

General Dental Practice Inspection (Announced)

Penarth Dental Healthcare /
Cardiff and Vale University Health
Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Penarth Dental Healthcare at 5 Andrews Buildings, Stanwell Rd, Penarth, CF64 2AA, within Cardiff and Vale University Health Board on the 01 July 2019.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017¹, 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.

¹ The Private Dentistry (Wales) Regulations 2017 are referred to as 'the regulations' throughout the rest of this report.

2. Summary of our inspection

Overall, we found evidence that Penarth Dental Healthcare was providing safe and effective patient centred care.

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

However, we found evidence that the practice was not fully compliant with the regulations and other relevant legislation and guidance.

This is what we found the service did well:

- Staff were polite and professional to patients
- Patient records were being maintained to a high standard
- Patients could provide feedback about their experiences of the care and treatment received at the practice
- The practice was committed to continuously improving patient care and outcomes
- Suitable facilities were in place for staff to change and securely store their possessions
- Comprehensive risk assessments were in place to ensure premises and clinical practices were fit for purpose.

This is what we recommend the service could improve:

- Provide more information to patients on how children and adults can best maintain good oral hygiene
- The fire safety officer must undertake training by a fire safety expert
- Make adjustments to the infection prevention and control procedures in place at the practice
- Provide a baby nappy bin and ensure the waste is disposed of appropriately

- Staff to receive training on the safeguarding of children and vulnerable adults
- Unused dental supplies need to be stored in a more secure cupboard
- Make adjustments to the arrangements for safe storage and use of the emergency drugs and emergency equipment available at the practice.

We identified regulatory breaches during this inspection – 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

Penarth Dental Healthcare provides services to patients in Penarth and surrounding areas. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes one dentist, one hygienist, two dental nurses and a reception manager.

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

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall, Penarth Dental Healthcare had suitable processes in place to ensure patients received a positive experience while at the practice.

All areas of the practice were based on the ground floor and accessible for everyone, including anyone with mobility difficulties.

Patients told us that they were able to get an appointment when they needed it.

The practice needs to ensure patients' dignity and privacy are better protected when receiving treatments.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 27 questionnaires were completed. 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 very positive; the majority of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent'. Patient comments included the following:

"I have always been frightened to visit the dentist. My fears and worries are no longer there!"

"The care here has been amazing. All of the staff have helped me to improve my health"

"Excellent service always very approachable, always explain in detail"

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

“Lack of privacy with main treatment room very close to waiting area. No sound proofing”

“Provide more NHS opportunities”

“I can't think of anything. Maybe payment plans for expensive treatments”

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. However, we would also recommend that written information on maintaining good oral hygiene for both children and adults is also made available within the waiting area for patients to read and take away. A selection of other leaflets, including information about private treatments and smoking cessation, were already available to patients within the waiting area.

Improvement needed

The practice must provide patients with a selection of written information on how children and adults can best maintain good oral hygiene, including leaflets about treatments and preventative advice.

Dignified care

We observed staff speaking to patients in a friendly but respectful and professional manner. 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.

A comprehensive confidentiality policy and data protection code of practice was in place to make staff aware of their responsibilities for protecting patients' privacy. We noted the reception desk and waiting area were close together, but staff confirmed that private conversations with patients would take place within one of the dental surgeries if necessary.

Although the door to the dental surgery was closed by staff during appointments, we were able to see patients receiving treatment from the dentist through an upper transparent glass panel on the door. The door to the dental surgery used by the hygienist also had a similar upper transparent glass panel.

We recommend that both upper transparent glass panels are covered or replaced with a non-transparent material to maintain patients' privacy during treatments.

The Nine Principles² developed by the General Dental Council (GDC) were on display within the waiting area to ensure patients were aware of the standards of care they should receive from dental professionals.

Improvement needed

The practice needs to ensure that the upper transparent glass panels on both doors of the dental surgeries are covered or replaced with a non-transparent material.

