

General Dental Practice Inspection (Announced)

Isca Dental Practice/Aneurin
Bevan 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 Isca Dental Practice, Cadoc House, High Street, Caerleon, NP18 1AZ within Aneurin Bevan University Health Board on the 30 October 2018.

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 Isca Dental Practice was working hard to provide a high quality experience to their patient population.

The environment was clean and tidy and the dental surgeries were located on one level, providing easy access for anyone with mobility difficulties.

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

The patient records we reviewed were mostly detailed, but we identified some areas where improvement must be made to ensure full information regarding patient care is evidenced.

The practice had a suite of policies and procedures that enabled staff to obtain information to help them with their day to day work. We have recommended updates to these documents to ensure they are specific to the practice and aligned to Welsh regulations.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas, but there were some updates required for staff to ensure they had up to date skills and knowledge to assist them with their work.

This is what we found the service did well:

- The staff team appeared happy in their roles and had a strong commitment to providing a high quality service
- Appropriate arrangements were in place for the safe use of X-rays
- Clinical facilities were well-equipped and visibly clean

- All the clinical and patient facilities were located on the ground floor, making the practice accessible and suitable for patients with mobility difficulties
- All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good
- Waste was seen to be stored appropriately and locked to prevent unauthorised access.

This is what we recommend the service could improve:

- Patient notes need to have better recording of cancer risk assessments, reasons for recall and where applicable more personalised notes
- Staff need to have up to date training in fire safety
- Risk assessments need to be obtained from the providers that undertook them and any actions addressed
- Improved processes are required to ensure appropriate clinical audits are taking place and improvements being made as a result
- See Appendix C for the full improvement plan

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

3. What we found

Background of the service

Isca Dental provides services to patients in the Caerleon and surrounding area. The practice forms part of dental services provided within the area served by Aneurin Bevan university health board.

The practice has a staff team which includes two dentists, two hygienists, four dental nurses, one of whom is a trainee, one practice manager and one assistant manager.

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

Quality of patient experience

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

Overall, we found Isca Dental was committed to providing a positive experience for patients. All of the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

The practice had their surgeries and other patient facilities located on the ground floor that enabled anyone with a mobility difficulty to be treated at the practice.

Relevant patient information was displayed in the reception/waiting area. To improve this we recommended that the opening times and out of hours telephone number is displayed by the main entrance to the practice.

Patient feedback forms were in place which provided the practice with a means of identifying themes with a view to making improvements to services.

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 34 questionnaires were completed. Patient comments included the following:

"All staff are polite and helpful and care about each patient. I would highly recommend to family and friends who needed to join a dental practice".

"My family and I have been coming to this dental practice since 2000 and have always found every member of the team to be kind and professional and any procedures have been implemented to a very high standard".

"Brilliant service".

"Very helpful and friendly. Always informed".

Staying healthy

Health promotion protection and improvement

Health promotion information was available in the reception/waiting area, including practice specific information leaflets and various health and cosmetic promotion leaflets.

There was some patient information displayed in Welsh and English. A poster stated that a translator service could be arranged for anyone whose first language was not English.

A price list was displayed in the reception/waiting area regarding private treatment costs. The practice should consider providing information to inform patients that only children under 18 years of age were treated as NHS patients and that there is no cost associated with these patients.

A sign displaying the practice name and telephone number was located outside of the building and we recommended that the opening hours and an emergency out of hours telephone number is also displayed for patients.

Improvement needed

The practices' opening hours and emergency out of hours telephone number needs to be displayed

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner. Staff were able to have private conversations with patients within the dental surgeries and there was also private office space available, if required.

We heard staff speaking to patients in a friendly and professional way. Feedback from the patients who completed our questionnaires was also very

positive. All patients told us that they were treated with respect when they visited the practice.

The General Dental Council's (GDC) 9 principles¹ were displayed in the waiting area and therefore in line with the Private Dentistry (Wales) Regulations 2017.

We found that there were sufficient systems in place to ensure the security of patient information. Electronic records were backed up daily and paper copies were kept securely in a locked cabinet.

Patient information

All patients who completed a HIW questionnaire told us that they felt involved as much as they wanted to be, in any decisions about their treatment, and had received clear information about available treatment options.

The practice had its own information leaflet which was available in the reception area. However, following the practice's recent registration with HIW, the patient information leaflet submitted as part of this process will need to be added to the website and also made available to patients. This will provide additional information that was not currently listed in the practice information leaflet.

