

General Dental Practice Inspection (Announced)

Pembroke Dock Dental Care,
Hywel Dda 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 are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

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 Pembroke Dock Dental Care at 40 Queen Street, Pembroke Dock, SA72 6SA, within Hywel Dda University Health Board on the 22 October 2018.

Our team, for the inspection comprised of two HIW inspectors 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 Pembroke Dock Dental Care provided a friendly and professional service to their patients.

The practice was patient focused and had appropriate policies and procedures in place to ensure the safety of both staff and patients.

We noted that the practice was clean and tidy, and we saw documentation demonstrating that the dental equipment was maintained and regularly serviced.

We saw evidence of good leadership and the practice had some but not all policies and procedures in place, to support the practice, patients and staff.

At the time of the inspection there were a number of staff that did not have evidence of relevant training.

This is what we found the service did well:

- All patients that completed a questionnaire told us they had been treated with dignity and respect by staff when visiting the practice
- Appropriate arrangements were in place for the safe use of X-rays
- The practice had a good range of policies and procedures in place

This is what we recommend the service could improve:

- The practice to put in place a process for checking that all non-emergency medication is in date.
- The statement of purpose and patient information leaflets are to be amended in order to comply with current regulations
- All staff to undertake appropriate fire awareness and safety training
- Patient records are to be maintained in accordance with professional standards for record keeping, namely the Private Dentistry (Wales) Regulations 2017 and the General Dental Council Guidance

There were no areas of non compliance identified at this inspection.

3. What we found

Background of the service

Pembroke Dock Dental Care provides services to patients in the Pembroke Dock and Pembroke areas. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

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

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.

We found that the practice was committed to providing a positive experience for their patients. All patients who completed a HIW questionnaire, rated the service provided by the practice as excellent or very good.

The practice had a complaints policy and a robust system for capturing formal and informal complaints was in place. However, the policy required updating to include contact details for the local health board and HIW.

We advise the practice to seek patient feedback by inviting patients to complete a feedback form or survey.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 36 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was very positive; all patients that completed a questionnaire said that they would rate the service provided by the practice as either excellent or very good. Some of the comments provided by patients on the questionnaires included:

"I am completely satisfied"

"I am more than satisfied with the treatments and check ups"

"Staff are all very caring and understanding and patient. An excellent service is provided, with good advice for oral care"

"Very thorough and excellent care and advice"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; one patient asked about information being available online:

“Not sure if already available but could practice information including fees, times etc be made available online. Automatic reminders emailed”

Staying healthy

Health promotion protection and improvement

In the reception and waiting area we saw a large selection of information available on oral health and dental treatments.

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

Dignified care

Without exception, all patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. We observed staff treat patients courteously and professionally. We noted the practice had a patient dignity and respect policy.

Staff told us that if there was a need to hold a private conversation in person or on the telephone with a patient they would use the second, currently unused surgery. The practice had a confidentiality policy and a policy relating to accidental disclosure of confidential information in place.

We found that both handwritten and electronic patient information was stored securely, ensuring that personal and sensitive information was protected. We would advise that as an added layer of security electronic back-ups are kept in a fireproof environment. We noted the practice had a data protection policy.

The second surgery is currently not in use. There was a door between surgery one and surgery two and on the day of the inspection we could overhear conversations between the principal dentist and her patient, who were in surgery one. If an additional dentist or a therapist joins the practice, we suggest consideration is given to soundproofing the surgeries to ensure patients' privacy and dignity is maintained.

We noted that the Focus on Standards 9 Principles as set out by the General Dental Council (GDC)¹ was not displayed. The principles apply to all members of the dental team and set out what patients can expect from a dental professional. We recommend that this is rectified.

Improvement needed

The practice must display the GDC Focus on Standards 9 principles.

Patient information

Where applicable, all patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and said that they had received clear information about available treatment options.

There were leaflets setting out NHS treatment costs and private treatment costs in the waiting area. All but two of the patients also said that the cost of any treatment was always made clear to them before they received any treatment.

We noted there was information on accessing NHS services policy but there was no reference to accessing private dental services. We recommend that to comply with the current regulations, the practice develops and implements policies for the arrangements for acceptance of patients, and the arrangements for assessment, diagnosis and treatment of patients.

The practice had a patient information leaflet that was readily available to patients and visitors to the practice.