Patient information

The majority of patients who completed a questionnaire said that they had received clear information about available treatment options. We saw that a price list for private treatments and charges for NHS dentistry were on display for patients in the waiting area, and patients confirmed that they were made aware of the costs involved before receiving any treatment.

The practice had patient information leaflets available in the waiting area which we found contained the information specified by the Regulations. However, we noticed that a patient information folder, which was also available to patients in the waiting area, contained an out of date version of the patient information leaflet. We advised the practice to remove the out of date version in the folder and replace it with a copy of the most recent patient information leaflet.

The patient information folder contained a copy of the statement of purpose³, which we found was also fully compliant with the regulations.

² The GDC Nine principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

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.

The practice has a website that contains information about the practice team and about the dental services it provides. We recommend that a copy of the patient information leaflet and statement of purpose is made available on the practice's website in line with the regulations.

We saw that the practice's opening hours were displayed on the front door of the practice and the names and relevant qualifications of the dental team were displayed in the waiting area in accordance with professional guidelines.

Improvement needed

The practice needs to make a copy of the patient information leaflet and statement of purpose available to patients on their website.

Communicating effectively

The practice did not operate a bi-lingual service. However, some patient information was available for patients in English and Welsh, including information on the eligibility criteria for patients to receive free NHS dental treatment.

Staff told us that appropriate care and time would be provided to patients whose first language wasn't English to understand their needs. All but one of the patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

In the patient records we reviewed we saw evidence of written treatment plans that included notes of the costs and of treatment options discussed during appointments. This was in line with best practice and meant that patients were provided with information to make informed choices about their treatment. Where applicable, 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.

Timely care

All of the patients who completed a questionnaire felt that it was very easy or fairly easy to get an appointment when they needed it.

During the inspection we observed patients being treated in a timely manner. Staff told us that patients are informed about any delays to their appointment times on arrival, or as soon as possible.

We were told that any patients requiring emergency care during working hours are accommodated on the same day. Patients requiring emergency care out of hours are directed to dental services provided by Cardiff and Vale University Health Board; we saw information informing patients how they can access treatment out of hours displayed on the main entrance door and contained within the patient information leaflet. The majority of 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.

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were of a high standard and supported the practice to deliver quality patient care.

All of the patients who completed a questionnaire told us that the dentist enquired about their medical history before undertaking any treatment and we saw evidence to confirm that these were being recorded appropriately in patient records as required by professional guidelines.

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

People's rights

The practice did not have a car park, but parking was available on streets nearby. The practice was accessible from the street for people with mobility difficulties. The reception, waiting area, toilets and dental surgery were all based on the ground floor and accessible to all.

We noted that the practice had an equality policy in place, which demonstrates a commitment to ensure that everyone has access to the same opportunities and to the same fair treatment.

As the practice offer a mix of NHS and private treatments, we recommend that a policy on the practice arrangements for acceptance of new patients is developed by the practice as required by the regulations and ensure a copy is made available upon request by a patient or any prospective patient.

Improvement needed

The practice needs to develop a policy detailing their arrangements for the acceptance of new patients, and make a copy available upon request by a patient or any prospective patient.

Listening and learning from feedback

We saw that paper feedback forms were available in the waiting area for patients to provide positive comments about their experience or to make suggestions on how the practice could improve the service it provides. We were told that patient comments are monitored and discussed as a team.

Information on the procedure for patients to raise a complaint or concern was contained within the patient information leaflet and also displayed for patients in the waiting area. The complaints procedure was outlined for staff in a complaints policy and we found it was compliant with Putting Things Right⁴ guidance and the Private Dentistry (Wales) Regulations 2017.

The practice had not received any complaints since the registered manager took over the practice in October 2018.

⁴ Putting Things Right is the process for managing patient concerns about care and treatment in NHS Wales.

Delivery of safe and effective care

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

Overall, we found evidence that patients were being provided with safe and effective dental care.

Clinical facilities were in good condition, well equipped, and arrangements were in place for the safe use of X-ray equipment.

Patients received focussed individualised care documented in accurate and comprehensive patient records.

We identified some improvements that could be made to the infection prevention and control procedures in place at the practice.

