

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

High Street Dental / 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 High Street Dental at 57 High Street, Cowbridge, CF71 7AF on the 23 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 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 High Street Dental was committed to providing a positive experience for patients.

Dental equipment in both dental surgeries was in good condition and arrangements for the decontamination of dental instruments were in line with best practice guidelines.

However, we found evidence that the practice was not fully compliant with current regulations, standards and best practice guidelines.

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 to patients within the waiting area
- Patients could provide feedback about their experiences of the care and treatment received at the practice
- Comprehensive risk assessments were in place to ensure premises and clinical practices were fit for purpose
- Suitable infection and control measures were in place in relation to the cleaning and sterilisation (decontamination) of dental instruments.

This is what we recommend the service could improve:

- The room storing dental supplies needs to be made secure to reduce the risk of unauthorised access
- One of the dentists needs to receive training on the safeguarding of children and vulnerable adults
- Welsh speaking patients must be offered more language services that meet their needs
- A copy of electronic patient record data needs to be kept securely offsite

We identified that the service was not compliant with the following regulations of the Private Dentistry (Wales) Regulations 2017:

- Regulation 20 regarding records – one of the dentists was not completing patient records in accordance with current legislation, standards and best practice guidelines
- Regulation 15 regarding privacy, dignity and relationships – one of the dentists was not ensuring that the door was closed when treating patients in their dental surgery
- Regulations 13(5a) and 13(5b) regarding the quality of treatment and other service provision – hazardous waste was not being stored appropriately or securely in line with best practice guidelines.

These are serious matters and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

## 3. What we found

### Background of the service

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

The practice is jointly owned by two principal dentists under an expense sharing agreement. This means that both dentists operate independently but share some of the costs associated with running the practice. Each dentist holds a separate registration with HIW and therefore both dentists are recognised as a responsible individual<sup>1</sup> and registered manager<sup>2</sup> for the practice as required by the regulations.

One dentist provides NHS and private general dental services and one dentist provides private general dental services only.

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<sup>1</sup> 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).

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



## 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, High Street Dental had suitable processes in place to help patients receive a positive experience at the practice.

Patients rated the service provided by the practice as excellent and told us that they were able to get an appointment when they needed it.

The practice captured patient feedback to help monitor and assess the quality of the service it provides.

Immediate improvements were needed to ensure patients' dignity and privacy are protected when receiving treatments.

More could be done to help meet the needs of Welsh speaking patients in line with best practice guidelines.

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 21 questionnaires were completed.

Overall, patient feedback was positive with all but one of the patients who completed a questionnaire rating the service provided by the practice as excellent.

Patient comments included the following:

*"Always kind and reassuring with nervous patients. Well informed of treatment options. I can always get an appointment for urgent matter"*

*"Always very happy with treatment, they go above and beyond what they need to do"*

*"Professional, courteous and efficient"*

## **Staying healthy**

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

We saw that a suitable range of written information on preventative care and good oral hygiene for both children and adults was available within the waiting area for patients to read and take away.

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

### **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 HIW questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

However, during the inspection we were able to observe patients being treated by one of the dentists, and hear discussions taking place inside, because the door to the dental surgery remained open. We also noticed that the door to the dental surgery was unable to be closed fully due to a faulty door latch. This meant that the treatment of patients was not being conducted in a manner which respected the privacy, dignity and confidentiality of patients.

Our concerns regarding this were dealt with under our non compliance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

The 9 Principles<sup>3</sup> 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.

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<sup>3</sup> The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

## Patient information

We saw that a price list for private treatments and charges for NHS dentistry were on display for patients in the waiting area. Patients who completed a HIW questionnaire confirmed that they were made aware of the costs involved before receiving any treatment.

The practice had separate patient information leaflets available in the waiting area for each dentist which contained the information required by the regulations. However, we noticed that one of the leaflets made reference to a dental professional that no longer worked at the practice. We advised the practice to correct this to provide clarity to patients.

Each dentist provided us with a copy of their statement of purpose<sup>4</sup> and we found that they also contained the information required by 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 by the waiting area in accordance with professional guidelines.

## Communicating effectively

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

An accessible information policy was in place to help staff meet the communication needs of patients. However, we saw that limited written patient information was available for patients in Welsh. The practice must ensure that Welsh speaking patients are offered language services that meet their needs as a natural part of their care as required by the Health and Care Standards.

