

General Dental Practice Inspection (Announced)

Beak@28 Dental Clinic/Abertawe
Bro Morgannwg University Health
Board

Inspection date: 26 February
2019

Publication date: 29 May 2019

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk**

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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 Beak@28 Dental Clinic at 28 Sketty Road, Swansea, SA2 0LJ, within Abertawe Bro Morgannwg University Health Board on the 26 February 2019.

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

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

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

2. Summary of our inspection

Overall, we found evidence that Beak@28 Dental Clinic was working hard to provide a high quality experience to their patients.

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

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 mostly detailed, but we identified areas where improvement must be made to ensure a full record of patient care is maintained. Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas and this ensured they had up to date skills and knowledge to assist them with their work.

This is what we found the service did well:

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

This is what we recommend the service could improve:

- Patient notes need to have better recording of signed medical histories by the dentists and recall reasons recorded. In addition, the recording of prevention methods needs to be clearly documented

- A review of the policies and procedures are required to ensure they are localised so staff understand their role and responsibilities and that they are appropriate and applicable for Wales, ensuring that Welsh specific regulations, standards and guidelines are adequately reflected.
- See Appendix C for the full improvement plan.

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

3. What we found

Background of the service

Beak@28 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 two dentists, one hygienist, who is also the practice manager, four dental nurses and one trainee dental nurse.

The practice provides a range of NHS treatment for patients who are 18 years or younger 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 Beak@28 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 facilities located on the ground floor, which enabled anyone with a mobility difficulty to be treated at the practice.

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

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

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. 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 patients that completed a questionnaire said that they would rate the service provided by the practice as either 'excellent' or 'very good' Patient comments included the following:

"Very caring friendly professional staff"

"[All the staff] have always shown real compassion and skill when treating my child and I, we are both wary of dental treatments and this more than anything else has reduced our fear of dental work. Wonderful practice"

"An exceptional dentist and very professional staff. So glad I changed dentists"

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

"Sometimes appointment times are not adhered to, not always possible when emergencies crop up I know"

Staying healthy

Health promotion protection and improvement

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

Health promotion information was available in the reception/waiting areas, including practice specific information leaflets and various health and cosmetic leaflets.

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

Signs displaying 'No Smoking' were displayed by the main entrance and at various locations within the practice which confirmed the emphasis placed on compliance with smoke free premises legislation¹.

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 office space available if required.

¹ 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.

The General Dental Council's (GDC) 9 principles² were displayed 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 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 behind reception.

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

The statement of purpose³ 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.

² 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.

³ 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

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

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

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

Timely care

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

The majority of patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. An out of hours telephone number was displayed on a poster on the window by the main entrance. Staff said the information was also on the practice's answer machine.

Individual care

Planning care to promote independence

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

Within the patient records, each patient's medical history was reviewed and updated at each visit. All 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 facilities located on the ground floor. Doorways were wide enough to accommodate mobility aids and/or pushchairs.

The patient toilet was located on the first floor. However, there were no signs indicating this to patients. We suggested a sign is displayed so patients can locate the toilet. The toilet provided hand washing and drying facilities, as well as a baby changing unit.

Listening and learning from feedback

The practice had a complaints policy and procedure in place. Information for patients on how to raise a concern was displayed in the waiting area and the patient information leaflet. The NHS Wales Putting Things Right⁴ poster was located in the reception/waiting area.

The complaint information included response timescales and details of organisations that could be contacted to assist patients with their concerns. We asked the practice to add HIW's address so full information is available and in line with the regulations.

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

The practice had their own patient questionnaires which staff asked patients to complete. Staff told us the questionnaires were reviewed and analysed on a regular basis and discussed at team meetings to identify any themes arising.

Staff had a system for capturing verbal comments or general feedback from patients. Staff told us that all verbal comments/concerns would be dealt with at

⁴ 'Putting Things Right' is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

the time and used as an additional means of identifying improvements to the service.

Improvement needed

The registered provider must update their complaints procedure to include HIW's address

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. We saw evidence of various maintenance 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 two floors providing dental facilities to treat patients. The third floor was a staff only area. The practice had an open plan reception/waiting room on the ground floor and a waiting room on the second floor. Both spaces were clean, bright and tidy. There were three surgeries at Beak@28, all suitably equipped.

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

There were no concerns given by patients over the cleanliness of the dental practice; 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. One staff member was

the designated fire marshal and had received formal training in this area. Although all other staff had received informal training, we recommended they have up to date fire safety training. Emergency exits were visible and a Health and Safety poster was displayed within the practice.

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

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had a named, appointed first aider. At the time of our visit the practice did not have a paediatric bag-valve mask⁵ in place and some oropharyngeal airways⁶ were missing. The practice made provision to order these when this was brought to their attention. The practice needs to ensure that they hold appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁷.

