

## **General Dental Practice Inspection (Announced)**

Llanedeyrn Dental Practice, Cardiff  
& Vale University Health Board

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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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://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 Llanedeyrn Dental Practice at 69 Ael-y-Bryn, Llanedeyrn, Cardiff, CF23 9LL, within Cardiff & Vale University Health Board on the 23 May 2019.

Our team, for the inspection comprised of two HIW inspectors, including one lead 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 the service provided safe and effective care. However, we found some evidence that they were not fully compliant with Private Dentistry Regulations and all Health and Care Standards.

The practice has been recently bought by its current owners and through discussions with them it is clear that they are keen to develop and improve the practice.

There were a number of policies and procedures in place, but they were not dated, not version controlled, did not contain a review date and in the majority of instances did not include a staff signature demonstrating that the policies and procedures had been read and understood.

The practice need to ensure that all staff are appropriately trained and evidence of this training held on file.

This is what we found the service did well:

- The practice was committed to providing a friendly, approachable service to their patients.
- Patients provided positive responses within the HIW questionnaire.

This is what we recommend the service could improve:

- Policies and procedures to be reviewed, re-written as necessary and communicated to staff
- Training to be given to all staff as required and evidence maintained of this training on a training matrix
- Introduce a programme of clinical and quality audits
- Provide more information to patients in the reception area
- Complete patient clinical records as required by clinical guidelines
- Provide more robust management of the practice going forward.

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

## 3. What we found

### **Background of the service**

Llanedeyrn Dental Practice provides services to patients in the Llanedeyrn area of Cardiff. The practice forms part of dental services provided within the area served by Cardiff & Vale University Health Board.

The practice has a staff team which includes four dentists, five nurses, one hygienist, two receptionist and a practice manager

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

The practice was sold to the current owners on 1 February 2019 and they submitted an application to register under the Private Dentistry (Wales) regulations 2017 on 24 February 2019. The application is currently being processed by HIW.



## 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.*

All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent, or very good. Patients also told us that they were treated with dignity and respect by staff at the dental practice.

There was a welcoming atmosphere and staff made a conscious effort to make patients feel relaxed and at ease from the moment they arrived.

Further improvements were required to ensure that information available and supplied to patients both within reception and during their treatment is complete.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the service provided at the practice. In total, we received 35 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice more than two years.

Overall, patient feedback was positive; all of the patients who 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:

*"All staff are very friendly and professional. Very pleased with the care my family and I receive"*

*"Excellent dentist, first class service and excellent staff"*

*"You couldn't improve the practice, it has and will be outstanding in my opinion. The professionalism and staff service is excellent"*

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

*“The service is fantastic but maybe a notice/sign of cost estimates for treatments maybe useful to see”*

## **Staying healthy**

### **Health promotion protection and improvement**

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

We saw that there was a small selection of information available to patients including a leaflet on smoking cessation. We recommend that additional health promotion information, including leaflets about treatments and preventative advice, be made available.

The practice offered a selection of dental products for patients to purchase in the ground floor reception area. These included; manual toothbrushes; toothpastes and mouthwash.

'No Smoking' signs were displayed in reception, on the first floor landing and it was included in the information displayed on the Television in reception. This confirmed the emphasis being placed on compliance with smoke free premises legislation<sup>1</sup>.

#### **Improvement needed**

Provide patients with a greater selection of health promotion information, including leaflets about treatments and preventative advice.

## **Dignified care**

Without exception, all of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. However, we did note that both the upstairs surgeries had small glass inserts in the door so that clinical staff could see whether there was a patient undergoing

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<sup>1</sup> 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.

treatment before going into the room. Whilst patients are not left on the landing outside these surgeries unattended, the practice should consider the privacy of patients and whether these glass inserts should be used in the future.

We noted there was a good relationship between staff and patients as well as within the small staff team. Staff told us that if there was a need to hold a private conversation with a patient, they would take them to the upstairs office to ensure discussions upheld patient confidentiality. The arrangement of the reception area meant that it was difficult for patients to have a reasonable amount of privacy when booking in and paying for treatment.

The practice also had appropriate policies to ensure they treat patients with dignity and respect, including Patient Privacy, Dignity and Confidentiality Policy. We noted that the 9 Principles as set out by the General Dental Council (GDC)<sup>2</sup> was not on display nor was it available to patients upon request in the reception area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

#### Improvement needed

The practice is to both display the GDC 9 principles and make them available in reception.

Consider the layout of the reception area to improve patient confidentiality.

#### Patient information

All of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. They also said that they had received clear information about available treatment options and all but one of the patients said the cost was always made clear to them before they received any treatment.

The new Patient Information Leaflet was comprehensive, complied with the regulations and available for patients in reception.

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<sup>2</sup> <https://standards.gdc-uk.org/>

The practice provided a range of private and NHS dental treatments. Information on costs for NHS treatments were clearly displayed in the reception area, meaning that patients had information about how much their NHS treatment may cost. We were told that prices for private dental treatments would be discussed with patients and information was available from the dentist on request. The registered manager must ensure that prices for private dental treatments are also displayed in reception for patients to see.

#### Improvement needed

The registered manager must display prices for private dental treatments.

### Communicating effectively

All of the patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

Whilst written information was available, this was predominantly presented in English. Arrangements should be made to provide further information in Welsh and to help staff make an 'Active Offer'<sup>3</sup>. Additionally, staff were not aware of a service similar to the Language Line<sup>4</sup> being available for translation for other languages.

#### Improvement needed

The practice should make arrangements to enable staff to be able to access a translation service similar to Language Line, should the need arise to communicate with patients who are unable to communicate in English.

### Timely care

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<sup>3</sup> 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>

<sup>4</sup> Language Line is a UK language translation service agency that provides a wide range of interpreting, translation and localisation agency services.

The majority of the patients who completed a questionnaire said they would know how to access the out of hour's dental service if they had an urgent dental problem.

Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice, on the patient information leaflet and on the practice answerphone message. We also noted that the practice allocated some appointments during the day to deal with emergency dental treatments.

All but one of the patients who 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 and the dentists can contact reception using the internal telephone network if an appointment is over-running. Staff also told us that they would advise the patient waiting of any delay and allow them to reschedule if required. However, whilst we were in reception we noted that patients were not being told of a delay that existed at that time.

#### Improvement needed

Remind reception staff that they inform patients in the surgery and those arriving about any delays to appointment times.

## Individual care

### Planning care to promote independence

Where applicable, all of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

We viewed a sample of patient records and noted that treatment options and treatment planning evidence were discussed with the majority of patients. However, informed consent was not always recorded. In order to show that patients are supported to make informed choices about their treatment options, their consent and treatment planning must be discussed and recorded.

The treatments and services offered by the practice were in accordance with the statement of purpose.

### Improvement needed

Recording evidence of all the relevant information, including informed consent, on patient records.

### People's rights

The practice was accessible for wheelchair users. Whilst the only toilet was on the first floor, this was explained in the patient information leaflet to ensure that patients were informed of the availability of these facilities. One surgery was on the ground floor and would be used for patients unable to use the internal stairs to the first floor surgeries.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy, care and treatment of patients who lack capacity, patient privacy, dignity and confidentiality policy and 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

We saw that the practice had a written complaints procedure in place, details were also included within the patient information leaflet. However, the procedures for making a complaint or how to raise a concern were not on display in the waiting area. There was also no reference to Putting Things Right<sup>5</sup>, HIW or the Community Health Councils in any of the complaints procedures or the template letters. Additionally, the "Putting Things Right" Poster was not displayed in the practice reception, neither was the leaflet available in reception.

The practice informed us that they do not have a formal system in place to seek patient views. There was a comments book in reception, for patients to provide comments, with two entries. There was no evidence of any process to obtain patient feedback or review and act on feedback. We recommended that the

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<sup>5</sup> [Putting Things Right](#)

practice develops a patient questionnaire in order for patients to provide their feedback. We also recommended that the practice display an analysis of the feedback received in the waiting area / reception, demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice. This feedback process should take place at least twice a year.

#### Improvement needed

Display the Putting Things Right Poster and make the leaflet available in reception.

Revise the Complaints Process and template letters to include reference to timescales, the relevant agencies such as the Health Board, HIW and the Public Service Ombudsman.

The practice should implement a formal mechanism to seek the views of patients and ensure feedback analysis is displayed for patients to view.

## Delivery of safe and effective care

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

There were some systems in place to ensure that patients were being treated as safely as possible.

A programme of clinical and quality audits needs to be put in place to continually improve the service offered.

The quality of record keeping on patient notes needs to be improved to comply with professional guidelines.

We found the service had taken steps to protect the health, safety and welfare of staff and patients and had appropriate safeguarding policies in place.

## 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” or “fairly clean”.

The building appeared to be well maintained. There were limited facilities in the practice for changing into and out of uniforms and staff breaks. There was one small room that included the fridge, kitchen, coat rack and emergency drugs, that was also used as the practice managers’ office. In view of the limited changing and storage facilities, these need to be considered in any future structural changes to the building.

The dental equipment was in a good condition and items were provided in sufficient numbers to enable decontamination between uses. Single use / disposable items were in place where advisable. Whilst surfaces, units, drawers and floors were clean, the surgeries would benefit from a deep clean and using this as an opportunity to re-organise and discard all unnecessary items in the various items of cabinetry. The cabinetry could also be improved, as they appeared to be worn.



The risk management process was limited and appeared to have been drafted in 2011, without any subsequent reviews. There were also risk assessments for injectable medicines and a fire risk assessment policy. A full practice risk management process needs to be produced, reviewed regularly and communicated to staff.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months. Emergency exits were visible and signposted and a Health and Safety poster was displayed within the practice. However, there was no evidence that any fire drills had taken place and there was no evidence of fire training for the majority of the staff, including the nominated fire marshal.

The practice had a number of policies and procedures, including an Emergency and Business Continuity Plan. The majority of these were not dated, but some did reference the new owner. There was no evidence that staff had seen these documents, in the form of a signed, dated sheet attached to each policy and procedure.

#### Improvement needed

A full practice risk management process needs to be produced and updated monthly, to include all potential risks at the practice.

All staff to receive fire training, including additional training for a nominated fire marshal.

A fire drill to be practiced every 6 months as a minimum and a log maintained.

Ensure that all policies and procedures are dated, reviewed annually, communicated to staff and signed by all staff to confirm they have been read and understood.

#### Infection prevention and control

The practice had a process for the cleaning and sterilisation (decontamination) of dental instruments within a dedicated decontamination room as is

recommended in the Welsh Health Technical Memorandum (WHTM) 01-05<sup>6</sup>. This room was small and did not have a working air conditioner or ventilator in place. The room was not considered to be well organised with no easy flow. There was also a risk of injury (trapping fingers) between the door opening and the sink location, this may be addressed by changing the door to a sliding door. A designated Infection Control lead needs to be appointed and to be proactive in this area to ensure, for example, the Control of Substances Hazardous to Health (COSHH) signage is appropriate, there is always soap in the room and that equipment works effectively.

There was an Infection Control policy in place, that covered the relevant areas including cleaning regimes and training. The policy appeared to have been drafted and seen by staff in 2017, but had not been reviewed or signed annually by staff. Staff had access to, and used, personal protective equipment (PPE) when undertaking decontamination activities.

There was a daily maintenance programme in operation but there was not a daily surgery checklist in place. We recommend that the practice put one in place to ensure that they are compliant with WHTM 01-05.

All dentists and dental nurses had up to date infection control training. A routine audit of infection control (required annually to be in line with WHTM 01-05) had not been completed since 2016, this needs to be actioned.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

The practice should order a mercury spillage kit without delay and ensure that staff are trained on the use of this kit, when it arrives.

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<sup>6</sup> [www.wales.nhs.uk/sites3/documents/254/WHTM\\_01-05\\_Revision\\_1.pdf](http://www.wales.nhs.uk/sites3/documents/254/WHTM_01-05_Revision_1.pdf)

### Improvement needed

Decontamination room layout to be reorganised to improve flow.

Ventilator in the decontamination room to be repaired.

Appoint a designated lead nurse for Infection Control.

Put in place appropriate COSHH signage in the decontamination room.

In order to be compliant with WHTM 01-05 the practice should:

- Put in place a daily surgery checklist and keep this on file to prove the checks have been completed
- At least annually, audit the infection control process.

Order a mercury spillage kit and ensure that staff are trained on the use of this kit.