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 that one of the dentists was maintaining appropriate written treatment plans that included notes of the costs and of treatment options discussed during

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<sup>4</sup> 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.

appointments. This was in line with best practice and meant that patients were provided with information to make informed choices about their treatment.

However, we found a lack of contemporaneous and accurate notes of treatment options provided to patients in the patient records for the other dentist. Our concerns regarding this issue were dealt with under our immediate non compliance process and are detailed in Appendix B.

### Improvement needed

The practice must ensure that Welsh speaking patients are offered language services that meet their needs as a natural part of their care as required by the Health and Care Standards.

## Timely care

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 to their appointment time on arrival, or as soon as possible.

We were told that any patients requiring emergency treatment during working hours are accommodated on the same day. Details of how patients could access emergency treatment out of hours was provided in the patient information leaflets for each dentist.

The majority of patients who completed a HIW questionnaire confirmed 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 of the patients who completed a HIW questionnaire told us that the dentist enquired about their medical history before undertaking any treatment. This is required by professional guidelines to help a dentist understand potential diseases or identify medication that might impact on a patient's dental treatment and we saw evidence to confirm that these were being recorded appropriately in electronic patient records for both dentists.

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

### People's rights

The practice is situated on the first floor and therefore all facilities are not easily accessible to patients with mobility issues. These accessibility issues are made clear to patients in the patient information leaflets.

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

We also saw that the practice had a policy detailing the arrangements for their acceptance of new patients as required by the regulations.

### Listening and learning from feedback

Paper feedback forms were available for patients to provide feedback to the practice on the services being provided. 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 leaflets. The complaints procedure was outlined for staff in a complaints policy and we found it was compliant with the Putting Things Right<sup>5</sup> process and the Private Dentistry (Wales) Regulations 2017. However, we noticed that the complaints policy needed to be amended as it included an incorrect email address and an incorrect reference to HIW.

The practice had not received any complaints since registering with HIW.

#### Improvement needed

The practice must amend its complaints policy to refer to HIW as 'Healthcare Inspectorate Wales' and include the correct email address to contact HIW.

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<sup>5</sup> 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.*

Procedures for the cleaning, sterilisation and storage of dental instruments were in line with best practice guidelines.

Appropriate arrangements were in place to ensure the premises were safe and fit for purpose.

Immediate improvements were required to store hazardous material appropriately and securely in line with best practice guidelines.

One of the dentists was not maintaining comprehensive electronic patient records in line with current legislation, standards and best practice guidelines.

## 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. This was because the practice had various policies, procedures and risk assessments in place to ensure the premises were safe and fit for purpose.

The building appeared well maintained internally and externally and we saw that all areas of the practice were clean and tidy. There were no concerns given by patients that completed a HIW questionnaire over the cleanliness of the practice.

We found that appropriate arrangements were in place to adequately protect staff and people visiting the practice in the event of a fire:

- a fire risk assessment had recently been undertaken and subsequent remedial actions had been implemented
- fire extinguishers throughout the practice had been serviced within the last twelve months to ensure that the equipment worked properly

- fire alarm tests were carried out monthly and recorded in a logbook
- emergency exits were appropriately signposted.

A no smoking sign was displayed to remind staff and patients of the smoke free premises legislation<sup>6</sup>. A Health and Safety poster was displayed within the practice to inform staff how they can best protect their own health and safety within the workplace.

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.

We saw that the practice had a business continuity and disaster policy as required by the regulations which detailed the contingencies in place to ensure the safe running of the practice in the case of an emergency or natural disaster.

### 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) 01-05<sup>7</sup>. The dedicated decontamination room was spacious and 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.

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. Staff also confirmed that regular protein residue testing is undertaken on reprocessed instruments to help identify surface contamination that cannot be seen by visual inspection.

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<sup>6</sup> The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

<sup>7</sup> 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.

A contract was in place with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste. However, during the inspection we found that clinical waste was being stored inappropriately inside the practice. Our concerns regarding this issue were dealt with under our immediate non compliance process and are detailed in Appendix B.

Separate toilet facilities were available for patients within the practice. However, we noticed that feminine hygiene facilities were not available in the staff toilet; a feminine hygiene bin must be acquired for this toilet in accordance with health and safety regulations.

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 to install a feminine hygiene bin in the staff toilet facilities.

### Medicines management

During our tour of the practice we saw that spare dental supplies (medicines and equipment) were being stored in an unlocked room next to the waiting area. These supplies included stored sharp surgical supplies and glass cartridges of local anaesthetic. We recommend that the practice installs a lock on the door to reduce the risk of unauthorised access to such materials.

We saw evidence that the practice had emergency drugs and emergency resuscitation equipment available that met the Resuscitation Council (UK) standards<sup>8</sup>. Regular documented checks were being undertaken on the emergency drugs and equipment to ensure they remained in date and safe to use.

The emergency drugs and emergency resuscitation equipment were situated in the same unlocked room as the spare dental supplies referred to above.

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



However, in light of our recommendation to ensure this room is locked in future due to it storing spare dental supplies, we also recommend that the emergency drugs and emergency resuscitation equipment are moved to a new location within the practice that is secure in terms of the risk of unauthorised access but that is still accessible to staff in an emergency.

A policy was in place that set out the local arrangements for the safe management and handling of resuscitation or medical emergencies such as patient collapse and we saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

However, we noticed that the resuscitation algorithms<sup>9</sup> at the practice had not been produced by the Resuscitation Council (UK). We recommended to the registered managers that the practice use the algorithms produced by the Resuscitation Council (UK) to ensure the guidance was in line with national guidelines; this was actioned immediately during the inspection.

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 Scheme<sup>10</sup> to help the MHRA monitor whether healthcare products are acceptably safe for patients and those that use them.

#### Improvement needed

The practice must make the room that is storing dental supplies more secure to reduce the risk of unauthorised access to sharp surgical supplies and glass cartridges of local anaesthetic.

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

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<sup>9</sup> A resuscitation algorithm sets out the steps to take for the initial management of a variety of medical emergencies and is presented as a flowchart.

<sup>10</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

## Safeguarding children and adults at risk

The practice had safeguarding policies 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 policies included contact details for staff to 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 one of the dentists had not undertaken recent relevant training in the safeguarding of children and vulnerable adults; the practice must ensure that all staff are appropriately trained to level 2.

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)<sup>11</sup> 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.

## 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 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:

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<sup>11</sup> 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).

- the dental team had received up to date ionising radiation training
- a comprehensive radiation policy was in place and local rules<sup>12</sup> 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 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.

## Effective care

### Safe and clinically effective care

The practice had recently undertaken some clinical audits to analyse the quality of the dental care and service provided to patients and identify areas for improvement. We were able to see that audits of antibiotic prescribing, infection control and the image quality of X-rays had been completed. We advise that more audit activities, including integrated smoking cessation and record keeping are added to the schedule of audits to further quality assure the care and treatment being provided.

We recommend that the audit activities the practice undertakes are detailed in a policy on the arrangements for clinical audit as required by the regulations.

The practice might also wish to consider making use of the Health Education and Improvement Wales Maturity Matrix Dentistry<sup>13</sup> 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.

#### Improvement needed

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

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<sup>12</sup> Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

<sup>13</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

## 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 electronic and we were told that a copy of the data is regularly made so that it may be used to restore the original data in the event of a data loss. However, we were also informed that the copy of the data is held within the practice and we recommend that the practice stores the copy of the data securely offsite in future so it is not lost in the event of a significant incident inside the practice.

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

### Improvement needed

The practice needs to store the copy of their electronic patient record data securely offsite to ensure it is not lost in the event of a significant incident inside the practice.

## Record keeping

We noted earlier in the report that we reviewed a sample of patient records for each dentist. We saw evidence that one of the dentists providing NHS and private general dental services was maintaining patient records to a good standard to help support 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 appropriate radiography documentation that followed Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) guidelines
- contained appropriate dental recall intervals for patients in line with the National Institute for Health and Care Excellence (NICE) guidelines.

However, during our review of patient records for the other dentist, who provided private general dental services only, we identified:

- a lack of appropriate documentation and incomplete recording of any antibiotics prescribed to patients
- patient referrals (for further investigations or treatment) were not being monitored, for example that any urgent patient referrals had been received by the relevant hospital within the appropriate timescale

Our concerns regarding this were dealt with under our immediate non compliance process and are detailed in Appendix B.

## 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 effective management procedures in place, including annual staff appraisals and regular staff meetings.

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 help ensure the safety of staff and patients.

## Governance, leadership and accountability

We found a wide range of policies and procedures were in place to ensure the safety of both staff and patients. We recommend that the whistleblowing policy is updated to list HIW and the Dental Complaints Service as organisations that staff can contact in the event of any concerns they may have.

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.

Each dentist confirmed that that they were aware of their duties under the regulations as registered managers regarding any notifications that must be sent to HIW 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.

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.

### Improvement needed

We recommend that the whistleblowing policy is updated to list HIW and the Dental Complaints Service as organisations that staff can contact in the event of any concerns they may have.

## Staff and resources

### Workforce

We found suitable governance arrangements in place at the practice. 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.

We saw records that confirmed annual appraisals had taken place for all members of staff which provided opportunities for staff to hear feedback about their performance and to review any CPD opportunities.

Practice team meetings have been 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 had. Minutes of each team meeting are routinely taken and sent to all staff to ensure absent members of staff are aware of what has been discussed.

Staff are required to have a Disclosure and Barring Service (DBS) certificate issued prior to starting their job role and we saw evidence of suitable certificates in place for all members of staff working at the practice.

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.

An induction policy was in place that set out the procedures to follow to make new staff feel welcome and to help them gain an effective understanding of their new role.

Facilities were also available for staff to securely store their personal possessions as required by the regulations.

## 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:** High Street Dental

**Date of inspection:** 23 July 2019

The tables 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
The registered manager of Smiles SI Ltd must ensure he has the necessary skills, knowledge and understanding, and appropriate systems in place to ensure his dental records are contemporaneous, accurate and in line with current legislation, standards and best practice guidelines.	The Private Dentistry (Wales) Regulations 2017 Regulation 20	As of the morning of Wednesday 24th July 2019 all patient medical histories have been signed by patients and myself and double checked for accuracy before being scanned onto the computer.  All GDPR forms were also checked for accuracy and double checked by myself before being scanned onto the computer.  I also received a demonstration from Rebecca Close on how to	Mr Saleem Ikram	Commenced on 24/7/2019 and is being implemented from now on

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		<p>transfer information onto the new software accurately.</p> <p>I also made an effort to double check from old paper records that I have imported relevant and important information as of 24/7/2019, and will continue this.</p> <p>I have also started to add more of the patient's social history and to include relevant information to help improve patient's health.</p> <p>A computer software will be carried out on 26/7/2019 and hopefully eliminate any further problems with record keeping.</p> <p>A pop up is available on patient records to highlight a medical alert, but I will use this facility to show a patient was given antibiotics, which could be useful for an audit.</p> <p>In conclusion, all efforts have began, and will be maintained.</p>		

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
The registered manager of Smiles SI Ltd must repair the door to his dental surgery to enable it to be closed fully and must ensure the door is fully closed when treating or speaking to patients in his dental surgery to protect and respect the privacy, dignity and confidentiality of his patients.	The Private Dentistry (Wales) Regulations 2017 Regulation 15	My surgery door inner latch was removed on morning of 24/7/2019, and the non engaging centre part has been identified. A new part will be purchased this weekend from screw fix.  I will fit this back into the lock on Monday 29/7/2019.  Until then and this has already been implemented (from am of 24/7/2019), that the door be kept closed and so patients privacy , dignity and confidentiality is observed as per the regulations in the Private Dentistry (Wales) Regulations 2017.	Mr Saleem Ikram	29th or 30th July 2019
The service must ensure healthcare waste is being stored appropriately and securely within the dental practice in line with best practice guidelines.	The Private Dentistry (Wales) Regulations 2017	The waste storage cupboard now (24/7/2019) has a warning sign put on the door.  The door now has a lock and key fitted by myself on 24/7/2019.	Mr Saleem Ikram	Completed

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
	Regulations 13(5a) and 13(5b)			

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): Saleem Ikram**

**Job role: Registered Manager of Smiles SI Ltd**

**Date: 26 July 2019**

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
The service must ensure healthcare waste is being stored appropriately and securely within the dental practice in line with best practice guidelines.	The Private Dentistry (Wales) Regulations 2017 Regulations 13(5a) and 13(5b)	The clinical waste is stored in orange bags and these are securely tied once full in a cupboard in the staff room. The store cupboard door now has a lock	Rebecca Close	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): Rebecca Close**

**Job role: Registered Manager of Neef Teef Ltd**

**Date: 30 July 2019**

## Appendix C – Improvement plan

**Service:** High Street Dental

**Date of inspection:** 23 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
<b>Quality of the patient experience</b>				
The practice must ensure that Welsh speaking patients are offered language services that meet their needs as a natural part of their care as required by the Health and Care Standards.	Health and Care Standards 2015 Standard 3.2	Communication needs of patients that require assistance to speak in Welsh can be arranged by Language line. Our hygienist does speak Welsh if required.	Saleem Ikram and Rebecca Close	Completed
The practice must amend its complaints policy to refer to HIW as 'Healthcare Inspectorate Wales' and include the correct email address to contact HIW.	The Private Dentistry (Wales) Regulations 2017	The complaints policy has been amended in August 2019 to refer to HIW as the Healthcare Inspectorate Wales, and the correct Email to contact HIW has been included.	Saleem Ikram and Rebecca Close	Completed



Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 21(4a)			
<b>Delivery of safe and effective care</b>				
The practice to install a feminine hygiene bin in the staff toilet facilities.	HSE guidance – Health and Safety at Work Regulations	On 3/8/2019, canon hygiene, which is our waste management company, was contacted and a new feminine hygiene bin order was placed, this should arrive within the next week.	Saleem Ikram and Rebecca Close	Completed.
The practice must make the room that is storing dental supplies more secure to reduce the risk of unauthorised access to sharp surgical supplies and glass cartridges of local anaesthetic.	The Private Dentistry (Wales) Regulations 2017  Regulation 13(4a)	on 2/9/2019, keyless (combination code) lock was ordered and has arrived. It will be fitted to the door within the next 2/3 weeks.	Saleem Ikram and Rebecca Close	Within the next 2/3 weeks.
The practice must move the emergency drugs and resuscitation equipment to a location within the practice that is secure in terms of the risk of unauthorised access but that is still accessible to staff in an emergency.	The Private Dentistry (Wales) Regulations 2017	The emergency drugs and resuscitation equipment has already been moved to a secure place behind the reception desk.	Saleem Ikram and Rebecca Close	Completed.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 13(1b) Health and Care Standards 2015 Standard 2.6			
The practice needs to ensure all staff are trained to level 2 in the safeguarding of children and vulnerable adults.	Private Dentistry (Wales) Regulations 2017 Regulation 14 Health and Care Standards 2015 Standard 2.7	All staff have completed all levels of the safeguarding of children and vulnerable adults training.	Saleem Ikram and Rebecca Close	Completed
The practice needs to develop a policy detailing their arrangements for clinical audit.	Private Dentistry (Wales)	Audits currently being carried out are for cross infection and Antimicrobial prescribing by Rebecca Close.	Saleem Ikram and Rebecca Close	Ongoing timescale with doing the

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulations 2017 Regulation 8(1n)	Radiology audits by Saleem Ikram. however Saleem Ikram also started Antimicrobial Audit since end of July 2019,  Other audits carried out are on WHTM 01-05, and waste management.  For the above a policy will be developed which will detail that these will be done every 6 months.		audits, but policy will be written within next 2/3 weeks, and kept in the practice policy folder.
The practice needs to store the copy of their electronic patient record data securely offsite to ensure it is not lost in the event of a significant incident inside the practice.	Health and Care Standards 2015 Standard 3.4	Electronic (hard drive) is now being taken off site every night and returned by the receptionist.	Saleem Ikram and Rebecca Close	Completed.
Quality of management and leadership				
We recommend that the whistleblowing policy is updated to list HIW and the Dental Complaints Service as organisations that staff can contact in the event of any concerns they may have.	Private Dentistry (Wales) Regulations 2017	The whistleblowing policy has been updated in August 2019 to include the HIW and other dental complaints service organisations such as the GDC.	Saleem Ikram and Rebecca Close	Completed.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 17(3e)			

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): Saleem Ikram and Rebecca Close**

**Job role: Principal Dentists and Registered Managers**

**Date: 07 September 2019**