Outside the practice, we saw that the practice's opening hours and the emergency contact telephone number were displayed. This was along with the name and qualifications of the principal dentist.

¹ <https://standards.gdc-uk.org/>

Improvement needed

The practice must develop and implement policies for the arrangements for acceptance of patients, and the arrangements for assessment, diagnosis and treatment of patients.

Communicating effectively

The majority of the patients that completed a HIW questionnaire told us that they have always been able to speak to staff in their preferred language.

Some of the staff are fluent in Welsh and there was a notice in the reception area to advise patients that a bilingual service is provided.

Timely care

Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice and provided on the practice's answerphone message. A quarter of the patients that completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem.

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

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if the principal dentist was running late they would advise the patient waiting of any delay.

Individual care

Planning care to promote independence

The practice provides treatments as set out in their Statement of Purpose².

² A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

A review of patient records showed that the principal dentist is recording that she asks patients about their medical history at the time of their visit.

Where applicable, all but one of the patients that completed the questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment.

People's rights

There were eight steps, and a rail, leading to the entrance to the practice. The reception, waiting area and the two surgeries are situated on the ground floor. There was no access to the practice for wheelchair users. We were told that staff would ensure anyone enquiring about joining the practice would be advised of access. Patients in wheelchairs receiving private dental treatment are referred to the branch practice in Narbeth. Staff would help those patients seeking NHS dental treatment and who could not physically access the practice to identify an alternative accessible practice.

The practice had in place appropriate policies to protect people's rights, including an equal opportunities policy, patient dignity and respect policy and patient experience policy.

Listening and learning from feedback

The practice had a complaints policy for both NHS and private dental treatment. We noted that the policy was not aligned to the NHS Putting Things Right³ complaints process, and did not include contact details for the local health board or for sources of support and advocacy. The policy was aligned to the Private Dentistry Wales 2017 Regulations⁴ in respect of private dental treatment. The policy was displayed in the reception area.

The senior dental nurse was the nominated lead for all complaints. Even though none had been received, the practice did have a system in place for

³ "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

⁴ <http://www.legislation.gov.uk/wsi/2017/202/made>

capturing formal complaints, ensuring the nature of the complaint, action taken and outcome would be recorded. The practice also had a system in place to capture verbal/informal concerns, although none had been received.

The practice had a suggestion box in the waiting area but currently do not feedback to the patients. We advise that the practice considers including a You Said, We Did⁵ style of feedback. We also recommend it undertake an annual patient survey to support the monitoring of quality improvement.

Improvement needed

The practice must implement annual patient surveys.

The practice must ensure that in relation to complaints:

- The NHS Putting Things Right process is followed where applicable
- The health board contact details are available

⁵ [You Said, We Did](#)

Delivery of safe and effective care

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

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

We found the clinical facilities to be well equipped and there were arrangements in place for the safe use of X-ray equipment, and there was evidence of ongoing and regular maintenance.

Resuscitation equipment and emergency drugs were available at the practice however, there was no system in place to ensure that these were in date, safe and ready for use.

The practice needs to ensure patient medical records are completed in keeping with professional standards for record keeping at each visit.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well-being of staff and people visiting the practice. We noted there was a health and safety policy but the practice needs to develop additional policies to comply with the regulations. We noted there was a health and safety poster in the decontamination room. The practice undertook a workplace risk assessment in 2016 and completed a health and safety assessment in 2017.

There were no concerns raised by patients over the cleanliness of the dental practice; all patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean. The building appeared to be well maintained both internally and externally. We observed all public access areas to be clean and uncluttered.

We noted that regular portable appliance tests were undertaken to help ensure the safe use of electrical appliances within the practice. We saw fire extinguishers were available at various locations around the building. However,

on the day of the inspection we did not see evidence that servicing had been carried out within the last twelve months, to ensure extinguishers were fit for use. We also noted the appropriate signposting of the fire exits. None of the staff had received training in fire awareness and safety and we recommend this is rectified.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical), non-hazardous (household) and amalgam waste. Clinical waste was stored correctly.

Under the Control of Substances Hazardous to Health Regulations (COSHH) 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a COSHH controls checklist and relevant safety data sheets. This provided information on substances that are hazardous and the instructions for safe use within the practice.

