

General Dental Practice Inspection (Announced)

Family Dental Care

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 Family Dental Care at 26a Cowbridge Road West, Ely, Cardiff, CF5 5BS, within Cardiff and Vale University Health Board on the 19 August 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 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 Family Dental Care was providing patients with a positive experience while at the practice.

However, we identified some areas for improvement that were needed in order to consistently deliver safe and effective care.

This is what we found the service did well:

- Staff were polite, respectful and professional to patients
- Good oral hygiene information for both children and adults was available in the waiting area
- A good mechanism was in place to capture and act upon patient feedback
- Comprehensive risk assessments were in place to ensure the premises and clinical practices were fit for purpose
- Appropriate infection control measures were in place
- Good management and leadership arrangements.

This is what we recommend the service could improve:

- Maintenance improvements to some of the clinical areas
- Radiography audits must demonstrate whether image quality conforms to minimum standards
- Ensure verbal medical history checks undertaken with patients are recorded in patient records.

A full list of improvements can be found in Appendix C.

We identified regulatory breaches during this inspection regarding:

- training – we found that a dental nurse had not undertaken the required number of hours (five) of verifiable training in radiography and radiation protection during their previous five year Continuing Professional Development (CPD) cycle as recommended by the General Dental Council (GDC)

- emergency medicines – we found expired emergency drugs were being stored in a drawer alongside in-date drugs which could potentially mean the out of date drugs are inadvertently mixed up and administered in an emergency situation.

Due to the potential impact on patient care and treatment these concerns needed to be addressed straight away during the inspection. Further details of the immediate improvements we identified are provided in Appendix A.

3. What we found

Background of the service

Family Dental Care provides services to patients in the Cardiff 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 six dentists, one hygienist, three dedicated dental nurses, a practice co-ordinator, who is also a qualified dental nurse and three trainee dental nurses.

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

Quality of patient experience

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

Overall we found that Family Dental Care was committed to providing a positive experience for patients at the practice and we found suitable processes in place to support this.

There was a good range of written information on maintaining good oral hygiene for both adults and children available in the waiting areas.

The practice had a good mechanism in place to capture patient feedback and regularly monitored and assessed the service it provides.

Before our inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 38 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; the majority of the patients who completed a questionnaire said that they would rate the service provided by the practice as excellent or very good.

Patient comments included:

"It is an excellent service and staff are very nice and friendly"

"They are always obliging and give excellent service"

"Everyone is friendly at the practice. Service is excellent. I feel privileged to attend this practice"

Staying healthy

Health promotion protection and improvement

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

was a good range of written information available within the waiting areas for patients to read and take away. This included information on preventative care and good oral hygiene for both children and adults, smoking cessation and private treatments offered by the practice.

Dignified care

We observed a range of staff speaking to patients in person and on the telephone in a polite and professional manner. Without exception, all of the patients who completed a HIW questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff confirmed that should a patient wish to have a private conversation then this would be carried out in one of the available surgeries or in the staff room next to reception. We also noted that calls can be transferred between the reception and surgeries to allow private conversations to take place with patients if required.

The practice had a comprehensive confidentiality and data protection policy in place to protect patient privacy. This covered matters such as protecting patient details, access to records and disclosure to third parties.

We noted that the 9 Principles¹ 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.

Patient information

All of the patients who completed a HIW 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.

We saw that a price list for private treatments and charges for NHS dentistry were on display in each waiting room. The majority of patients who completed a HIW

¹ The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

questionnaire told us the cost was always made clear to them before they received any treatment.

The practice had copies of their patient information leaflet available for patients in the reception area and each waiting room and we found it contained all of the information required by the regulations. A practice policy folder was also made available to patients to familiarise themselves with what they can expect from the practice. The folder included a copy of the statement of purpose² which was also fully compliant with the regulations.

The names and qualifications of each dentist working at the practice was displayed outside the practice in line with GDC guidelines.

Communicating effectively

The practice confirmed that some of the staff are able to provide a bi-lingual service to Welsh speaking patients. The practice had a good range of patient information available in Welsh, including the patient information leaflet and a number of practice policies.

For patients whose first language was neither English nor Welsh, the practice actively advertised a language line service to patients in a range of other languages. This would help ensure that patients are able to receive care that meets their individual needs and are able to understand all aspects of their care and treatment. The majority of patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language.

During the inspection we reviewed a sample of patient records for each dentist to check they were being maintained in line with professional guidelines. We saw evidence of written treatment plans that included a discussion of the available treatment options and notes of the costs involved. This is in line with best practice and meant that patients were provided with sufficient information in order to make an informed choice about their treatment.

² 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.

Timely care

Almost all of the patients who completed a HIW questionnaire felt that it was 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 upon arrival or as soon as possible thereafter. We were also told by staff that they are able to communicate via instant messaging between the reception and surgeries to ensure that any delays are communicated effectively.

We noted that the practice has a policy of attempting to see all emergency appointments within 24 hours. We saw that details on how patients can access emergency out of hours care was displayed on the outside of the practice and were told that the same information is relayed to patients on the practice's answerphone system. These details included telephone numbers for the practice's on-call dentist for private patients and the Cardiff and Vale University Health Board's out-of-hours dental service for NHS patients.

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

Individual care

Planning care to promote independence

All but one of the patients who completed a HIW questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. We reviewed a sample of patient records and found that they were being maintained to a good standard and supported the practice to deliver appropriate and effective treatment to patients.

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

People's rights

The practice had an equal opportunities policy in place which demonstrated a commitment to ensure that everyone has access to fair treatment. In line with the Equality Act 2010, the policy acknowledged the need to deliver services and

treatment to all patients regardless of a protected characteristic³.

The practice had a new patient policy as required by the regulations which outlined the arrangements for accepting new patients into the practice. A copy of the policy was available to prospective patients to view in the practice policy folder.

In terms of physical access, the practice had a car park at the rear of the property. The reception, one waiting room and two surgeries were available on the ground floor of the premises. Physical access to the practice was limited for people with mobility difficulties due to the steps leading to the main entrance. However, the practice told us that in these circumstances patients can use a side door to access the practice.

Listening and learning from feedback

We saw that there was a suggestions box together with paper feedback forms in the waiting area for patients to provide comments about their experience and suggestions for improvement. We saw very good evidence to demonstrate that patient feedback was actively monitored and listened to. This was evidenced by a 'You said, we did' poster on display on the front of each suggestion box for patients to see what action the practice had taken as a direct result of patient feedback. There was also good evidence to show that feedback was discussed and acted upon during staff meetings.

The procedure for patients to raise a complaint or concern about their care was outlined in a complaints policy which was displayed for patients in each waiting room. The procedure enabled staff to handle any such complaints effectively and in a timely manner and was consistent with both NHS Putting Things Right⁴ guidance and the Private Dentistry (Wales) Regulations 2017. The practice manager told us that the practice had not received any formal complaints since she had started working at the practice in 2017.

³ The Equality Act 2010 makes it an offence to discriminate against someone because of a protected characteristic.

<https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

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 the practice was committed to providing patients with safe and effective dental care.

We found there to be good procedures in place for the cleaning, sterilisation and storage of dental instruments which were in line with best practice guidelines.

Patient records were maintained to a good standard overall and captured relevant patient information.

Safe care

Managing risk and promoting health and safety

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

The reception and waiting areas were welcoming, tidy and free from obvious hazards. There were no concerns given by patients over the cleanliness of the dental practice; every patient who completed a HIW questionnaire felt that, in their opinion, the dental practice was very clean.

We noted that clinical areas were generally in a good state of repair, however we recommend that the practice makes maintenance improvements to the following areas:

- all cabinetry must be reviewed for damage and repaired where necessary
- all exposed cables must be boxed in to ensure that the area can be fully cleaned.

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. We saw evidence that fire

drills had been undertaken bi-annually and that various checks to ensure fire safety, including weekly fire door and smoke alarm checks, were recorded in a log book.

Emergency exits were signposted and a no smoking sign was displayed which reminds staff and patients of the smoke free premises legislation⁵.

A number of comprehensive risk assessments had recently been undertaken, including fire, disability and health and safety. We saw evidence that some remedial actions identified by the risk assessments had been documented in the risk assessments by the practice, but not all. We would remind the practice to ensure they appropriately document any remedial actions taken to mitigate against the risks identified in the risk assessments.

Staff could change in an area at the rear of the practice which had a lockable door to protect their privacy and dignity. A small storage area was available for staff to store their personal possessions.

Improvement needed

The practice must make general maintenance improvements to any damaged cabinetry and ensure all exposed cables are boxed in.

Infection prevention and control

We found evidence that suitable infection and control measures were in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05⁶. The dedicated decontamination room was visibly clean and tidy, followed a dirty to clean decontamination route, and staff had access to and used

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 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.

personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections.