### Medicines management

The practice had a Dealing with Medical Emergency / Collapse Procedure in place to deal with patient emergencies, but there was not a resuscitation policy. Additionally, as with the majority of policies and procedures in the practice, the policy was not dated and there was no evidence that staff were aware of this policy.

All clinical staff had received training within the last twelve months on how to perform cardiopulmonary resuscitation (CPR).

The practice had a named, appointed first aider and one qualified Advanced Trauma Life Support member of staff, ensuring staff and patients had appropriate access to first aid care in the event of an accident or injury. The first aid kit within the practice was fully stocked and in date.

We did not see a medicines management policy in place but we did note a copy of the British Dental Association (BDA) advice on Prescribing and Medicines Management. The practice should use this advice to write a policy on medicines management that is communicated to staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency at the practice. We

did not see any evidence that a system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK)<sup>7</sup>. The drugs checked were all in date. This weekly check needs to be put in place.

We were told that all drug-related adverse incidents are recorded via the Medicines and Healthcare products Regulatory Authority (MHRA) Yellow Card<sup>8</sup> scheme. The practice are advised to sign up with the British National Formulary<sup>9</sup> (BNF) online in order to report adverse reactions if necessary.

Prescription pads were normally left in surgeries overnight, we recommend that they are more secure arrangements are put in place.

There was only one fridge at the practice that was used for storing some medication (teeth whitening and Botox), denture castings and other non-medical items. We recommend that a small temperature controlled fridge is obtained, to store the small supply of medicines. The fridge temperatures then need to be checked daily when the practice is open to ensure that the medicines are not compromised by temperature fluctuations above those recommended. A daily checklist and policy is also required.

#### Improvement needed

Produce policies that are dated, reviewed annually and communicated to staff on the following:

- Resuscitation
- Medicines Management.

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<sup>7</sup> <https://www.resus.org.uk/about-us/> 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.

<sup>8</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/> The Scheme collects information on suspected problems or incidents

<sup>9</sup> <https://www.bnf.org/products/bnf-online/>

A weekly check of all emergency drugs and ancillaries (and any other dated items) to be carried out to ensure all items are in date and available to use safely.

Prescription pads should be secured centrally overnight in a locked room.

Obtain a small temperature controlled fridge for medicines and draft a policy for the checking of the fridge temperatures daily.

### **Safeguarding children and adults at risk**

We saw that the practice had a policy in place on Child and Vulnerable Adult Protection in place to promote and protect the welfare of children and vulnerable adults. However, this did not contain the contact details for the relevant safeguarding agencies.

We were informed that all clinical staff had completed training in both the protection of children and protection of vulnerable adults. There was no evidence on file to support this for three nurses, additionally the reception staff and practice manager had not received this training. We recommend that all staff complete this training and evidence is maintained on file at the practice.

#### **Improvement needed**

The child and adult safeguarding policy must be updated to include the contact details for the appropriate local safeguarding teams.

The practice must ensure that all staff undertake relevant training in the protection of children and protection of vulnerable adults and that evidence of this is kept on file at the practice.

### **Medical devices, equipment and diagnostic systems**

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients. We saw evidence that staff have received training which is equipment specific. Arrangements were in place, detailed in the radiology file, to promptly deal with any device or system failure.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and regular radiographic audits were undertaken to quality assure the use of equipment. However, the local rules were out of date

as they referred to the 1999 Regulations, these need to be updated and communicated to staff. Additionally, the Radiation Protection Supervisor needs to be changed to the new owner and principal dentist. The practice should complete the Welsh Deanery Quality Improvement Tool<sup>10</sup> for ionising radiation in the future.

We saw evidence of up-to-date ionising radiation training for all clinical staff in accordance with the requirements of the General Dental Council<sup>11</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017<sup>12</sup>.

#### Improvement needed

The policy for the Use of Dental X-Ray Equipment to be updated, reviewed annually and communicated to all staff.

The practice complete the Welsh Deanery Quality Improvement Tool for ionising radiation in the future.

## Effective care

### Safe and clinically effective care

The practice had appropriate arrangements set out within the Statement of Purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had policies available to support these functions.