The statement of purpose² provided on the day of the visit also needs to be amended to ensure full compliance with the Private Dentistry (Wales) Regulations 2017. The document lists English organisations and regulations that are not applicable in Wales. In addition, the arrangements for patients who require urgent care or treatment out of hours were missing. This information will also need to be published on the practice's website and made available to patients upon request.

¹ The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom. This means that the principles apply to all the dental team members and sets out what patients can expect from a dental professional.

² Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. For more information visit hiw.org.uk

We found evidence from the patient records we reviewed that consent to treatment was clearly recorded.

Improvement needed

The patient information leaflet submitted to HIW when the practice registered must be added to the website and made available to patients at the practice.

The statement of purpose needs to be updated to include out of hours arrangements and removal of English organisations and regulations that are not applicable in Wales. The amended statement of purpose needs to be published on the practice's website and a copy provided to patients upon request.

Communicating effectively

All of the patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language. A few patients told us they were Welsh speakers and were always able to speak to staff in their preferred language. A notice in the reception/waiting area advised patients that a translation service was available for anyone wishing to receive services in another language.

Of the patient records we reviewed we saw evidence of written treatment plans on file. This ensures that patients are provided with information to make informed choices about their treatment.

Timely care

Staff at the practice told us that appointments were provided in a timely way and we observed this during the inspection.

The majority of patients who completed a HIW questionnaire told us that it was very easy to make an appointment.

Staff described a process for keeping patients informed about any delays to their appointment times.

The majority of patients who completed a HIW questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem. Staff told us that the practice's answer phone message contained the out of hours telephone number, however, as per an earlier recommendation this information should also be displayed outside the practice.

Individual care

Planning care to promote independence

We saw evidence of treatment plans, and feedback from the patients who completed our questionnaire confirmed that the dental team had advised how to keep their mouths and teeth healthy. They also told us that they were involved as much as they wanted to be, in any decisions about their treatment.

The treatments and services offered by Isca Dental were in accordance with the statement of purpose.

People's rights

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

The premises and facilities were suitable for anyone with a mobility difficulty because they were all located on the ground floor. Doorways were wide enough to accommodate mobility aids.

The toilet facilities were shared with another healthcare service located within the same building and provided hand washing and drying facilities. One toilet was large enough for mobility aids and/or pushchairs. Handrails were fitted to provide additional support. None of the public toilets at the time of our visit had sanitary bins and we asked staff at the dental practice to raise this issue with the landlords for the building.

Improvement needed

The registered provider needs to raise the issue with the building landlords to ensure sanitary bins are available in the public toilets

Listening and learning from feedback

The practice had a complaints policy and procedure in place. We asked staff to review all documents relating to their complaints process to ensure they were consistent, some were missing details for HIW.

We saw that Putting Things Right³ information was displayed in the waiting area to support a patient who may have a NHS concern. The poster displayed at the time of our visit needed to be replaced with the latest version.

The practice had a complaints file which was used to record, monitor and respond to any complaints received. No complaints had been received in the last 12 months; however, staff told us that they would review any complaints to identify any themes with a view to making improvements to the services provided.

Staff told us they had recently introduced patient feedback forms as a way of obtaining patient feedback regarding the service. The forms completed to date had been reviewed and discussed at staff team meetings to identify any themes arising. We were told that regular analysis would take place to ensure any comments would be reviewed and where applicable changes made to the service.

Staff used the electronic patient record system for capturing verbal comments or general feedback from patients. Staff told us that all verbal comments/concerns would be dealt with at the time and used as an additional means of identifying improvements to the service.

Improvement needed

The registered provider must ensure that all information relating to the practice's complaints process is updated to include HIW details

³ Putting Things Right is the process for managing concerns 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.

We found that the practice was being run with the intention of meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice provided a clean and tidy environment and facilities for staff and visitors.

We identified a lack of clinical audits taking place and recommended that this area is developed to demonstrate best practice in providing dental care.

The patient records we reviewed were mostly detailed, but we identified areas where improvement must be made to ensure full information regarding each patient is evidenced.

Safe care

There were no immediate assurance issues identified during this inspection visit.

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

The dental practice is located within Isca medical centre, for which there is a maintenance lease with the GP surgery for all the building maintenance.

The practice occupied an area on the ground floor that provided all their dental services. Isca dental had an open plan reception/waiting area which was bright and clutter free. All the surgeries were suitably equipped and in good condition. The building was visibly well maintained both internally and externally and all areas within the practice were clean, tidy and free from trip hazards.

There were no concerns expressed by patients over the cleanliness of the dental practice. In addition, all patients who completed a HIW questionnaire stated that, in their opinion, the dental practice was very clean.