The emergency drugs and resuscitation equipment need to be moved to a new location within the practice to reduce the risk of unauthorised access.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and wellbeing of staff and visitors to the practice. The practice had various policies, procedures and risk assessments in place to ensure the premises were safe and fit for purpose.

The reception and waiting area was welcoming and bright and we saw that all areas of the practice were clean, tidy and free from obvious hazards. There were no concerns given by patients that completed a questionnaire over the cleanliness of the dental practice.

The building appeared well maintained internally and externally. We noticed that there were uncovered electrical sockets on the floor line of both dental surgeries. We advise the practice to consider, as part of a future risk assessment, how best to protect children from any dangers associated with low level electrical sockets.

We saw appropriate fire extinguishers were available at various locations around the building and noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. A comprehensive fire risk assessment had recently been undertaken and as a result, subsequent remedial actions had been implemented by the practice, including the installation of new smoke alarms and the creation of an electronic log to record fire alarm tests and fire drills.

The registered manager was the appointed fire safety officer but had not received training in fire safety. We recommend the fire safety officer undertakes relevant training by a fire safety expert and subsequently educates staff at the practice about the correct procedures to follow in the event of a fire and how to spot potential fire hazards.

Emergency exits were signposted and a no smoking sign was displayed which reminds staff and patients of the smoke free premises legislation⁵. A Health and Safety poster telling staff what they need to do to ensure their health and safety in the workplace was displayed within the practice.

Staff could change in the staff room upstairs which had a lockable door to protect their privacy and dignity. Facilities were also available for staff to securely store their personal possessions as required by the regulations.

We saw that a number of Control of Substances Hazardous to Health⁶ (COSHH) assessments had been undertaken but we advise that the relevant hazardous active ingredient should be clearly stated and that safety sheets are attached to each assessment.

A business continuity policy and disaster recovery strategy was in place but we recommend the practice develop these further to include the emergency contact details of all staff and essential business contractors to avoid confusion in the case of an emergency.

⁵ 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.

⁶ COSHH Regulations provide a framework to protect people at work against health risks that may arise from work activities that expose them to hazardous substances.

Improvement needed

The appointed fire safety officer must undertake training by a fire safety expert and ensure staff at the practice know about the correct procedures to follow in the event of a fire and how to spot potential fire hazards.

The practice needs to update its business continuity policy to include the emergency contact details of all staff and essential business contractors.

Infection prevention and control

Overall, we found evidence that suitable infection prevention and control measures were in place which were documented in an appropriate infection control policy. The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁷.

The decontamination room was small but visibly clean and tidy and staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections.

Separate storage boxes were available for the isolation of sterile [clean] and used [dirty] instruments. The boxes were colour coded but we advised the practice to consider using 'clean' and 'dirty' labels on each relevant box to reduce the risk of the wrong box being used.

We saw evidence of a log book that confirmed staff had been undertaking daily checks to ensure that the sterilisation equipment was functioning correctly and had been meeting validation requirements.

We recommend the practice implements the following changes to their decontamination process in line with best practice guidelines:

⁷ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

- undertake regular protein residue testing on reprocessed instruments to assess the equipment for surface contamination that cannot be seen by visual inspection
- to stop rinsing dirty instruments in the dental surgery before transportation to the decontamination room to reduce the spread of cross infection.

We saw hazardous (clinical) waste was being stored securely and saw evidence that a contract was in place for the safe transfer and disposal of such hazardous waste.

However, we noticed that while the practice provided baby changing facilities, a separate dedicated baby nappy bin was not available. We recommend that the practice installs an appropriate baby nappy bin and ensures the waste is disposed of appropriately in accordance with the Environmental Protection Act 1990.

We looked at records evidencing acceptable 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.

Improvement needed

The practice needs to undertake regular protein residue testing on reprocessed instruments to assess the equipment for surface contamination that cannot be seen by visual inspection.

The practice needs to stop rinsing dirty instruments in the dental surgery before transportation to the decontamination room to reduce the spread of cross infection.

The practice needs to install a baby nappy bin and ensure the waste is disposed of appropriately in accordance with the Environmental Protection Act 1990.

Medicines management

During our tour of the practice we saw that unused dental supplies (medicines and equipment) were being stored in an unlocked cupboard in the corridor. These supplies included spare razor blades and cartridges of local anaesthetic and we recommend that the practice implements a secure locking system to the cupboard to reduce the risk of unauthorised access to such materials.

The practice had emergency drugs and emergency resuscitation equipment available that were mostly in line with the Resuscitation Council (UK) standards⁸. We found that a razor was not being kept with the emergency drugs and equipment as required by the standards; it was being kept in the first aid box, and we recommend that the razor is moved to the emergency drug box to ensure it is available in an emergency.

All items were situated in the corridor outside the dental surgeries and easily accessible to staff in an emergency situation such as a patient collapse. However, we noticed during the inspection that this location was often unattended by staff and we recommend that the emergency drugs and resuscitation equipment are moved to a location within the practice that will reduce the risk of unauthorised access.

We saw evidence that regular documented checks were being undertaken on the drugs and equipment to ensure they remained in date and safe to use. We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

The practice had a policy in place for resuscitation and managing medical emergencies but it must be amended to incorporate the most recent national guidelines for resuscitation that aim to improve patient outcomes.

Two members of staff had been trained in first aid to ensure that any persons at the practice that require first aid can be appropriately treated.

Staff were aware of the need to report any adverse reactions with medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme⁹ to help

⁸ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

⁹ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

ensure healthcare products are acceptably safe for patients and those that use them.

We also noted that prescription pads were kept securely to reduce the risk of unlawful obtaining and misuse of prescription drugs.

Improvement needed

The practice must make the cupboard in the corridor that is storing dental supplies more secure to reduce the risk of unauthorised access to materials.

The practice must move their razor from the first aid box to the emergency drug box.

The practice must move the emergency drugs and resuscitation equipment to a location within the practice that is more secure in terms of the risk of unauthorised access but that is still accessible to staff in an emergency.

The practice needs to incorporate the Resuscitation Council (UK) Guidelines 2015 into their resuscitation and managing medical emergencies policy.

Safeguarding children and adults at risk

The practice had a safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. The policy included contact details for staff to appropriately report any concerns to the relevant local safeguarding agencies.

Staff told us that they would initially discuss any safeguarding concerns with the nominated safeguarding lead at the practice. We identified that some staff had not undertaken recent training in the safeguarding of children and vulnerable adults. The practice must ensure that all staff are appropriately trained to level 2. We advise the safeguarding lead at the practice to consider undertaking a higher level of safeguarding training due to their responsibility for providing guidance to staff on any safeguarding concerns.

Staff were also unaware of the All Wales Child Protection Procedures 2008, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales. We recommend the practice arranges for a copy of the procedures to be sent to the practice and for staff to familiarise themselves with the content in order to understand the national approach to safeguarding children.

Staff told us about the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included obtaining references from previous employers and undertaking Disclosure and Barring Service (DBS)¹⁰ checks to ensure the person is fit to work in a dental practice in accordance with the regulations.

Improvement needed

The practice needs to ensure all staff are trained to level 2 in the safeguarding of children and vulnerable adults.

All staff at the practice to familiarise themselves with the national guidelines contained within the All Wales Child Protection Procedures 2008.

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the practice and found that the dental equipment in both dental surgeries had been well maintained and was in good condition.

We saw that the practice used traditional reusable local anaesthetic syringes. We recommend that a risk assessment is undertaken of this process that appropriate safety devices such as needle guards are used to mitigate against the risk of accidental injury. Alternatively, the practice could use single use disposable local anaesthetic delivery syringes that incorporate a safety mechanism to protect against accidental injury.

We looked at the arrangements in place for the safe use of radiographic (X-ray) equipment and were assured that the practice was meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. This is because:

- the dental team had received up to date ionising radiation training

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).

- a comprehensive radiation policy was in place and local rules¹¹ were displayed by the X-ray equipment to set out the working procedures to ensure that radiation exposure to staff is restricted
- the X-ray equipment had been regularly serviced and step wedges¹² had been used to evaluate the performance of the X-ray equipment and the film processing system
- a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment.

Improvement needed

The practice needs to undertake a risk assessment that includes the use of appropriate safety devices to mitigate against the risk of accidental injury if continuing to use reusable local anaesthetic syringes or alternatively use single use disposable local anaesthetic delivery syringes that incorporate a safety mechanism.

Effective care

Safe and clinically effective care

It was evident that the registered manager has been seeking to improve the quality of care since taking over the practice in October 2018. A schedule of regular audits was introduced to analyse the quality of dental care and service provided to patients and identify areas for improvement. Audits on hand hygiene, patient dignity and the image quality of X-rays have recently been undertaken.

We were told that improvements to the service provided to patients have been made as a result of recent audits, such as ensuring discussions on whether patients are eligible for free NHS dental treatment take place with patients in the

¹¹ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

¹² Step wedges can be used as a quality assurance test of the calibration of x-ray equipment and monitoring of the film processing used in dental radiography.

dental surgery rather than at the reception desk to protect patients' privacy and dignity.

We noted that an audit on compliance with the Welsh Health Technical Memorandum (WHTM) 01-05 decontamination best practice guidelines was scheduled to take place towards the end of 2019. We advise that audits on antimicrobial prescribing and smoking cessation are added to the schedule of audits to further quality assure the care and treatment being provided.

We recommend that the audit activities described to us by the registered manager are detailed in a policy on the arrangements for clinical audit as required by the regulations.

Improvement needed

The practice needs to develop a policy detailing their arrangements for clinical audit.

Information governance and communications technology

The practice had a records management policy in place that set out procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulation (GDPR).

Patient records were electronic and stored on a cloud based system which we were told was regularly backed up off site to protect patient records if something should happen to the practice or system and staff could no longer access them.

We saw that old paper patient records were being kept in line with relevant retention guidelines and securely stored to prevent unauthorised access.

Record keeping

We noted earlier in the report that the sample of patient records we reviewed were of a high standard and supported the practice to deliver quality patient care. This is because the patient records we reviewed:

- were clear, legible and documented discussions held with patients about the costs, risks and benefits associated with available treatment options
- contained evidence that consent to treatment was obtained from each patient
- contained comprehensive radiography documentation that followed Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) guidelines

- contained clearly documented justification for the reasons why X-rays were or were not being taken.

We recommend the practice records tooth wear patterns (e.g. attrition, abrasion) in patient records to further guide treatment planning and recall interval in line with professional guidelines.

Improvement needed

The practice must record tooth wear patterns (e.g. attrition, abrasion) in patient records to further guide treatment planning and recall interval.

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.

We found that the registered manager has been committed to improving the care provided to patients since taking over the practice last year.

Staff worked well together and had received the necessary training for their roles and responsibilities.

A wide range of policies and procedures were in place to ensure the safety of staff and patients, but more policies needed to be created to comply fully with the regulations.

Governance, leadership and accountability

Penarth Dental Healthcare is owned by the principal dentist, who is both the responsible individual¹³ and registered manager¹⁴. They are supported by a wider team of clinical and non-clinical staff.

We found the practice to have good leadership and clear lines of accountability. We observed staff working well together, evidenced by their interaction with

¹³ A 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 (Wales) Regulations 2017).

¹⁴ A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

patients and their co-operation and demeanour throughout the inspection process.

The practice might wish to consider making use of the Health Education and Improvement Wales Maturity Matrix Dentistry¹⁵ practice development tool which encourages the dental practice team to work together to identify key areas for improvement based on professional guidelines and on legislative requirements.

We have noted throughout this report the small number of policies that need to be created by the practice to comply with the regulations. However, we found a wide range of policies and procedures were in place to ensure the safety of both staff and patients. We saw that policies had been regularly reviewed in line with the regulations and that staff had to sign to evidence that they had read and understood each policy.

The principal dentist confirmed that they were aware of their duties as registered manager regarding notifications that must be sent to HIW under the regulations such as in the event of serious injury to patients.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place so that patients can claim any compensation to which they may be entitled.

We noted that certificates were on display evidencing that the practice had public liability insurance to protect the practice against compensation claims and associated legal costs and that the practice was legally registered to provide dental services as required by the regulations.

Staff and resources

Workforce

We found suitable governance arrangements in place at the practice. Staff had a contract of employment and a job description setting out their roles and responsibilities and these were retained on staff files. New members of staff are

¹⁵ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

given an induction training programme that followed British Dental Association guidelines.

All staff had access to training opportunities and we saw certificates for staff that evidenced they had attended training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements.

The registered manager told us that appraisals with all members of staff will take place later in the year to provide feedback to staff about their performance and to review any CPD opportunities.

Practice meetings are held at least once a month to allow staff to identify lessons learned and provide an opportunity for staff to raise any issues they may have. Minutes of each meeting are taken and sent to all staff to ensure any absent members of staff are aware of what was discussed.

The regulations 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 for both clinical and non-clinical staff to help ensure the safety of patients and staff.

We were told that the practice manages to maintain an appropriate number of qualified staff working at the practice at all times without having to employ temporary locum dental nurses. A recruitment policy was in place that set out the process to follow to recruit potential new members of staff and included appropriate pre-employment checks the practice would undertake to ensure new staff are suitably qualified and protected to work with patients.

4. What next?

Where we have identified improvements and immediate non compliance issues during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks' notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), 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: Penarth Dental Healthcare

Date of inspection: 01 July 2019

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

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

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Penarth Dental Healthcare

Date of inspection: 01 July 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice must provide patients with a selection of written information on how children and adults can best maintain good oral hygiene, including leaflets about treatments and preventative advice.	Health and Care Standards 2015 Standards 1.1	We have ordered patient information leaflet bundles from the Oral Health foundation following your advice to educate on OH, prevention and explaining various treatments.	Anthony Bannon	Ordered and awaiting delivery.
The practice needs to ensure that the upper transparent glass panels on both doors of the dental surgeries are covered or replaced with a non-transparent material.	Health and Care Standards 2015 Standard 2.1 Private Dentistry	The surgery glass panels have been covered with a tinted laminate to block out direct vision from the corridor to protect patient privacy.	Anthony Bannon	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	(Wales) Regulations 2017 Regulation 15(1)			
The practice needs to make a copy of the patient information leaflet and statement of purpose available to patients on their website.	Private Dentistry (Wales) Regulations 2017 Regulations 5(2) and 6(2)	I have uploaded these to the website for easy patient access	Anthony Bannon	Completed
The practice needs to develop a policy detailing their arrangements for the acceptance of new patients and make a copy available upon request by a patient or any prospective patient.	Private Dentistry (Wales) Regulations 2017 Regulation 8	We now have a policy to detail this and have it available for patients at reception	Anthony Bannon	Completed
Delivery of safe and effective care				

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The appointed fire safety officer must undertake training by a fire safety expert and ensure staff at the practice know about the correct procedures to follow in the event of a fire and how to spot potential fire hazards.	Health and Care Standards 2015 Standard 2.1 Private Dentistry (Wales) Regulations 2017 Regulation 22(4c)	I have been in contact with a Fire Safety Training officer and this was hoped to have been completed on 1 st August but Ivorfire Safety Services cancelled on us. This is to be rebooked and we are awaiting a new date from the organisers	Anthony Bannon	Before end of September 2019
The practice needs to update its business continuity policy to include the emergency contact details of all staff and essential business contractors.	Private Dentistry (Wales) Regulations 2017 Regulation 8(o)	We are currently compiling a list of contacts and are midway through completing this. It will be available to staff before the end of September	Anthony Bannon	End of September 2019
The practice needs to undertake regular protein residue testing on reprocessed instruments to assess the equipment for	Private Dentistry (Wales)	This is being undertaken every month and the protein test strips were ordered	Theresa Godwin	Completed and ongoing.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
surface contamination that cannot be seen by visual inspection.	Regulations 2017 Regulation 13	on the day of inspection after discussion with HIW Inspection team		
The practice needs to stop rinsing dirty instruments in the dental surgery before transportation to the decontamination room to reduce the spread of cross infection.	Welsh Health Technical Memorandum (WHTM 01-05)	This was immediately stopped and the one member of the team who was doing this has been retrained and competent	Theresa Godwin	Completed
The practice needs to install a baby nappy bin and ensure the waste is disposed of appropriately in accordance with the Environmental Protection Act 1990.	Health and Care Standards 2015 Standard 2.4 Environmental Protection Act 1990	We are in discussion with various waste collection companies for nappy waste disposal but are considering removing the changing facility due to the outrageous quotes we have so far received, and it is rarely used.	Anthony Bannon	Decision before end of September 2019.
The practice must make the cupboard in the corridor that is storing dental supplies more secure to reduce the risk of unauthorised access to materials.	Health and Care Standards 2015 Standard 2.6 Private Dentistry (Wales)	We are currently looking for a joiner to make a new cupboard door entrance for safer access and restricting public access	Anthony Bannon	Hoping to have this completed by December 2019.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulations 2017 Regulation 13(4a)			
The practice must move their razor from the first aid box to the emergency drug box.	Private Dentistry (Wales) Regulations 2017 Regulation 31(3b)	The razor is now placed in the first aid box	Anthony Bannon	Completed
The practice must move the emergency drugs and resuscitation equipment to a location within the practice that is more secure in terms of the risk of unauthorised access but that is still accessible to staff in an emergency.	Health and Care Standards 2015 Standard 2.6	The emergency drugs and resuscitation equipment is now being kept in the LDU preventing any unauthorised access	Anthony Bannon	Completed
The practice needs to incorporate the Resuscitation Council (UK) Guidelines 2015 into their resuscitation and managing medical emergencies policy.	Private Dentistry (Wales) Regulations 2017	These new guidelines have been added to our resuscitation and managing medical emergencies policy	Anthony Bannon	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 31(1)			
The practice needs to ensure all staff are trained to level 2 in the safeguarding of children and vulnerable adults.	Health and Care Standards 2015 Standard 2.7 Private Dentistry (Wales) Regulations 2017	We have booked a team training day for level 2 safeguarding on 14 th January 2020. I am going to do a level 3 course before the end of September 2019. POVA is booked for all staff September 11 th 2019.	Anthony Bannon	Courses Booked and in progress.
All staff at the practice to familiarise themselves with the national guidelines contained within the All Wales Child Protection Procedures 2008.	Regulations 2017 Regulation 14	This has been downloaded to all the practice PCs and staff have been asked to familiarise themselves, at practice meeting	Anthony Bannon	Completed
The practice needs to undertake a risk assessment that includes the use of appropriate safety devices to mitigate against the risk of accidental injury if continuing to use reusable local anaesthetic syringes or alternatively use single use disposable local anaesthetic delivery syringes that incorporate a safety mechanism.	Health and Care Standards 2015 Standard 2.9	We are reviewing whether to implement this, however having had experience using both systems I prefer using a needle guard will put in place necessary risk assessments.	Anthony Bannon	Under review

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice needs to develop a policy detailing their arrangements for clinical audit.	Health and Care Standards 2015 Standard 3.1 Private Dentistry (Wales) Regulations 2017 Regulation 16	We have drafted and put in place an Audit Matrix to detail what audits we are carrying out and when these need to be repeated. We also have a Quality Assurance policy	Anthony Bannon	Completed
The practice must record tooth wear patterns (e.g. attrition, abrasion) in patient records to further guide treatment planning and recall interval.	Faculty of General Dental Practice Clinical Examination and Record-Keeping guidelines Health and Care Standards 2015 Standard 3.5	We have incorporated this into our patient examination clinical notes	Anthony Bannon	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of management and leadership				
No improvements were identified for this section.				

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): Anthony Bannon

Job role: Registered Manager

Date: 19 August 2019