private Dentistry Regulations 20	Records were previously locked between clinical sessions before the inspection. Now the room is permanently locked (apart from when staff are inside the room).	GRHD	Completed

Quality of management and leadership

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must ensure regular staff appraisals are undertaken.	7.1 Workforce; Private Dentistry Regulations 17	Start Staff Appraisals	GRHD	31/1/20
The practice should document staff meetings.		Staff meetings were already documented but now any spontaneous discussions have a summary Minuted at the next Staff Meeting.		Completed
The practice must ensure that it has evidence that all members of staff are appropriately trained, qualified and have the required immunisations in place to protect both staff and patients.		We are all vaccinated. There might have been a question over Liz' Hepatitis B but we have been advised by Occupational Health that she is up to date.		Completed

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

Service representative

Name (print): Gareth R.H. Davies

Job role: Dental Surgeon

Date: 2nd. May, 2019.