The practice had an accident reporting policy and a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book that was completed when an accident occurred. We also noted the practice had a business continuity and disaster recovery policy.

Improvement needed

The practice must develop policies and procedures for:

- Ensuring the premises are fit for purpose
- Risk management.

The practice must ensure that:

- Fire extinguishers are checked annually
- Provide HIW with a copy of its current fire extinguisher maintenance contract
- All staff undertake fire awareness and fire safety training.

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁶. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

We saw evidence that the log books for checking the sterilisation equipment were maintained. There was an infection control policy and sharps safety policy in place and the practice had a designated infection control lead.

Staff had access to and used personal protective equipment when working in the decontamination areas.

Not all clinical staff were aware of the sharps injury protocol⁷. We saw evidence that the principal dentist had a certificate on file to confirm her infection control training was up to date, but similar confirmation was not available for the dental nurses. We recommend the dental nurses arrange to undertake appropriate training as soon as possible.

On the day of the inspection, we identified a number of decontaminated and packed instruments that were out of date. We recommend the instruments stored in the decontamination room and surgeries, are checked to ensure all are within date and those out of date are put through the decontamination process once again.

We saw evidence that the practice undertakes regular infection control audits but these are not in accordance with WHTM 01-05. We recommend that future audits are in accordance with WHTM 01-05.

⁶ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices

⁷ The European Council Directive 2010/32/EU (the Sharps Directive) was introduced to prevent injuries and blood-borne infections to hospital and healthcare workers from sharp instruments such as needles. The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 implement aspects of the directive that are not specifically addressed in existing GB legislation

Improvement needed

The practice must ensure that:

- All staff undertake training in infection control
- All instruments are decontaminated and stored in accordance with timescales set within the WHTM 01-05
- Infection control audits are completed in accordance with WHTM 01-05.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy.

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardiorespiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to their role⁸. We saw evidence that all staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had an appointed first aider.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁹. When brought to the principal dentist's attention these were removed immediately. We noted that the practice did not have a system in place to check that emergency drugs and equipment were in date and ready for use and we recommend a process is put in place. We also found that some bandages stored in one surgery were out of date.

We noted that prescription pads were kept securely.

⁸ <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

⁹ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration

Staff were aware of the MHRA Yellow Card Scheme¹⁰ for the reporting of problems experienced with medicines or medical devices.

Improvement needed

The practice must ensure that:

- A system is implemented immediately, to ensure that emergency drugs and equipment are in date and are safe and ready for use
- All consumables are in date and are disposed if passed their expiry date.

Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies. Only the principal dentist was able to evidence that she had completed training in both the protection of children and protection of vulnerable adults. The practice must ensure that all staff complete safeguarding training for both children and adults. One of the dental nurses is the designated safeguarding lead and when she undertakes training we would suggest consideration is given to undertaking this to level three.

There were arrangements in place for staff to raise any concerns.

Improvement needed

The practice must ensure that all staff complete appropriate safeguarding training for the protection of vulnerable adults and children.

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

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and was comprehensive, and contained all the essential information. We were told that the Orthopantomogram (OPG)¹¹ machine was currently not in use. Therefore, we advise that this is disconnected from the main electrical supply, to ensure it is not activated in error.

In accordance with regulations, the practice had a policy in place relating to the maintenance and safety equipment.

In accordance with the requirements of the General Dental Council¹² and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000¹³, all clinical staff had completed the required training.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence that the practice had a limited programme of clinical audits in place such as, infection control and radiography. However, there was no evidence of the data being analysed, and applied to influence learning and service improvement. We recommend the practice include the following in to its audit programme: clinical records, anti-microbial prescribing

¹¹ An OPG is a panoramic or wide view x-ray of the lower face, which displays all the teeth of the upper and lower jaw on a single film

¹² General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

¹³ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

and smoking cessation. We also suggest the practice considers using the quality improvement training tools provided by the Deanery¹⁴.

We recommend that the practice develops and implements a policy for the assessment, diagnosis and treatment of patients. This is to comply with the Private Dentistry (Wales) regulations 2017.

Improvement needed

The practice must:

- Expand its programme of audits to include; clinical records, anti-microbial prescribing and smoking cessation
- Produce and implement a policy for the assessment, diagnosis and treatment of patients.