Staff stated that they were clear about their responsibilities and there was evidence that professional, regulatory and statutory guidance is followed when treatment is provided.

### Quality improvement, research and innovation

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<sup>10</sup> <https://dental.walesdeanery.org/quality-improvement-2>

<sup>11</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>12</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)

As stated above, the practice has recently been purchased by the new principal dentist and practice manager. In addition to the other recommendations made in this report they need to put in place a system of peer review and clinical audits (including record keeping and radiographs) to ensure that they are continually improving their standards and keeping pace with up to date guidance.

The practice might wish to consider applying for the Welsh Deanery Maturity Matrix Dentistry practice development tool. 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.

#### Improvement needed

The registered provider should put in place a programme of audits and peer review that are relevant and meet the needs of the practice.

### Information governance and communications technology

The practice has various policies covering the creation, management, handling and storage of records and other information. These need to be dated, reviewed annually and evidence that they are communicated to staff. This is particularly important with regard to the Data Protection Policy that refers to the General Data Protection Regulations (GDPR). In view of the increased importance of this area, we recommend that information governance training is undertaken which includes GDPR by all staff.

The practice had electronic records and we noted that the storage of these was appropriate to ensure the safety and security of personal data. The electronic files were regularly backed up. During a tour of the practice we noted that paper legacy records were kept in unlocked filing cabinets in a locked garage.

#### Improvement needed

Information governance training which includes GDPR to be carried out by all staff.

### Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. There are some areas where records needed to be improved relating to:

- Recording of valid consent
- Recording quantities of alcohol consumed and smoking
- Patient Histories
- Cancer screening
- Risk assessing patients for caries (decay and crumbling of a tooth or bone), periodontal (Periodontitis is a chronic infection that affects the gums and the bones that support the teeth)<sup>13</sup> and cancer
- There were inconsistencies regarding Basic Periodontal Examination<sup>14</sup> (BPE) recording.

The practice would benefit from using the Wales Deanery Quality Improvement Tools and the Faculty of General Dental Practice (FGDP) Improvement Tool to improve record keeping.

#### 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.

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<sup>13</sup> <https://www.nice.org.uk/Guidance/CG19>

<sup>14</sup> A periodontal examination is a clinical examination of the periodontium (gums).



## 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 practice has been recently been bought by its current owners and through discussions with them it is clear that they are keen to develop and improve the practice. We believe that the amount of time that the current owners are able to spend at the practice has an effect on the management of the practice.

There are a number of policies and procedures in place, but they were not dated, not version controlled, did not contain a review date and in the majority of instances did not include a staff signature demonstrating that the policies and procedures had been read and understood.

## Governance, leadership and accountability

The new joint owners of the practice have applications pending with HIW to register the new Responsible Individual<sup>15</sup> (the principal dentist), and the Registered Manager<sup>16</sup> (the practice manager). Both are keen to ensure that the practice continually improves their standards and are passionate about the care they should be providing to the community. Through discussions with the

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<sup>15</sup> "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 (Private Dentistry regulations 2017)

<sup>16</sup> "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

registered managers they have ideas about developing the practice further in the future.

At the time of the inspection, the practice manager was only able to be present at the practice for about two hours a day and the principal dentist was only able to be present for up to two days per week. As a result we believe that they are not able to exercise good leadership and provide clear lines of accountability.

Staff told us that they were confident in raising any issues or concerns directly with the principal dentist and felt well supported in their roles. Most of the staff had worked together for some time and there was a good rapport amongst them.

We found that staff were clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for their patients.

The practice had a range of policies and procedures in place. However, we found that the policies and procedures were not version controlled, did not contain a review date and in the majority of instances did not include a staff signature demonstrating that the policies and procedures had been read and understood. We were also not able to establish when they had been written, as some were clearly changed to include the new principal dentist but some also had signatures attached dating to 2009. We recommended that the policies and procedures are reviewed, dated, customised to the current practice and made known to all staff.

We saw a revised copy of the Statement of Purpose which conformed to the Private Dentistry (Wales) Regulations 2017.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The HIW registration certificate on display related to the previous owners and registered individuals, whilst the practice were awaiting registration to be completed. The practice also had a current public liability insurance certificate available.

The practice are aware of the requirement to send notifications (to HIW); of events death/serious injury to patients; of temporary absence of registered person and specific changes, e.g. change to registered manager.

#### Improvement needed

Review all policies and procedures at the practice, to ensure they are up to date, relevant, dated, with a review date, communicated to all staff. Staff should

then sign annually and when there are changes made to ensure that they are aware of the policy.

## **Staff and resources**

### **Workforce**

The clinical staff had personal development plans but we did not see any appraisal process in place for staff, to ensure their performance is reviewed and they are all developed further in their roles. All staff had contracts of employment. We recommend that the practice introduce a policy and start a process of staff appraisals.

Alongside the appraisal system, delegation of certain tasks within the practice to specific individuals would allow them to take ownership of and ensure that the necessary tasks / paperwork was kept up to date. This would also assist the principals of the practice in the overall running of the practice. Tasks could include audit, cross infection, safeguarding, radiology and complaints. These individuals could be either nursing, associates or administrative staff, as best fits their interests and skills.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and were meeting their continuing professional development (CPD) requirements. However, as discussed above training certificates for areas of mandatory training were not available for inspection meaning we could not be assured that all relevant training had been completed. Evidence of training completion must be retained by the practice and if the missing certificates cannot be located the training will need to be undertaken again. We would recommend that a training matrix be put in place to assist in the management of training.

There had been two staff meetings since the new owners took over the practice, both of which had brief minutes. These should be held more regularly, preferably monthly, fully minuted and staff unable to attend to be updated by the Registered Manager. These minutes also need to be signed by all staff to confirm they had been read, understood and agreed.

The Private Dentistry (Wales) Regulations 2017 require that at the time of registration, all dentists providing private dental services in Wales have a

Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out.

The practice manager was currently undertaking online training as a practice manager. The practice manager was advised to contact their Health Board dedicated lead to establish what face to face training or interactions there were available to further her knowledge.

There were policies in place relating to recruitment and staff induction, including agency staff. The majority of staff have been employed for several years. However, two references were not requested for the newest member of staff, who had been employed this year, only one verbal reference had been obtained. Two references must be obtained for all staff to both ensure compliance with regulations and to ensure that checks appropriate to the work that staff are to undertake and completed.

#### Improvement needed

Introduce a training matrix to monitor completion of mandatory training and ensure evidence of training completion is retained on staff files.

Introduce a policy on staff appraisals and start the process for all staff.

Use the appraisal process to identify and appoint leads within the staff of the practice, to take ownership for specific areas.

Meetings to be held more regularly, preferably monthly, fully minuted and staff unable to attend to be updated by the Registered Manager. These minutes also need to be signed by all staff to confirm they had been read, understood and agreed.

Obtain two written references for all new members of staff.

## 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 Radiation \(Medical Exposure\) Regulations 2017](#) 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:**                      **Insert name**

**Date of inspection:**      **Insert date**

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

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

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

**Service representative:**

**Name (print):**

**Job role:**

**Date:**



## Appendix C – Improvement plan

**Service:** Llanedeyrn Dental Practice

**Date of inspection:** 23 May 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
<b>Quality of the patient experience</b>				
Provide patients with a greater selection of health promotion information, including leaflets about treatments and preventative advice.	1.1 Health promotion, protection and improvement	Selection of dental and oral health promotion posters and leaflets have now been printed and displayed in reception.	Al-Rikabi Shona Morse	Done
The practice is to both display the GDC 9 principles and make them available in reception. Consider the layout of the reception area to improve patient confidentiality.	4.1 Dignified Care; PDR section (s) 15 and 19	The GDC 9 Principles is now displayed in reception. We are considering changing the desks location to improve patient confidentiality.	Al-Rikabi Al-Rikabi	Done 4 / 12
The registered manager must display prices for private dental treatments.	4.2 Patient Information, PDR 13	Some of Private prices has been printed and displayed in reception already, the full list will be soon displayed.	Al-Rikabi Nadia Khalil	14 Aug 19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
			Shona Morse	
The practice should make arrangements to enable staff to be able to access a translation service similar to Language Line, should the need arise to communicate with patients who are unable to communicate in English.	3.2 Communicating effectively	Language line arrangement will be in place.	Nadia Khalil Shona Morse	14 Sep 19
Remind reception staff that they inform patients in the surgery and those arriving about any delay in seeing a dentist.	5.1 Timely access	Reception are now making regular updates on dentists delay, dentists and nurses are now updating reception.	Shona Morse and Pat Grew plus all Staff	Done
Recording evidence of all the relevant information with patients, including informed consent, on patient records.	6.1 Planning Care to promote independence; PDR s 13 (1)	Dentists have been informed to record all relevant information including consents on patients' electronic records.	All dentists	Done
Display the Putting Things Right Poster and make the leaflet available in reception.  Revise the Complaints Process and template letters to include reference to timescales, the relevant agencies such as the Health Board, HIW and the Public Service Ombudsman.	6.3 Listening and Learning from feedback, PDR s 16 (2b) and 21	This is now displayed.  Complaints process and letter has been revised to reflect required changes.	Al-Rikabi  Al-Rikabi Nadia Khalil  Al-Rikabi	Done  Done  Done

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice should implement a formal mechanism to seek the views of patients and ensure feedback analysis is displayed for patients to view.		Patients' feedbacks box is now in the practice.		
<b>Delivery of safe and effective care</b>				
<p>A full practice risk management process needs to be produced and updated monthly, to include all potential risks at the practice.</p> <p>All staff to receive fire training, including additional training for a nominated fire marshal.</p> <p>A fire drill to be practiced every 6 months as a minimum and a log maintained.</p> <p>Ensure that all policies and procedures are dated, reviewed annually, communicated to staff and signed by all staff to confirm they have been read and understood.</p>	2.1 Managing risk and promoting health and safety; PDR s 8 and 17	<p>Practice risk management process will be established.</p> <p>Fire training will be arranged.</p> <p>Fire drill will be arranged.</p> <p>Policies and procedures are currently in the process of being dated and read by the staff.</p>	<p>Al-Rikabi</p> <p>Nadia Khalil</p> <p>Mareih Hashemi Nadia Khalil</p> <p>Al-Rikabi Nadia Khalil</p>	<p>14 Oct 19</p> <p>14 Oct 19</p> <p>14 Sep 19</p> <p>14 Sep 19</p>
Decontamination room layout to be reorganised to improve flow.	2.4 Infection Prevention and Control (IPC) and	The sink will be moved away from the door, the room has been re painted with anti mould.	Al-Rikabi	14 Oct 19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>Ventilator in the decontamination room to be repaired.</p> <p>Appoint a designated lead nurse for Infection Control.</p> <p>Put in place appropriate COSHH signage in the decontamination room.</p> <p>In order to be compliant with WHTM 01-05 the practice should:</p> <ul style="list-style-type: none"> <li>Put in place a daily surgery checklist and keep this on file to prove the checks have been completed</li> <li>At least annually, audit the infection control process.</li> </ul> <p>Order a mercury spillage kit and ensure that staff are trained on the use of this kit.</p>	Decontamination, PDR 13	<p>Ventilator is now fully functional.</p> <p>Infection control nurse appointed.</p> <p>COSHH signage in place now.</p> <p>Check list is being produced.</p> <p>Planned annual infection control audit process agreed.</p> <p>Mercury spillage kit is now in the practice.</p>	<p>Morvey Jones Nadia Khalil</p> <p>Morvey Jones Nadia Khalil</p> <p>Nadia Khalil</p> <p>Al-Rikabi</p> <p>Al-Rikabi</p>	<p>Done</p> <p>Done</p> <p>Done</p> <p>14 Aug 19</p> <p>14 Sep 19</p> <p>Done</p>
<p>Produce policies that are dated, reviewed annually and communicated to staff on the following:</p> <ul style="list-style-type: none"> <li>Resuscitation</li> </ul>	2.6 Medicines Management; PDR s 8l and 13 (4)	All the policies are in the process of being read by the staff and signed. These will now be reviewed and updated annually.	Al-Rikabi Nadia Khalil	14 Sep 19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>Medicines Management.</li> </ul> <p>A weekly check of all emergency drugs and ancillaries (and any other dated items) to be carried out to ensure all items are in date and available to use safely.</p> <p>Prescription pads should be secured centrally overnight in a locked room.</p> <p>Obtain a small temperature controlled fridge for medicines and draft a policy for the checking of the fridge temperatures daily.</p>		<p>Emergency drugs are being checked weekly to ensure they are in date.</p> <p>Prescription pad are now kept in the lockable drawer in the locked office.</p> <p>2 Temp gauge are now placed in the two fridge as new fridge has been recently bought for medications only.</p>	<p>Nadia Khalil Marieh Hashemi</p> <p>Al-Rikabi All Dentists</p> <p>Al-Rikabi</p>	<p>Already in place</p> <p>Done</p> <p>Done</p>
<p>The child and adult safeguarding policy must be updated to include the contact details for the appropriate local safeguarding teams.</p> <p>The practice must ensure that all staff undertake relevant training in the protection of children and protection of vulnerable adults and that evidence of this is kept on file at the practice.</p>	<p>2.7 Safeguarding children and adults at risk; PDR 14</p>	<p>This has been updated to reflect the required changes</p> <p>The staff has been instructed to complete those courses, a free online link of the course has been sent to all.</p>	<p>Al-Rikabi Nadia Khalil</p> <p>Al-Rikabi Nadia Khalil All staff to do</p>	<p>Done</p> <p>14 Aug 19</p>
<p>The policy for the Use of Dental X-Ray Equipment to be updated, reviewed annually and communicated to all staff.</p>	<p>2.9 Medical devices, equipment and diagnostic</p>	<p>This policy will be updated accordingly.</p>	<p>Al-Rikabi</p>	<p>14 Sep 19</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice complete the Welsh Deanery Quality Improvement Tool for ionising radiation in the future.	systems; PDR 8d and 13	The tool document has been printed and will be completed.	Al-Rikabi Nadia Khalil	14 Oct 19
The registered provider should put in place a programme of audits and peer review that are relevant and meet the needs of the practice.	3.3 Quality Improvement, Research and Innovation; PDR s 16	An Audit programme will be placed, starting with antimicrobial prescribing audit.	Al-Rikabi	14 Oct 19
Information governance training which includes GDPR to be carried out by all staff.	3.4 Information Governance and Communications Technology	The staff has been instructed to complete those courses, a free online link of the course has been sent to all.	Al-Rikabi	14 Sep 19
The registered provider must ensure that dentists working at the practice complete patient dental records fully in accordance with professional standards for record keeping.	3.5 Record keeping; PDR s 20	Dentists have been instructed accordingly.	Al-Rikabi	Done
<b>Quality of management and leadership</b>				
Review all policies and procedures at the practice, to ensure they are up to date, relevant, dated, with a review date, communicated to all staff. Staff should then sign annually and when	Governance, Leadership and	All the policies are in the process of being read by the staff and signed. These will now be reviewed and updated annually.	Al-Rikabi Nadia Khalil	14 Sep 19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
there are changes made to ensure that they are aware of the policy.	Accountability; PDR Schedule 1			
<p>Introduce a training matrix to monitor completion of mandatory training and ensure evidence of training completion is retained on staff files.</p> <p>Introduce a policy on staff appraisals and start the process for all staff.</p> <p>Use the appraisal process to identify and appoint leads within the staff of the practice, to take ownership for specific areas.</p> <p>Meetings to be held more regularly, preferably monthly, fully minuted and staff unable to attend to be updated by the Registered Manager. These minutes also need to be signed by all staff to confirm they had been read, understood and agreed.</p> <p>Obtain two written references for all new members of staff</p>	7.1 Workforce; PDR 8h	<p>Training Matrix has been produced and staff training logged in. A review date is set.</p> <p>Annual appraisal process agreed with dentists, planned for January of each year.</p> <p>Practice meetings will become monthly once practice owner (AAR) changes his commitment and start working 3 days a week in the practice in October 2019, minutes will be signed.</p> <p>This is now has been obtained for the new employee. Established as a rule.</p>	<p>Al-Rikabi</p> <p>Al-Rikabi</p> <p>Al-Rikabi</p> <p>Al-Rikabi</p>	<p>Done</p> <p>14 Jan 19</p> <p>14 Oct 19</p> <p>Done</p>

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): ALI AL-RIKABI**

**Job role: Practice Owner and Principal Dentist**

**Date: 14 July 2019**