

General Dental Practice Inspection (Announced)

Tycoch Dental Centre/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 Tycoch Dental Centre at 79 Carnglas Road, Tycoch, Swansea, SA2 9BL, within Abertawe Bro Morgannwg University Health Board on the 19 February 2019.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, 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 Tycoch Dental Centre was working hard to provide a high quality experience to their patient population.

The environment was bright, clean and tidy and the dental surgery was 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 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
- The practice produced a patient newsletter and had provisions in place for obtaining patient feedback.

This is what we recommend the service could improve:

- Patient notes need to have better recording of cancer screening and risk assessments, as well as diet and fluoride¹ application and justification for X-rays
- Some policies need to be updated to ensure they are localised and contain relevant information for staff
- Weekly staff meetings should be documented so actions and outcomes are clearly recorded
- See Appendix C for the full improvement plan

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

¹ Fluoride varnish is a highly concentrated form of fluoride which is applied to the tooth's surface, by a dentist, dental hygienist or other health care professional, as a type of topical fluoride therapy.

3. What we found

Background of the service

Tycoch Dental Centre 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 one dentist, two dental nurses, one of whom is a trainee and one receptionist.

The practice provides a range of 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 Tycoch Dental Centre 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 had their surgery located on the ground floor which enabled anyone with a mobility difficulty to be treated at the practice.

The practice had ways of obtaining patient feedback, via questionnaires, a comments book, email and via different social media platforms, all with a means of identifying themes with a view to making improvements to the service.

Patients were provided with specific information from the dentist and leaflets could be obtained from staff at the practice. A newsletter was also sent to patients every 6 months with topical information about dental and practice matters.

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 40 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:

"Staff always welcoming and friendly. Dentist equally welcoming and friendly which helps those with any 'fear' overcome this"

"Over the last 4-5 years personal hygiene plan has helped me save and retain my teeth"

"I have been attending this clinic all my life since a young child! Nick has never taken out any of my teeth needlessly and always goes above and beyond to give you the best possible care even if it's not what is easiest for him! We have never considered moving anywhere else"

Patients were asked on the questionnaires how the dental practice could improve the service it provides, but there were no comments for improvements. Patients want the service to remain providing the services they are receiving.

Staying healthy

Health promotion protection and improvement

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.

Staff told us that the dentist would provide specific dental information to patients and there was also a patient information leaflet available in the waiting room. Staff would provide health promotion information on request regarding various health and cosmetic treatments.

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

A sign displaying 'No Smoking' was also displayed which confirmed the emphasis placed on compliance with smoke free premises legislation².

² 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.

Dignified care

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 principles³ were displayed by 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.

The majority of patients also said that the cost of any treatment was always made clear to them before they received any treatment. A price list for treatments was displayed in the reception/waiting area. Cost information was included in the new patient pack and also on their website.

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.

³ 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.

The statement of purpose⁴ contained all the areas required by the Private Dentistry (Wales) Regulations 2017 and is available to patients upon request.

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

Communicating effectively

All 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 wishing to converse in a language other than English would be accommodated. The practice had access to organisations to assist with this request. We recommended that this service is made clear to patients to help them with their communication needs.

Information was displayed in English, but 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 hour's dental service if they had an urgent dental

⁴ 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

problem. An out of hour's telephone number was displayed outside the dental practice and was also on the answer phone machine and website.

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 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 had all the patient facilities 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. Due to the constraints of the building, the toilet was inaccessible to anyone with a mobility aid. This was clearly stated in the practice information leaflet.

Listening and learning from feedback

The practice had a complaints policy and procedure in place. Information on how to raise a concern was displayed for patients in the waiting area and the practice information leaflet.

The complaint information included response timescales and details of organisations that could be contacted to assist patients with their concerns regarding 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 one complaint on file which had been

resolved, but we reminded staff to ensure the paperwork was completed to reflect the outcome.

The practice obtained patient feedback via questionnaires twice a year. Results are analysed and shared with patients via the practices' newsletter. Staff said results are discussed amongst the team to identify any themes arising.

Staff had a system for capturing verbal comments or general feedback from patients. A comments book was located in the waiting area and patients could also submit feedback via the website and other social media platforms. 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 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 whole building, with the ground floor providing dental facilities to treat patients. The second floor accommodated a staff office, toilet and kitchen. The practice had an open plan reception/waiting room, which was bright, modern clean and tidy. There was one dental surgery at Tycoch Dental Centre, which was modern and suitably equipped.

The building was visibly well maintained both internally and externally and we were told of the plans to further improve the practice, by converting an upstairs surgery into a decontamination room. 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; all of the patients that completed a questionnaire felt that, in their opinion, the dental practice was “very clean”.

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months. All staff had up to date fire safety training. Emergency exits were visible.

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. However, there was no specific maintenance policy in place, which we recommended the practice have to ensure the premises is kept safe and in a good state of repair.

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 a named, appointed first aider. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁵.

Tycoch Dental Centre used a number of dental laboratories to manufacture/customise a variety of dental products, such as crowns, bridges and dentures. However, for two of the laboratories used, we were unable to evidence their registration with the Medicines and Healthcare products Regulatory Agency⁶ (MHRA). Therefore we asked the registered provider to submit evidence of these to us.

⁵ 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.

⁶ www.gov.uk/mhra. The Medicines and Healthcare products Regulatory Agency (MHRA) is an executive agency of the Department of Health and Social Care in the United Kingdom which is responsible for ensuring that medicines and medical devices work and are acceptably safe.

Improvement needed

The registered provider must ensure a maintenance policy is put in place to ensure the premises are kept safe and in a good state of repair

The registered provider must provide evidence of the laboratories registration with the MHRA

Infection prevention and control

The practice had facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁷. At the time of our visit, this process was being carried out in the dental surgery. We were told of plans for having a dedicated room, which would be in line with guidance in WHTM 01-05.

The location of the autoclave at the time of our visit was very near where the majority of the clinical activity took place. We recommended that this is reviewed, in line with WHTM 01-05 guidance and the autoclave re-located to maximise the separation of decontamination work from clinical activity.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place. Staff had access to and used personal protective equipment (PPE).

An infection control audit took place in 2018 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 bins outside of the practice. We advised the practice to consider having the bins fitted with locks to prevent them being opened when

⁷ 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 is unoccupied. 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 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

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. There was no eye wash bath in the first aid equipment at the time of our visit and we recommended the practice obtain this. 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 the poly pockets which stored the drugs in one box/case so they can be transported as a whole in an emergency. This will help prevent any loss of the content during transportation. 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)⁸.

The practice had a policy in place for managing medical emergencies/resuscitation and staff were able to evidence their knowledge of the procedures to take if there was a medical emergency. However, we recommended the policy is updated to include how to contact the emergency

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.

services so all staff have clear guidance of their role in an emergency. We also suggested the practice have a notice displayed regarding the location of the defibrillator.

The security of emergency drugs and prescription pads was deemed appropriate, with medicines stored in a locked cabinet and prescription pads downloaded from the computer.

Staff evidenced their knowledge of the procedures to take if they had to report an untoward drug related incident. However, there was nothing visible in the practice for staff or patients regarding this and we recommended this is displayed.

Improvement needed

The registered provider needs to ensure an appropriate eye wash bath is available at the practice

The registered provider should consider the storage of the emergency drugs in poly pockets to make sure no content is lost when being transported

The registered provider needs to update the medical emergency policy so that it includes how to contact emergency services

The registered provider needs to ensure that the location of the defibrillator and information regarding any adverse drug reactions are clearly visible for staff and patients

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. Information was available at various locations 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.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the dentist and/or other members of staff 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 Service⁹ (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 surgery 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 surgery was clean and organised. Floors and surfaces within the surgery was 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. There was no original certificates for the installation of the equipment, but all the required documentation and information on the safe use and maintenance of the X-ray equipment was available and up to date. We saw the local rules¹⁰ 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 dentist 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.

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

⁹ 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).

¹⁰ 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.

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 and we saw evidence of their audit schedule. Results of the audits will help to identify areas for improvement and support any changes to dental team practises.

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 dentist and another local practice has taken place. This will contribute to the quality and safety of the care provided to patients.

The practice does not undertake any research.

Staff said the practice follows the Welsh Deanery Maturity Matrix Dentistry practice development tool¹¹. 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.

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

¹¹ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

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 and paper files were locked in cabinets.

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

We considered a sample of patient dental records to assess the quality of record keeping. The notes we reviewed were mostly detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients.

We found the records contained sufficient information regarding reasons for attendance, medical histories and treatment planning.

We recommended areas that need to be improved, especially the recording of information. Specifically, these included ensuring cancer screening and risk assessments are documented. Diet advice and fluoride application was not always recorded on the notes reviewed. There were no regular bite wing¹² X-rays taken in the notes we reviewed but no reasons recorded.

During the visit we noted on one set of notes that antibiotics had been prescribed over a period of five days. We recommended that the dentist check the latest guidelines regarding antibiotic dosages, which is advised of being a higher dosage over a shorter period.

The notes were appropriately stored and record entries were generally legible on the paper notes we reviewed. We were told that plans were in place to move to a totally electronic system for patient notes.

¹² Bitewings are one of the most common sets of X-rays. Bitewings show teeth above the gum line and the height of the bone between teeth. Bitewings help diagnose gum disease and cavities between teeth. The bitewing X-ray is placed on the tongue side of your teeth and held in place by biting down on a cardboard tab.

Improvement needed

The registered provider must ensure that patient dental notes are recorded fully in accordance with professional standards for record keeping. Specific attention must be given to improving patient records so that cancer screening and risk assessments are documented. Diet and fluoride application also needs to be documented. Justification of X-rays needs to be recorded on patient notes.

The registered provider is asked to obtain the latest antibiotic dosage information to ensure patients (where applicable) are prescribed against current guidelines

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 dentist and supported by a team of clinical and non-clinical staff. 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 twice yearly, 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 that the weekly team meeting is documented to ensure any actions and outcomes are recorded.

Governance, leadership and accountability

The practice is owned and managed by the dentist 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 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 twice yearly or as and when required. Review dates were recorded on the 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.

Staff told us that they have a number of dedicated days allocated every year, which enables all staff at the practice to ensure their training, professional registrations and appraisals are up to date. Some of this time is also used to ensure all policies and procedures are up to date and read by staff.

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 and job description. Some files were missing references, for which we had reasons for. However, we reminded the practice that for all new starters, full employment information including references must be obtained and placed on file 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 the staff group. 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 had an appraisal process in place and we saw evidence of staff receiving documented appraisals.

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 the practice held formal team meetings twice yearly. We saw evidence of the minutes for these. In addition, staff told us that they also have weekly meetings, but these were not documented. We recommended that the weekly meetings are documented to ensure actions are captured and staff have a reference of the discussions.

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.

Improvement needed

The registered provider should document the weekly meetings to ensure any actions and outcomes are recorded

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: Tycoch Dental centre

Date of inspection: 19 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 compliance issues were identified at 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: Tycoch Dental Centre

Date of inspection: 19 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 improvements were identified on this inspection				
Delivery of safe and effective care				
The registered provider must ensure a maintenance policy is put in place to ensure the premises are kept safe and in a good state of repair	Private Dentistry (Wales) Regulations 2017 - Regulation 8 (1) (c) (d)	A Maintenance Policy is being developed and put in place to ensure the premises are kept safe and in a good state of repair. It is currently only in Draft format and will be reviewed at a practice meeting 03/04/2019. Advice has been sought from the British Dental Association. Once reviewed the	Nick Davison Practice owner	To be completed by 14th April 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		document will be finalised in April		
The registered provider must provide evidence of the laboratories registration with the MHRA	Private Dentistry (Wales) Regulations 2017 - Regulation 13 (2) (a)	We have contacted the two laboratories that we did not have the MHRA number evidence for. The two laboratories have now provided registration details which are available for inspection and stored in the practice computer system	Julie Davies Receptionist	Completed 12/03/2019
The registered provider needs to ensure an appropriate eye wash bath is available at the practice	Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1) (b) & 16 (1) (b)	The sterile saline solution that was stored in the Practice First Aid kit to be used as an eye bath (but not labelled specifically as one) has been replaced by a specifically designed and labelled product, clearly showing what it is to be used for.	Julie Davies Receptionist	Completed 15/03/2019
The registered provider needs to ensure that the location of the defibrillator and information regarding any adverse drug reactions are clearly visible for staff and patients	Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1) (b) & 16 (1)	A sign indicating the location of the defibrillator has been installed on the door of the room in which it is stored. A poster and information sheets on Adverse drug reactions has been sourced and is now on display in the	Julie Davies Receptionist Julie Davies Receptionist	Completed 14/03/2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	(b) 7	patients waiting area		
The registered provider needs to update the medical emergency policy so that it includes how to contact emergency services	Private Dentistry (Wales) Regulations 2017 - Regulation 8 (1) (q)	The medical emergency policy has been updated to include direction on how to contact the emergency services on 999 with an outline of staff roles in an emergency	Nick Davison Practice Owner	Completed 15/03/2019
The registered provider should consider the storage of the emergency drugs in poly pockets to make sure no content is lost when being transported	Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1) (a) & (b)	New poly pockets have been sourced with zip sealing. The emergency drugs have now been transferred to the new pockets and are enclosed in a new storage bag with the other emergency drugs	Julie Davies Receptionist	Completed 14/03/2019
The registered provider must ensure that patient dental notes are recorded fully in accordance with professional standards for record keeping. Specific attention must be given to improving patient records so that cancer screening and risk assessments are documented. Diet and fluoride application also needs to be documented. Justification of X-rays needs to be	Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1) (a) (i) (ii)	We have reviewed the current guidelines for record keeping from the British Dental Association (BDA) and the Faculty of General Dental Practitioners (FGDP) on clinical examination, record keeping and the selection and reporting criteria dental X-ray. We have modified our record keeping templates to make	Nick Davison Practice Owner	Completed 01/03/2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
recorded on patient notes		the recording of cancer screening and justification of x - rays clearer, with new areas to record patient risk assessments, fluoride application when required and dietary advice being given		
Quality of management and leadership				
The registered provider should document the weekly meetings to ensure any actions and outcomes are recorded	Private Dentistry (Wales) Regulations 2017 - Regulation 15 (3) (a) (b) (c)	The meeting template used for our two day training sessions has been modified to allow it to be used to document the weekly team meetings, to record all actions and outcomes are recorded	Julie Davies Receptionist	Completed 15/03/2019

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): Nicholas Davison

Job role: Practice Owner/Dental Practitioner/Registered Manager

Date: 18/03/2019