Quality improvement, research and innovation

This is a sole dentist practice and there was no evidence of any dentist peer reviews taking place. We recommend the principal dentist approach other dentists in the area for the purposes of peer reviews and discussion of clinical issues. We suggest consideration is given to approaching the local health board for recommendations.

Improvement needed

The principal dentist must explore the options to initiate a programme of peer reviews with other dentists.

Information governance and communications technology

The practice had electronic and paper records and we noted that the storage of these was appropriate to ensure the safety and security of personal data.

¹⁴ <https://dental.walesdeanery.org/quality-improvement-2>

Electronic files were regularly backed up but we would advise that consideration is given to placing the back up in a fire proof environment.

Record keeping

We reviewed a sample of patient records. We found there was a lack of consistency in the recording of information. In addition, we found in some records, there were omissions for:

- The evidencing of NICE recalls¹⁵
- Radiographs - routine bitewings
- Recording of verbal consent
- Discussion of treatment options
- Soft tissue examinations
- Oral cancer screening findings
- Social history
- Countersigning of medical histories
- Charts to be dated to reflect examination and treatment for each visit

We recommend that patient notes are completed in accordance with current guidelines and to maintain professional standards. We noted that the principal dentist was completing both paper and electronic records for each patient, which has resulted in some of the above information being missed and it being confusing to read a patient's dental history. We advise that consideration is made to use electronic records only, with suitable secure back-up of data.

¹⁵ <https://www.nice.org.uk/guidance/cg19>

Improvement needed

The practice must ensure that:

- Patient records are completed at each visit
- Records are made for examinations, advice and treatment provided, and any relevant X-ray information.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

The principal dentist/owner was both the responsible individual and registered manager. Whilst we found evidence of good leadership and lines of accountability, clarification is required for staff roles and responsibilities. This is particularly required for the senior dental nurse who supports the principal dentist in the day-to-day management of the practice.

The practice had in place a comprehensive range of relevant policies and procedures to support the staff in their roles. We also noted that there were annual staff appraisals and regular staff meetings.

Governance, leadership and accountability

Pembroke Dock Dental Care is owned by the principal dentist, who is both the responsible individual¹⁶ and registered manager¹⁷. She and the senior dental nurse jointly provided day to day management but there was no clear definition of roles and responsibilities, and we would advise that this is resolved.

¹⁶ "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

¹⁷ "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

We noted a range of policies and procedures were in place to ensure the safety of both staff and patients.

We were provided with a copy of the Statement of Purpose which contained all the relevant information. However, HIW's contact details must be provided in the section for practice's arrangements for dealing with complaints.

The principal dentist confirmed she was aware of her duties regarding notifications, including serious injury to patients and absence or changes to the registered manager that must be sent to HIW under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We noted the practice had a public liability insurance certificate.

Improvement needed

The practice must amend its Statement of Purpose to include reference to HIW within the process for dealing with patient complaints.

Staff and resources

Workforce

The practice had a number of Human Resource related policies and procedures in place, including a recruitment and selection policy.

We noted that all staff had a contract of employment that was retained on staff files. We also noted that the practice had a staff training policy in place. If there was a need additional staff would be transferred from the principal dentist's second practice in Narbeth.

We saw evidence that regular staff appraisals take place which are documented. We were told that Personal Development Plans were being introduced.

As referred to earlier in the report, we noted that not all clinical and non clinical staff had completed training in all areas relevant to their roles, and to meet their Continuing Professional Development requirements. We advise that a training matrix is developed to ensure that all mandatory training is undertaken within appropriate timescales. We also recommend that arrangements are made for

any member of staff on long term absence, to undertake all mandatory training on return to work, where applicable.

The practice holds regular team meetings to discuss a number of topics, and we saw meeting minutes were also available. We advise that the minutes are circulated to all to staff, and signatures obtained as evidence that they have read and understood the minutes.

The Regulations for Private Dentistry require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for both clinical and non-clinical staff.

Clinical staff require immunisation against Hepatitis B. This is to protect themselves and patients. The practice provided proof of immunity for all members of its permanent clinical staff.

Improvement needed

The practice must ensure that a programme of mandatory training is implemented for all staff members.

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 1999](#), 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 summarizes 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: Pembroke Dock Dental Care

Date of inspection: 22 October 2018

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
There were no immediate non compliance issues identified during this inspection.				

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

Service representative:

Name (print):

Job role:

Date: