

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

Ravenhill Dental Surgery

Swansea Bay University Health  
Board

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2019

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## Contents

1.	What we did .....	5
2.	Summary of our inspection.....	6
3.	What we found .....	8
	Quality of patient experience .....	9
	Delivery of safe and effective care .....	15
	Quality of management and leadership .....	24
4.	What next? .....	27
5.	How we inspect dental practices .....	28
	Appendix A – Summary of concerns resolved during the inspection .....	29
	Appendix B – Immediate improvement plan .....	31
	Appendix C – Improvement plan .....	32

**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 Ravenhill Dental Surgery at 566 Middle Road, Swansea, SA5 5DH, within Swansea Bay University Health Board on the 09 December 2019.

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

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

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

## 2. Summary of our inspection

Overall, we found evidence that Ravenhill Dental Surgery was committed to providing a positive experience for patients.

Patients who completed HIW questionnaires rated the service provided at the practice as excellent or very good.

Staff were supported by good management and leadership arrangements.

However, we found evidence that the practice needs to do more to meet current regulations, standards and best practice guidelines.

This is what we found the service did well:

- Staff were polite, respectful and professional to patients
- Patients were provided with sufficient information to make an informed choice about their treatment
- Arrangements were in place to ensure the premises and clinical facilities were fit for purpose
- Clinical staff were registered to practice with the General Dental Council and had received the necessary training for their roles and responsibilities.

This is what we recommend the service could improve:

- Promote the services it can provide to patients in the Welsh language
- Install storage facilities for staff to store their personal possessions
- Undertake more audit activities to fully assess and monitor the quality of service provided to patients
- Take further steps to ensure effective infection prevention and control arrangements are in place
- Ensure patient records are being maintained to an agreed professional standard.

We identified regulatory breaches during this inspection regarding:

- Fire safety – we found that the practice had not yet undertaken a fixed electrical circuit inspection as recommended in a recent fire risk assessment undertaken by a fire safety expert
- Infection prevention and control - the practice was not undertaking suitable manual recordings of sterilization cycles to ensure autoclaves without automatic data loggers were effectively sterilizing the dental instruments.

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**

Ravenhill Dental Surgery provides services to patients in Swansea and the surrounding area. The practice forms part of dental services provided within the area served by Swansea Bay University Health Board.

The practice employs a large team of 12 staff members which includes three dentists, seven dedicated dental nurses, a practice manager, who is also a qualified dental nurse, and one trainee dental nurse.

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, Ravenhill Dental Surgery had suitable processes in place to help patients receive a positive experience at the practice.

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

Patients felt that they had been treated with dignity and respect by staff at the practice and said it was easy to get an appointment when they needed it.

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 41 questionnaires were completed.

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

Patient comments included the following:

*"The staff here are always very courteous and helpful"*

*"I have had caring dentists and the management and admin staff provide excellent customer service"*

*"It is all at a very good standard. I'm very pleased with my dental practice"*

## Staying healthy

### Health promotion protection and improvement

A good range of health promotion information was available in the waiting room for patients to read and to take away. This included information on smoking cessation and how to maintain good oral hygiene for both children and adults.

We saw charts were also displayed to make patients aware of the high sugar content of various soft drinks and sweets which we noted as good practice.

All but one 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.

## **Dignified care**

We observed 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.

We found that the arrangements in place at the practice helped protect patients' privacy. A large reception desk was situated by the front door and separate to the waiting room, which meant staff were able to have conversations with patients without being overheard. Staff confirmed that should a patient wish to have a more private conversation then this would be carried out in one of the empty dental surgeries. We saw that the doors to each dental surgery were closed by staff during treatments to maintain patients' privacy and dignity.

The practice had a confidentiality policy in place that helped staff recognise the importance of keeping patients' information confidential and described how such information should be used.

We noted that the 9 Principles<sup>1</sup> developed by the General Dental Council (GDC) were not available on the day of the inspection. The GDC require that the principles are displayed in an area where they can easily be seen by patients so they are aware of the standards of care they can expect to receive from dental professionals. We spoke to the registered manager about this and received evidence shortly after the inspection that the principles had subsequently been made available for patients to see.

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<sup>1</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 information about charges for NHS patients were displayed in the waiting room. A price list for private treatments was available by the reception desk. The majority of patients who completed a HIW questionnaire said that the cost was always made clear to them before they received any treatment.

The practice had copies of the patient information leaflet available for patients by the reception desk. We looked at the patient information leaflet and a copy of the statement of purpose<sup>2</sup> and found both documents contained all the information required by the regulations.

We saw that the names of the dentists were displayed outside the building but GDC guidelines recommend that the names and GDC numbers of the full dental team are displayed inside the building in an area it can be easily seen by patients. We spoke to the registered manager about this and received evidence shortly after the inspection that a list had been made available to patients in the waiting room.

## Communicating effectively

Each patient that completed a questionnaire told us they were always able to speak to staff in their preferred language.

The practice did not operate a bi-lingual service. However, we saw that some patient information was available for patients in English and Welsh. The practice confirmed that some of the clinical staff are able to provide a bi-lingual service to Welsh speaking patients. We recommend that the practice does more to promote its Welsh services to patients to help meet the requirement of the Health and Care Standards that Welsh speaking patients are offered language services that meet their needs.

Where applicable, the majority of patients who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in decisions made about their treatment and had received clear information about available

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<sup>2</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.

treatment options. However, during the inspection we reviewed a sample of patient records and found that there was limited information recorded about the treatment options offered to patients. The practice must ensure that patient records fully reflect the treatment options offered and discussed with patients.

#### Improvement needed

The practice must do more to promote the services it can provide to patients in the Welsh language.

The practice must ensure that patient records fully reflect the treatment options offered and discussed with patients.

### **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 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 were told that any patients requiring emergency treatment during working hours are accommodated on the same day wherever possible. Patients requiring emergency care out of hours are directed to dental services provided by Swansea Bay University Health Board.

Almost a third of patients who completed a HIW questionnaire said they would not know how to access the out-of-hours dental service if they had an urgent dental problem. However, we saw information informing patients how they can access treatment out of hours displayed outside the main entrance and in the patient information leaflet.

## Individual care

### Planning care to promote independence

Where applicable, all but one of the patients who completed a HIW questionnaire confirmed that the dentist enquired about their medical history<sup>3</sup> before undertaking any treatment. However, we did not see evidence in the patient records we reviewed that medical history checks were being recorded at each appointment. Each dentist must ensure that verbal medical history checks are recorded in the patient records as required by professional guidelines.

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

#### 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.

### People's rights

We saw that the practice had an equal opportunities policy to help ensure everyone has access to the same opportunities and to the same fair treatment in accordance with the Equality Act 2010. The practice also had a policy that detailed the arrangements for their acceptance of new patients as required by the regulations.

In terms of physical access, the practice did not have a car park but parking was available close by on local residential streets. A ramp was available to help patients over the threshold of the front door if necessary. The reception, waiting area, toilets and dental surgeries were all based on the ground floor and accessible to all including people with mobility difficulties.

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<sup>3</sup> A patient's medical history helps the dentist to understand potential diseases or identify medication that might impact on a patient's dental treatment.

## Listening and learning from feedback

We saw that paper questionnaires were available on the reception desk for patients to provide feedback about their experiences which helped the practice to monitor the quality of the general dental services they provide. We were told that the results and specific patient comments are monitored and acted upon where necessary.

The procedure to raise a complaint or concern with the practice about their care was outlined for patients in a complaints notice which was displayed in the waiting room. A Putting Things Right<sup>4</sup> poster was also on display to inform NHS patients that they can contact the health board if no resolution can be found. We recommended to the registered manager that the contact details of HIW are added to the complaints notice as required by the regulations to similarly inform patients receiving private treatment that they can contact HIW if they are not satisfied with how their complaint is handled. We received evidence shortly after the inspection that the complaints notice had been updated as required.

A separate complaints handling policy was available to enable staff to handle any complaints effectively and in a timely manner. We recommend that the contact details of HIW are also added to the complaints handling policy to ensure staff can appropriately signpost patients receiving private treatment to HIW if necessary.

### Improvement needed

The practice must add the contact details of HIW to the complaints handling policy.

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<sup>4</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.*

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

The practice was meeting the relevant standards and regulations to ensure the health, safety and welfare of staff and patients.

Policies and procedures were in place to protect patient information and safely manage patient records in compliance with the General Data Protection Regulations (GDPR).

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

More needs to be done to maintain patient records in line with current legislation, standards and best practice guidelines.

## Safe care

### Managing risk and promoting health and safety

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

The building has been used as a dental practice since 1946 and was of traditional décor but appeared well maintained and the reception area and waiting room were spacious and welcoming. We inspected the dental surgeries and found that the junction between the work surface and the wall in dental surgery one needs to be sealed to ensure it provides an impervious and cleansable clinical area. All areas of the practice were clean and free from obvious hazards. Patients who completed a HIW questionnaire felt that, in their opinion, the dental practice was very clean.

We saw that a health and safety policy was in place and risk assessments had been undertaken annually to help identify and mitigate against potential risks to staff and patients. A health and safety law poster was displayed in the staff room

but we noted that it was out of date. We recommend that the practice arranges to purchase and display the most up to date health and safety law poster to ensure staff are aware of the latest guidance in how they can best protect their own health and safety within the workplace.

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 reviewed a fire risk assessment that had been undertaken in October 2019 by a fire safety company. We noticed that the practice had not undertaken a fixed electrical circuit inspection as recommended in the risk assessment. Details on how our concerns on this issue were resolved are detailed in Appendix A.

Emergency exits were signposted and no smoking signs were displayed throughout the practice to remind staff and patients of the smoke free premises legislation<sup>5</sup>.

The practice had a business continuity policy and disaster recovery strategy 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.

Staff could change in a number of rooms throughout the practice to help protect their privacy and dignity. However, we recommend that storage facilities are made available for staff to store their personal possessions as required by the regulations.

#### Improvement needed

The junction between the work surface and the wall in dental surgery one needs to be sealed.

The practice must provide storage facilities for staff to store their personal possessions.

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<sup>5</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.



## Infection prevention and control

We looked at the arrangements 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 guidance<sup>6</sup>. A dedicated decontamination room was located at the back of the practice which we saw followed a dirty to clean decontamination route. However, we noted that the dedicated area set aside to receive contaminated instruments was cluttered, and we advised the practice to tidy the area of the work surface and ensure that it is not used for any other activity.

The practice had appropriate methods and equipment available for effective pre-sterilisation of dental instruments. We saw that separate printed forms were being used to record the manual cleaning undertaken and we recommended to the registered manager that a dedicated log book may be more suitable for recording this. We received evidence shortly after the inspection that a log book to record the manual cleaning had been ordered.

Three autoclaves, one for each dentist, were being used for the sterilisation process. One of the autoclaves had a separate data logger to automatically monitor and record data from each cycle to ensure the autoclave achieves the correct pressure, temperature and cycle time required for effective sterilisation. However, the two other autoclaves did not have a separate data logger. While the practice was undertaking some manual recordings for each sterilization cycle, we could not be fully assured that these autoclaves were effectively sterilizing the dental instruments. Details on how our concerns on this issue were resolved are detailed in Appendix A.

We were told that after being sterilised, dental instruments would be transported to each dental surgery and then packed into bags. We recommend that in future sterilised dental instruments are packed into bags in the decontamination room to reduce the risk of cross infection.

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<sup>6</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.

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 that the practice had policies and procedures that outlined the various infection control measures in place at the practice, such as the arrangements for suitable hand hygiene.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw bags filled with hazardous waste were being stored in a locked room. However we noted that the bins had not been tied shut. The practice must use plastic ties to secure each bag in line with WHTM 07-01<sup>7</sup>.

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

Packing of sterilised dental instruments must take place in the decontamination room.

Plastic ties must be used to secure each bag containing hazardous waste when full.

#### Medicines management

The practice had a medicines management policy that detailed the procedures and arrangements in place at the practice in relation to the handling, safe-keeping and disposal of medicines. We saw that poly pocket folders were being used to store medicines alongside flow charts that outlined the steps to take in a medical emergency. We advised the practice to consider using sealable folders in future to ensure the medicines and flow charts are stored together securely.

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<sup>7</sup> <http://www.wales.nhs.uk/sites3/Documents/254/WHTM%2007-01.pdf>

The practice had emergency drugs and emergency resuscitation equipment available that were in line with the Resuscitation Council (UK) guidelines<sup>8</sup>. Weekly documented checks were being undertaken on the emergency drugs and equipment to ensure they remained in date and safe to use which we noted as best practice.

We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training. Two members of staff had been trained in first aid to ensure that any persons at the practice that require first aid can be treated appropriately.

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>9</sup> to help the MHRA monitor whether healthcare products are acceptably safe for patients and those that use them.

### **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 details for staff to report any concerns to the relevant local safeguarding agencies. However, we noted that the contact number was incorrect and advised the registered manager to update this.

During the inspection we spoke with staff members and they were able to describe the procedures to follow in the event of any safeguarding concerns they may have.

We saw that all staff had undertaken training in the safeguarding of children and all but one member of staff had undertaken training in the safeguarding of vulnerable adults. The practice must ensure that all staff are appropriately trained

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

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

to level 2 at all times. We received evidence shortly after the inspection that the member of staff had since completed the training.

We saw that a recruitment policy was in place that outlined 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 a Disclosure and Barring Service<sup>10</sup> (DBS) certificate to ensure the person is fit to work in a dental practice in accordance with the regulations.

### **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 condition.

The practice uses traditional reusable metal 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
- 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

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<sup>10</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).

- A comprehensive radiation policy was in place and local rules<sup>11</sup> were displayed by the X-ray equipment to set out the working procedures to ensure that radiation exposure to staff is restricted.

#### Improvement needed

The practice needs to undertake a risk assessment to outline how the practice can protect staff against the risk of accidental injury if continuing to use traditional metal syringes; alternatively, the practice could make single use disposable local anaesthetic that incorporate a safety mechanism available for staff to use.

### Effective care

#### Safe and clinically effective care

We saw that regular audits of radiograph images had been taken to help ensure the quality of the images taken conformed to minimum standards (70% excellent, 20% acceptable and no more than 10% unacceptable).

We recommend that more audit activities, including audits of compliance with the WHTM 01-05 decontamination best practice guidelines, antibiotic prescribing, integrated smoking cessation and quality of patient records are added to the schedule of audits to further quality assure the care and treatment being provided.

#### Improvement needed

The practice needs to ensure that the range of audit activities undertaken at the practice is sufficient to fully assess and monitor the quality of service provided to patients to deliver safe and clinically effective care.

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

## 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 which we were told was regularly backed up 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 we reviewed a sample of patient records during the inspection. We found that some areas of the patient records we reviewed were being maintained in line with professional guidelines. However, we did identify the following areas that must be improved to fully promote the wellbeing and safety of patients:

- The justification for recall intervals need to be in line with National Institute for Health and Care Excellence (NICE) guidelines<sup>12</sup> and recorded in patient records
- Consent from patients for treatment needs to be recorded in patient records at each appointment
- Both the justification for the taking of radiographs and the quality grading of the taken images need to be consistently recorded in patient records
- The evidence that treatment provided to patients follows the Delivering Better Oral Health guidelines<sup>13</sup> needs to be recorded
- The prescribing of antibiotics needs to follow current guidelines

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<sup>12</sup> <https://www.nice.org.uk/guidance/cg19>

<sup>13</sup> [Delivering better oral health: an evidence-based toolkit for prevention](#)

- Basic Periodontal Examinations (BPE) undertaken on patients must be consistently recorded in patient records and appropriate treatment plans provided that reflect the BPE status of the patient.

#### Improvement needed

Patient records must be fully maintained in keeping with current guidance and professional standards for record keeping (including those recommended within this report).

## 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 demonstrated 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.

Suitable policies and procedures were available to help ensure the safety of staff and patients which had been reviewed as required by the regulations.

A minor improvement to the whistleblowing and underperformance policy was needed.

## Governance, leadership and accountability

Ravenhill Dental Surgery is owned by the principal dentist who is the nominated responsible individual<sup>14</sup> and registered manager<sup>15</sup>. The principal dentist is well supported by a practice manager who oversees the non-clinical and governance

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<sup>14</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>15</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.



side of the 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. The registered manager explained that the practice had enquired about using the Health Education and Improvement Wales (HEIW) Maturity Matrix Dentistry (MMD) practice development tool<sup>16</sup>. We encouraged the practice to take this forward in the new year to help the team work together to identify key areas for improvement based on professional guidelines and on legislative requirements.

A comprehensive set of policies and procedures were in place to ensure the safety of both staff and patients. We saw that these had been reviewed annually and the registered manager told us that any updates are emailed to all staff to ensure they are aware of the changes.

We saw evidence that all clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We also saw that certificates were on display evidencing that the practice had suitable public liability insurance and to show that the practice was registered with HIW to provide private dental services.

## **Staff and resources**

### **Workforce**

Overall, we found that suitable governance arrangements had been established 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.

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 continuing professional development (CPD) requirements. The

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<sup>16</sup> The Maturity Matrix Dentistry practice development tool aims to help the dental team to work together to identify key areas for improvement based on professional guidelines and on legislative requirements.

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.

All staff currently working at the practice had undertaken a Disclosure and Barring Service clearance check to help the service comply with the regulatory requirements that all staff are of good character.

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. An induction training programme was in place that set out the procedures to follow to help any newly recruited staff members gain an effective understanding of their new role.

The practice had a whistleblowing and underperformance policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care. We recommend the policy is updated to list HIW as an organisation that staff can contact in the event of any concerns they may have.

#### Improvement needed

The practice must update their whistleblowing and underperformance policy to include the contact details for HIW as an organisations 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](#), 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
<p>A fire risk assessment had been undertaken at the practice in October 2019 by a fire safety company. We reviewed the action plan and saw that the practice had not yet undertaken a fixed electrical circuit inspection as recommended in the risk assessment.</p>	<p>This meant that the practice had not undertaken the necessary actions to adequately protect employees and people visiting the practice from the risk of a fire.</p>	<p>We raised our concerns with the practice during the inspection and requested that an electrical circuit inspection was booked to be undertaken as soon as possible.</p>	<p>We received evidence the day after the inspection that an electrical engineer had subsequently undertaken a fixed electrical circuit inspection and found it to be in satisfactory condition with no remedial works needed.</p>
<p>We found that two of the three autoclaves being used at the practice did not have an automatic data logger to record data from each sterilisation cycle to ensure the autoclave achieves the correct pressure</p>	<p>This meant that we could not be assured that the two autoclaves were achieving the correct pressure and temperature required for</p>	<p>We raised our concerns with the practice during the inspection and requested that this was rectified immediately.</p>	<p>The practice arranged for manual testing to begin immediately for each subsequent sterilisation cycle and confirmed that the testing would continue until such a time</p>

<p>and temperature required for effective sterilisation. The practice confirmed that they were not undertaking manual recordings of each sterilisation cycle either.</p>	<p>effective sterilisation of the dental instruments.</p>		<p>where two new autoclaves with automatic data loggers are purchased.</p>
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## Appendix B – Immediate improvement plan

**Service:** Ravenhill Dental Surgery

**Date of inspection:** 09 December 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.				

## Appendix C – Improvement plan

**Service:** Ravenhill Dental Surgery

**Date of inspection:** 09 December 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 do more to promote the services it can provide to patients in the Welsh language.	Health and Care Standards 2015 Standard 3.2	We already have two nurses who speak welsh. We have put posters in the waiting room with their name on and a photo to say they can speak Welsh, they also wear badges to say they speak welsh. The majority of our posters are also in Welsh but by the end of February 2020 as a practice, we aim to have all our posters and practice leaflet available in Welsh for our patients to access.	Mrs Dawn Barrow Practice manager	1 month



Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must ensure that patient records fully reflect the treatment options offered and discussed with patients.	Private Dentistry (Wales) Regulations 2017 Regulation 20  Faculty of General Dental Practice Clinical Examination and Record-Keeping guidelines	Following a meeting with all Dentists, they are aware of Shared decision making and that it needs to reflect more, in the patient's records when discussing treatment planning.	Mr Robert Elliott Principle Dentist/Director  Mrs Dawn Barrow Practice manager.	In progress
The practice must ensure that each dentist appropriately records in the patient records any verbal medical history checks undertaken with patients at each appointment.	Private Dentistry (Wales) Regulations 2017 Regulation 20  Faculty of General Dental Practice Clinical Examination and Record-Keeping guidelines	As we use paper medical history forms at the moment, for patients to fill in before they go into see the dentist. The Dentist would then go over this with the patient when in the chair, then sign the paper form. Going forward we will integrate the paper medical history with the computer system, the dentist will also record in their written notes that they have read and discussed the M.H. with the patient.	Mr Robert Elliott Principle Dentist/Director  Mrs Dawn Barrow Practice Manager	In progress

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must add the contact details of HIW to the complaints handling policy.	Private Dentistry (Wales) Regulations 2017  Regulation 21(4a)	Our complaints policy has now been updated with H.I.W. details.	Mrs Dawn barrow Practice Manager	Already carried out
<b>Delivery of safe and effective care</b>				
The junction between the work surface and the wall in dental surgery one needs to be sealed.	Private Dentistry (Wales) Regulations 2017  Regulation 22  Welsh Health Technical Memorandum 01-05	This will be carried out within the next couple of weeks by our handy man.	Mrs Dawn Barrow Practice manager	1 month
The practice must provide storage facilities for staff to store their personal possessions.	Private Dentistry (Wales) Regulations 2017  Regulation 22(3b)	We have a large integrated double cupboard in the staff room, will attach a key code lock to secure staff personal belongings.	Mrs Dawn Barrow Practice Manager	1 month

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Packing of sterilised dental instruments must take place in the decontamination room.	Welsh Health Technical Memorandum 01-05	<p>We have now started packing instruments in the decontamination room.</p> <p>Going forward we are possibly looking into employing a Decontamination nurse in the future.</p>	<p>Mrs Dawn Barrow Practice Manager</p> <p>Mr Robert Elliott Principle Dentist/Owner</p>	<p>Already carried out</p> <p>12 months</p>
Plastic ties must be used to secure each bag containing hazardous waste when full.	Welsh Health Technical Memorandum 07-01	We have now contacted our waste supplier who has supplied us with plastic ties, we have also purchased a pack as a back-up.	Mrs Dawn Barrow Practice Manager	Already carried out.
The practice needs to undertake a risk assessment to outline how the practice can protect staff against the risk of accidental injury if continuing to use traditional metal syringes; alternatively, the practice could make single use disposable local anaesthetic that incorporate a safety mechanism available for staff to use.	Health and Care Standards 2015 Standard 2.9	A sharps risk assessment was carried out, we have now put in place safe guard single use local anaesthetic syringes and single use matrix bands.	Mrs Dawn barrow Practice manager	Already carried out

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice needs to ensure that the range of audit activities undertaken at the practice is sufficient to fully assess and monitor the quality of service provided to patients to deliver safe and clinically effective care.	Private Dentistry (Wales) Regulations 2017  Regulation 16(2d(ii))	We are planning to carry out a number of audits this year, including record keeping, antibiotics and MMD. The WHTM1-05 audit has already been carried out.	Mr Robert Elliott Principle Dentist/Director  Mrs Dawn Barrow Practice Manager	12 months
Patient records must be fully maintained in keeping with current guidance and professional standards for record keeping (including those recommended within this report).	Private Dentistry (Wales) Regulations 2017  Regulation 20  Faculty of General Dental Practice Clinical Examination and Record-Keeping guidelines	Following a meeting with all our dentists, they are now aware of what extra information that needs to be recorded in the patient records.	Mr Robert Elliott Principle Dentist/Director  Mrs Dawn Barrow Practice Manager	In progress
<b>Quality of management and leadership</b>				
The practice must update their whistleblowing and underperformance policy to include the contact details for	Private Dentistry (Wales) Regulations 2017	The whistleblowing and underperformance policy has now been	Mrs Dawn Barrow	Already carried out

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
HIW as an organisations that staff can contact in the event of any concerns.	Regulation 17(3e)	up dated with HIW details and General dental council.	Practice manager	

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):** Robert Elliott  
**Job role:** Principle Dentist / Director  
**Date:** 06 February 2020