The practice had two autoclave machines, one of which captured cycle information through an electronic data recorder and the other via a paper printer. We saw evidence of a log book that confirmed staff had been undertaking appropriate daily and weekly checks to ensure that the sterilisation equipment was functioning correctly and had been meeting validation requirements.

We saw that staff were transporting clean and used instruments between the surgeries and the decontamination room in secure boxes to help further prevent cross-contamination. We also noted that the practice had appropriate methods and tools available to ensure the correct pre-sterilisation of instruments as part of the overall decontamination process.

A contract was in place with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste. However we recommend that within the surgeries, pedal bins used to store clinical waste are removed from being placed inside cupboards to minimise the risk of cross-infection.

During an inspection of the surgeries we observed that some dust had built up on some of the equipment. We recommend that all surgeries are given a deep clean to ensure that any dust is removed and that this area of cleaning is embedded into existing cleaning regimes.

Separate patient and staff toilets were available within the practice. We saw that each toilet had appropriate feminine hygiene facilities available.

We looked at staff records and found an 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 must remove the pedal bins being used to store clinical waste from inside the cupboards within the surgeries.

The practice must ensure surgeries are free from dust and that the existing cleaning regime for the practice is updated to minimise future dust build ups.

Medicines management

We saw evidence that the practice had emergency drugs and emergency resuscitation equipment available that met the Resuscitation Council (UK) standards⁷. All items were situated in the staff changing area next to the reception and were accessible to staff in an emergency situation. We noted that the practice was storing glucagon injection kits⁸ in a locked fridge and we recommended that these are stored with the other emergency drugs as the lock on the fridge would delay access in an emergency. This was resolved on the day of the inspection.

We saw evidence that regular documented checks were being undertaken on the emergency drugs and equipment to ensure they remained in date and safe to use. This included a valid service maintenance certificate of the practice's oxygen cylinders.

However, during our tour of the practice we saw that all expired emergency drugs were being stored in an appropriately marked drawer next to the in-date drugs. This may cause a risk of the out of date drugs becoming inadvertently mixed up or administered in an emergency situation. We recommend the practice reviews its policy on the safe disposal of emergency drugs. The practice immediately removed the drawer and arranged for the disposal of all existing expired drugs during the inspection.

The practice had a policy in place for resuscitation and managing medical emergencies in line with national guidelines for resuscitation. We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

Nine 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

⁷ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

⁸ Glucagon is for immediate, emergency use for children and adults with diabetes who use insulin and are suffering from a hypoglycemic attack.

products Regulatory Agency (MHRA) via the Yellow Card Scheme⁹ to help the MHRA 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 review its policy that details the arrangements to safely store and dispose of out of date emergency drugs.

Safeguarding children and adults at risk

The practice had an up-to-date 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.

The safeguarding lead for the practice was the principal dentist who had oversight of safeguarding matters. The practice manager confirmed that knowledge of safeguarding issues is disseminated through induction and training. We saw that staff had either recently undertaken or were booked onto upcoming formal training in the safeguarding of children and vulnerable adults.

The practice did not have a copy of the All Wales Child Protection Procedures 2008, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales. We advise that the practice obtains a copy of the procedures and ensure staff members familiarise themselves with the content in order to understand the national approach to safeguarding children.

Medical devices, equipment and diagnostic systems

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

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

condition.

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

- a comprehensive radiation policy was in place
- the X-ray equipment had been regularly serviced and 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
- local rules¹⁰ were displayed by the X-ray equipment to set out the working procedures to ensure that radiation exposure to staff is restricted.

However we found evidence of scratch marks on one of the x-ray sensor plates which had affected the quality of some of the radiograph images that we reviewed. The practice must regularly review the condition of the x-ray sensor plates and ensure they are replaced when necessary.

While we saw evidence that radiograph images had been audited and graded by dentists, the audit did not demonstrate or determine whether image quality conformed to minimum standards (70% excellent, 20% acceptable and no more than 10% unacceptable).

We also found that a dental nurse had not undertaken the number of hours (five) of verifiable training in radiography and radiation protection during their previous five year cycle as recommended by the GDC. We raised this during the inspection and received evidence the next day that the dental nurse had subsequently completed appropriate and sufficient training in radiography and radiation protection.

¹⁰ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

Improvement needed

The practice must ensure that any radiography audits undertaken demonstrate whether image quality conforms to minimum standards.

The practice must also regularly review the condition of the x-ray sensor plates and ensure they are replaced when necessary.

Effective care

Safe and clinically effective care

It was evident that the practice was seeking to provide safe and clinically effective care. The practice has undertaken, and continues to conduct, a range of clinical audits to continually improve the care provided.

We saw evidence that an audit on compliance with the Welsh Health Technical Memorandum (WHTM) 01-05 decontamination best practice guidelines has been undertaken annually and that the changes recommended as a result of this audit had been implemented. We noted this as good practice.

Other audits undertaken at the practice included an audit of clinical notes and antimicrobial prescribing. The practice told us that they intended to undertake an audit on smoking cessation before the end of the year to further quality assure the care and treatment being provided.

Quality improvement, research and innovation

We were told that peer review between clinical staff is due to be undertaken in late 2019 with another practice in the area. This will further contribute to the delivery of safe and effective care provided to patients.

We found there to be good evidence of engagement with the Health Education and Improvement Wales (HEIW) Maturity Matrix Dentistry (MMD) 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 saw examples of minutes of each meeting and reflections from use of the tool.

The practice manager also told us that they were part of the Denplan Excel scheme and were actively working towards British Dental Association (BDA) Good Practice scheme, which is a quality assurance programme aiming to embed good practice on professional and legal responsibilities for dental teams.

Information governance and communications technology

The practice had a data protection 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 electronically stored on password protected computers. Copies of the electronic records are regularly backed-up and kept off site so that the original data can be restored should something happen to the practice or system and staff could no longer access them.

We saw that initial medical histories and old paper records were securely stored to prevent unauthorised access.

Record keeping

We found evidence of good record keeping in the sample of patient records that we reviewed which supported the practice to deliver quality patient care and helped promote the wellbeing and safety of patients. 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 clearly documented justification for the reasons why X-rays were or were not being taken.

We noted that there were some inconsistencies when recording and updating medical histories onto patient records. Each dentist must ensure that verbal medical history checks are recorded in the patient records as required by professional guidelines.

Improvement needed

The practice must ensure that each dentist appropriately records in the patient records any verbal medical history checks undertaken with patients at each appointment.

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 evidence of good management and leadership which was evidenced through regular staff meetings and annual staff appraisals.

Staff worked well together and had access to the appropriate training opportunities in order to fulfil their roles and responsibilities.

A wide range of policies and audits have been undertaken to help monitor and quality assure patient care and effective team working.

Further oversight is required in order to ensure that all staff complete mandatory training requirements.

Governance, leadership and accountability

Family Dental Care is owned by the principal dentist who is the nominated responsible individual¹¹ and registered manager¹². The principal dentist is supported by a practice co-ordinator and a wider team of clinical and non-clinical staff, some of whom have been employed by the practice for a number of years.

¹¹ 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).

¹² A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

We found the practice to have good leadership and clear lines of accountability. We observed staff working well together, evidenced by their interaction with patients and their co-operation and demeanour throughout the inspection process.

As already mentioned in this report, we found there to be good evidence of engagement with the Health Education and Improvement Wales (HEIW) Maturity Matrix Dentistry (MMD) practice development tool which encourages the dental practice team to work together to identify key areas for improvement.

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 been made aware of these during their induction process. However we could not be assured that all staff had read and understood each policy and any updates. We recommend that the practice implements a new system to monitor and ensure that all staff have read and understood each policy and any updates.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place.

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 to show that the practice was registered with HIW to provide private dental services.

Improvement needed

The practice must implement a new system to monitor and ensure that all staff have read and understood each policy and any subsequent updates.

Staff and resources

Workforce

Overall, 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 we saw that these were retained on staff files. New members of staff are provided with an induction training programme and a probationary period.

We saw evidence that all staff had a Personal Development Plan (PDP) in place and that staff had attended training on a range of topics relevant to their roles to help meet their CPD requirements.

As mentioned earlier in this report, we found evidence that a dental nurse had not undertaken the required number of hours of verifiable training in radiography and radiation protection. The practice must ensure that they have a mechanism in place to ensure that all staff complete mandatory training requirements. Details on how our concerns on this issue were resolved are detailed in Appendix A.

The registered manager told us that appraisals with all members of staff take place annually which provided an opportunity for staff to hear feedback about their performance and to review any further CPD opportunities.

Practice meetings are held regularly 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.

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 described appropriate pre-employment checks the practice would undertake to ensure new staff are suitably qualified and protected to work with patients.

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.

The practice had a whistleblowing (speaking-up) policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care. The policy had clear signposting for raising concerns both internally and externally, however we recommend that the whistleblowing policy is updated to list HIW as a prescribed whistleblowing organisation that staff can contact in the event of any concerns they may have.

Improvement needed

The practice must update their whistleblowing policy to include the contact details for HIW as a prescribed whistleblowing organisation that staff can contact in the event of any concerns.

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 summarises 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
<p>We saw evidence that a dental nurse had not undertaken the number of hours (five) of verifiable training in radiography and radiation protection during their previous five year cycle as recommended by the GDC.</p> <p>The dental nurse had undertaken six hours of radiography and radiation protection training since 2008.</p>	<p>Registered dental professionals have a duty to maintain their knowledge and skills to ensure they can provide the best possible treatment and care to patients.</p>	<p>We raised our concerns with the practice during the inspection and requested that this was immediately rectified.</p>	<p>During the inspection the practice created a checklist to monitor the dental team's future compliance of mandatory training requirements as required by their professional bodies, current legislation, standards and best practice guidelines.</p> <p>We also received evidence the day after the inspection that the dental nurse had subsequently completed the relevant training on radiography and radiation protection training.</p>

<p>We saw that all expired emergency drugs were being stored in a drawer alongside to the in-date drugs.</p>	<p>This may cause a risk of the out of date drugs becoming inadvertently mixed up or administered in an emergency situation.</p>	<p>We raised our concerns with the practice during the inspection and requested that this was immediately rectified.</p>	<p>The practice immediately removed the drawer and arranged for the disposal of all existing expired drugs during the inspection.</p>
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Appendix B – Immediate improvement plan

Service: Family Dental Care

Date of inspection: 19 August 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: Family Dental Care

Date of inspection: 19 August 2019

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
No improvements were identified for this section.				
Delivery of safe and effective care				
The practice must make general maintenance improvements to any damaged cabinetry and ensure all exposed cables are boxed in.	The Private Dentistry (Wales) Regulations 2017	General maintenance – Damaged cabinetry replacement was ordered before inspection and awaiting part. Exposed wires have been boxed in	Anoushka Wickramasinghe	Completed
The practice must remove the pedal bins being used to store clinical waste from the cupboards within the surgeries.		Pedal bins have been removed from surgery cupboards.	Anoushka Wickramasinghe	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must ensure surgeries are free from dust and that the existing cleaning regime for the practice is updated to minimise future dust build ups.	Regulations 13(5) and 22(2a)	Surgery hygiene procedure has been updated and weekly removal of dust from surgery cupboard tops added.	Anoushka Wickramasinghe	Completed
The practice must review its policy on the arrangements to safely store and dispose of out of date emergency drugs.	Health and Care Standards 2015 Standard 2.6	Out of drugs removed and disposed of on day of inspection. We had at the time of inspection a contract with Initial for the safe disposal of out of date drugs.	Anoushka Wickramasinghe	Completed
The practice must ensure that any radiography audits undertaken demonstrate whether image quality conforms to minimum standards.	Health and Care Standards 2015	The radiography image quality audit was calculated but not put in to percentage. The practice will ensure we calculate a percentage for the image quality audit.	Anoushka Wickramasinge	Completed
The practice must also regularly review the condition of the x-ray sensor plates and ensure they are replaced when necessary.	Standard 2.9	From daily recording and regular audit of image quality, grade 3 will highlight when x-ray sensor plates should be replaced.	Anoushka Wickramasinghe	Completed
The practice must ensure that each dentist appropriately records in the patient records any verbal medical history checks undertaken with patients at each appointment.	The Private Dentistry (Wales) Regulations 2017	Dentists have been reminded to record verbal medical history checks undertaken at each appointment. Regular audit of record keeping to ensure this is maintained to a high standard.	Anoushka Wickramasinghe	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulations 20(1(ii))			
Quality of management and leadership				
The practice must implement a new system to monitor and ensure that all staff have read and understood each policy and any subsequent updates.	Health and Care Standards 2015 Standard 7.1	A staff handbook with all relevant policies and procedures has been implemented. All staff have read and signed they have understood.	Anoushka Wickramasinghe	Completed
The practice must update their whistleblowing policy to include the contact details for HIW as a prescribed whistleblowing organisation that staff can contact in the event of any concerns.	The Private Dentistry (Wales) Regulations 2017 Regulation 17(3e)	Whistleblowing policy updated and HIW contact details added.	Anoushka Wickramasinghe	Completed

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

Service representative

Name (print): Anoushka Wickramasinghe

Job role: Registered Manager

Date: 07 October 2019