Improvement needed

The registered provider must provide reassurance that they have adequate emergency resuscitation equipment in place, specifically that a paediatric bag-valve mask and oropharyngeal airways are available

Infection prevention and control

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

⁵ A bag valve mask is a hand-held device commonly used to provide positive pressure ventilation to patients who are not breathing or not breathing adequately.

⁶ An oropharyngeal airway is a medical device used to maintain or open a patient's airway. It does this by preventing the tongue from covering the epiglottis, which could prevent the person from breathing.

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

Technical Memorandum (WHTM) 01-05⁸. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

We saw evidence that the 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) when working in the decontamination areas.

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

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

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

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

Medicines management

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records

⁸ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices

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. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)⁹.

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

Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident. However, we recommended that the policy for managing medical emergencies/resuscitation is updated to include role specific information for all staff.

Improvement needed

The registered provider should update the medical emergencies/resuscitation policy to include role specific information for all staff

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. We asked the practice to update the policy with correct details of the safeguarding lead. In addition, the policy should include local contact details that staff can report concerns to.

⁹ [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

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 principal dentist and/or practice manager and were confident those concerns would be acted upon.

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

Improvement needed

The registered provider must update the safeguarding policy with the correct name of the safeguarding lead at the practice and also include local contact details to report concerns

Medical devices, equipment and diagnostic systems

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

The surgeries were clean and organised. We found that the dental instruments were in excellent condition and sufficient in number.

We found that the flooring in the surgeries was washable, however, the flooring was not coved at the walls. This means that the gap between the flooring and skirting boards was a potential cross infection issue. In line with WHTM 01-05 (sections 6.46 - 6.50), it is recommended that all surfaces should be impervious

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

and easily cleanable. Floor coverings should be continuous and where possible, joint less. Therefore, we recommended the practice review the floorings in all clinical areas against current infection control guidance to ensure clinical environments are clean and safe.

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

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

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

Improvement needed

The registered provider should ensure that the local rules are signed by all staff to ensure everyone is safe when working with radiation

The practice must review the floorings in all clinical areas in line with infection control guidance to ensure clinical environments are clean and safe.

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

Effective care

Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that audits had been completed and others were scheduled to take place. These included; prescribing antibiotics, clinical records, cross infection, X-ray use and waiting times.

Staff told us they obtain up to date guidance via circulars from external bodies and from staff being members attending events/conferences. Any information relevant is communicated to staff and/or circulated.

Quality improvement, research and innovation

The practice had a clinical audit policy in place and we were told of the audits the practice undertake. Staff told us of the changes that had been made as a result of completing audits. This enabled the practice to demonstrate best practice in providing dental care.

The practice does not undertake any research so there was no policy/procedure.

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.

Staff told us that they were planning to use the Welsh Deanery Maturity Matrix Dentistry practice development tool¹². The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

Information governance and communications technology

¹² <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 records were stored in lockable cabinets.

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

Record keeping

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

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

We recommended areas where records need to be improved. These included:

- Medical histories were signed by the patient, but not always signed by the dentist
- In line with NICE guidelines, there were no recall periods documented on the notes we reviewed
- The radiographs had no findings/justification noted. There were infrequent quality ratings on the computer record, however the quality rating was logged in a separate book
- Not all patients had routine radiographs taken, however, despite being infrequent, they were of a high quality

- No evidence was recorded in the adult notes we reviewed regarding prevention and delivering better oral health¹³ guidelines, specifically to capture smoking, alcohol and diet prevention

Despite the clinical notes detailing the treatment given, we recommended improved recording on prevention, in line with delivering better oral health guidance.

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

Improvement needed

The registered provider must ensure that dentists working at the practice complete patient dental records fully in accordance with professional standards for record keeping. Specific attention must be given to improving patient records so that recall reasons and medical histories are recorded. In addition, the recording of prevention methods need to be clearly documented.

¹³ Delivery Better Oral Health is an evidence based toolkit to support dental teams in improving their patient's oral and general health. <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

Quality of management and leadership

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

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

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

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas. However, we recommended that fire training is formalised for all staff.

We have recommended a review of all policies and procedures to ensure issue and review dates are evident. Also, all policies and procedures must be applicable for Wales, ensuring that Welsh specific regulations, standards and guidelines are reflected.

Governance, leadership and accountability

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

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

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. However, we asked for all policies and procedures to be reviewed and updated to remove any reference to any bodies which have no effect on Welsh dental practices.

We saw that staff had signed to evidence they had read and understood the policies and procedures. Staff told us that all policies were reviewed annually or as and when required. We recommended that review dates are recorded to evidence the latest version of each policy.

The practice's statement of purpose and patient information leaflet 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 provider 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.

Improvement needed

The registered provider must ensure all policies and procedures have issue and review dates recorded and that all policies and procedures are appropriate and applicable for Wales, ensuring that Welsh specific regulations, standards and guidelines are adequately reflected.

Staff and resources

Workforce

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

We saw that an induction programme was in place for all new starters and this was evidenced on the new starters file we looked at. Staff files contained pre-employment information which included a contract. Some files were missing references due to the length of service. However, these must be obtained for all

new starters and placed on file to evidence full employment information as required by the Private (Wales) Dentistry Regulations 2017.

All staff are required to have a disclosure barring service (DBS) certificate prior to starting their job role and we saw evidence of these for all 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 recent appraisals for staff.

We saw certificates for staff that evidenced they had attended a range of topics relevant to their roles and meeting the continuing professional development (CPD) requirements. We recommended staff receive formalised fire training, because at the time of the visit only one dentist had undertaken this training.

Staff told us that they held formal team meetings every month, which were documented. For anyone unable to attend a meeting, the minutes are circulated to staff.

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

Improvement needed

The registered provider should consider staff receiving formal fire training to ensure all staff have the necessary skills and knowledge

The registered provider must ensure full employment information is obtained for all new starters, including references

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: Beak@28

Date of inspection: 26 February 2019

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

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non compliance issues were identified 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: Beak@28

Date of inspection: 26 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 registered provider must update their complaints procedure to include HIW's address	The Private Dentistry (Wales) Regulations 2017 Regulation 21 (4) (a)	HIW address has been added to our complaints procedure	Practice manager	Completed
Delivery of safe and effective care				
The registered provider must provide reassurance that they have adequate emergency resuscitation equipment in place,	The Private Dentistry (Wales) Regulations 2017	We now have paediatric bag-valve mask and full set of oropharyngeal airways	Practice manager	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
specifically that a paediatric bag-valve mask and oropharyngeal airways are available	Regulation 13 (1) (b) & (2) (a) (b) Health & Care Standards 2.1 Managing risk & promoting health & safety			
The registered provider should update the medical emergencies/resuscitation policy to include role specific information for all staff	The Private Dentistry (Wales) Regulations 2017 Regulation 8 (1) (q) Health & Care Standards Governance, Leadership and Accountability	In process of rewriting policy to include specific roles	Practice manager	One month

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider must update the safeguarding policy with the correct name of the safeguard lead at the practice and also include local contact details to report concerns	The Private Dentistry (Wales) Regulations 2017 Regulation 14 (1) (c) Health & Care Standards 2.7 Safeguarding Children & safeguarding Adults at Risk	Policy updated to include all relevant details	Practice manager	Completed
The registered provider should ensure that the local rules are signed by all staff to ensure everyone is safe when working with radiation	The Private Dentistry (Wales) Regulations 2017 Regulation 13 (2) (b) Health & Care Standards 2.1 Managing risk	Local rules now signed by all staff	Practice manager	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	& promoting health & safety			
The practice must review the floorings in all clinical areas in line with infection control guidance to ensure clinical environments are clean and safe	<p>The Private Dentistry (Wales) Regulations 2017 Regulation 22 (2)(a)</p> <p>Health & Care standards 2.9 Medical devices, equipment and diagnostic systems</p>	We have been advised that adding coving in the surgeries could prove difficult and costly because of the cabinetry already in place. We have a contractor coming in to check that all floors are sealed and any exposed pipes boxed in. We will inspect regularly to ensure there is no accumulation of dust or dirt.	Practice Manager	2 months
The registered provider must ensure that dentists working at the practice complete patient dental records fully in accordance with professional standards for record keeping. Specific attention must be given to improving	Private Dentistry (Wales) Regulations 2017 -	<p>Clinical record keeping course to be completed.</p> <p>FGDP good Practice Guidelines now available.</p>	Practice manager	3 months

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
patient records so that recall reasons and medical histories are recorded. In addition, the recording of prevention methods need to be clearly documented.	Regulation 20 (1) (a) (i) (ii) Health & Care Standards 3.5 Record Keeping	We have redone Maturity Matrix and have decided to do the CAPRO Record Keeping audit via HEIW Study group and Quality Improvement Project. The QI educator has suggested we allow three months for this		
Quality of management and leadership				
The registered provider must ensure all policies and procedures have issue and review dates recorded and that all policies and procedures are appropriate and applicable for Wales, ensuring that Welsh specific regulations, standards and guidelines are adequately reflected.	Private Dentistry (Wales) Regulations 2017 - Regulation 8 (6) Health & Care Standards Governance, Leadership and Accountability	Full policy review.	Practice manager	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider should consider staff receiving formal fire training to ensure all staff have the necessary skills and knowledge	Private Dentistry (Wales) Regulations 2017 - Regulation 22 (4) (c) Health & Care Standards 7.1 Workforce	Fire safety awareness training for all staff.	Practice manager	Completed
The registered provider must ensure full employment information is obtained for all new starters, including references	Private Dentistry (Wales) Regulations 2017 - Regulation 18 (2) (e) Health & Care Standards 7.1 Workforce	Already policy in place which complies with private dentistry regulations and will be used for all future recruitment.	Practice manager	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): Jane Beak

Job role: Practice manager

Date: 01-05-2019