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months. At the time of our visit, staff did not have up to date fire safety training, however, all were booked to undertake fire safety training.

Emergency exits were visible and a Health and Safety poster was displayed within the practice.

The practice had various policies and procedures in place for ensuring the premises were fit for purpose. However there were some policies/procedures⁴ not available and need to be implemented to comply with the Private Dentistry (Wales) Regulations 2017.

The practice had a number of risk assessments undertaken within the last month but at the time of our visit had not received the reports and the outcomes.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had a named, appointed first aider. However, the first aid certificate had expired. Staff told us that because they were located within the GP surgery, they had a good relationship with the doctors who would assist in an emergency.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁵.

⁴ The policies/procedures required are for ensuring the premises are fit for purpose and emergency contingency

⁵ 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.

Improvement needed

The registered provider needs to provide assurance that all risk assessments have been received and any actions have/will be completed

The registered provider must ensure that the first aid arrangements are written in a policy/procedure and that all staff are aware of them

The registered provider must provide assurance that all staff have up to date fire safety training

The registered provider needs to ensure that in line with Regulation 8, all policies and procedures listed are in place at the practice

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 did identify areas for improvement that we asked the staff to consider in line with the WHTM 01-05 guidance, specifically air flow in and out of the room.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place. Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

We saw evidence that an infection control audit had been completed using an audit tool that had been aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

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

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately in a secure bin outside of the practice. Collections by the local council were in place for the disposal of non hazardous (household) waste.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries. We saw records relating to 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.

Medicines management

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were seen to be stored in a location that made them easily accessible to patients/children. Staff confirmed that they would move them to an appropriate location for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)⁷.

The practice had a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Prescription pads were kept securely.

Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

⁷ [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.

Improvement needed

The registered provider needs to provide confirmation that all emergency drugs are out of the reach of patients/children, but are still easily accessible in an emergency

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There was a safeguarding policy for the protection of children and vulnerable adults in place. The policy contained details of who to contact and a flowchart to inform staff of the actions required should a safeguarding issue arise. The flowchart was also displayed in the staff kitchen area.

We saw that most staff had up to date training in adult and child safeguarding. Two staff members were booked to complete their training. The practice had identified members of staff who were the nominated safeguarding leads. They take responsibility for ensuring that the safeguarding policy is adhered to and can provide some guidance on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the principal dentist and/or practice manager and were confident those concerns would be acted upon.

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included undertaking Disclosure and Barring Service⁸ (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

Medical devices, equipment and diagnostic systems

⁸ 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).

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. Staff told us that the clinical team were adequately trained to use the equipment.

The surgeries were clean and organised. Floors and surfaces within the surgeries were easily cleanable to reduce the risk of cross infection. We found that the dental instruments were in satisfactory condition and sufficient in number.

The practice had arrangements in place for the safe use of radiographic (X-ray) equipment. However, we recommended that the radiation protection file including the policy is reviewed and updated to ensure the information is up to date.

We saw that the local rules⁹ were displayed by the X-ray equipment however, we recommended these be updated to reflect changes in regulations.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

We saw that image quality audits of X-rays had been completed as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made, if required. We advised staff on the day to consider using the Wales Deanery Quality Improvement tool for ionising radiation, which will assist in ensuring good practice and complying with national guidance in using ionising radiation.

Improvement needed

The registered provider needs to review the radiation protection file and policy to ensure they are up to date

⁹ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry. They are intended to identify the key working instructions to ensure that exposure to staff is restricted.

Effective care

Safe and clinically effective care

The practice carried out a limited number of audits to monitor the quality and safety of the care and treatment provided to patients. We recommended that this area is developed because the results of the audits will help to identify areas for improvement and support any changes to dental team practises.

Improvement needed

The registered provider should implement a wide range and structured programme of audit activity

Quality improvement, research and innovation

We found limited evidence of a formalised process with regard to the assessment and monitoring of the quality of service provision. In addition, there was no policy/procedure available regarding research and/or clinical audit. We therefore recommended that any reviews and clinical audits be documented and used to support changes within the practice. This will enable the practice to demonstrate best practice in providing dental care.

As the practice had only recently registered with HIW, we reminded staff that visits need to be undertaken in accordance with the regulations.

The practice might wish to consider the Welsh Deanery Maturity Matrix Dentistry practice development tool¹⁰. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

¹⁰ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

Improvement needed

The registered provider must formalise and evidence service reviews and clinical audits, including outcomes of such activity and a practice policy

The registered provider must undertake visits of Isca dental practice, covering the areas listed under Regulation 23

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and paper notes were stored in a locked cabinet.

Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. The notes we reviewed were mostly detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients.

We found however, some areas where records were inconsistent and needed to be improved:

- Cancer risk assessments need to be completed
- Recording of patient social history was not consistently recorded i.e. alcohol and tobacco use. Where patient records indicated they were smokers, there were limited records of when smoking cessation advice/information had been offered
- Improved recording of Delivering Better Oral Health¹¹
- Reasons for recall were not always recorded
- Where applicable, records need to be personalised to each patient

¹¹ Delivering Better Oral Health is a toolkit that includes patient factsheets and guidance on alcohol and nutrition. The evidence-based toolkit is designed to help dental teams support patients in improving and maintaining their dental and general health.

- There were inconsistencies regarding Basic Periodontal Examination¹² (BPE) recording

Improvement needed

The registered provider must ensure that dentists working at the practice complete patient dental records fully in accordance with professional standards for record keeping. Specific attention must be given to improving patient records so that cancer risk assessments; recall reasons; smoking cessation advice are recorded. In addition BPE recording needs to be consistent and Delivering Better Oral Health documented.

¹² A periodontal examination is a clinical examination of the periodontium (gums).

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.

This is a well established practice owned and led by the principal dentist and supported by a practice and assistant manager. There was strong evidence that this was a patient focussed dental practice.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The policies and procedures were reviewed annually, or as and when required, to ensure practises remained current. However, we recommended that policies and procedures be reviewed and updated to ensure Welsh regulations are reflected.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas. Some staff had expired training, but had been booked onto courses to ensure they had up to date skills and knowledge to assist them with their work.

Governance, leadership and accountability

Isca Dental Practice is owned by the principal dentist who is also the nominated responsible individual¹³. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

All of the staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with the dentist, or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. We suggested that as some of the policies and procedures were generic, the registered provider should consider reviewing them. This was to ensure that they provided staff with more relevant details and were specific to the requirements of the practice.

We saw that all staff signed a sheet to evidence they had read and understood the policies and procedures. In addition, policies contained review dates. This ensured that policies were reviewed regularly to confirm practices were up to date. Some policies and procedures were citing English regulations and inspection bodies that are not applicable in Wales. We recommended all policies and procedures be reviewed and updated to reflect the appropriate regulations in Wales and where applicable inspection bodies.

Recommendations regarding the practice's statement of purpose and patient guide are documented under the patient information section in the quality of patient experience part of this report. The updated documents will ensure adherence to 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. The practice also had a current public liability insurance certificate.

¹³ "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 regulations 2017)

To adhere to the Private Dentistry (Wales) Regulations 2017, we reminded the registered individual of their responsibility to complete visits in accordance with regulation 23. This means they have overall responsibility for supervising the management of the regulated service and for ensuring the quality of the services provided.

Improvement needed

The registered provider should review all the policies and procedures to ensure they document the localised practises used within the practice and updated to reflect the regulations and/or professional bodies applicable to all practices in Wales.

Staff and resources

Workforce

The practice had a number of human resources (HR) related policies in place. These include the recruitment of staff policy, equal opportunities policy, disciplinary policy and whistleblowing policy.

We noted that staff had a contract of employment that was retained on staff files. Due to the length of service staff had working at the practice there was a lack of employment information available. However, staff told us the information that would be requested for any new starter, including references, identification checks, interview and induction.

Staff told us that a new appraisal system was in place and discussions would be taking place later this year.

We saw some certificates for staff that evidenced they had attended a range of topics relevant to their roles and meeting the continuing professional development (CPD) requirements. However, as mentioned in the previous section, staff required fire training.

Staff told us that the practice held formal monthly team meetings. Minutes were available relating to these meetings. In between the formal meetings, staff said that they discussed issues daily but in an informal way that was not documented. For any member of staff unable to attend the formal team meeting, the minutes were kept on file. This ensured that staff are made aware of the issues and discussions taking place regarding the practice.

The Private Dentistry (Wales) Regulations 2017 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 all clinical staff.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all clinical staff.

The registered provider confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

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 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: Isca Dental Practice

Date of inspection: 30 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
No immediate non compliance issues identified at this inspection				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Isca Dental Practice

Date of inspection: 30 October 2018

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice's opening hours and emergency out of hours telephone number needs to be displayed	Regulation 6 (1) schedule 2 (d) Health & Care Standards 3.2 communicating effectively & 4.2 patient information	This has now been printed out and displayed on the entrance to the building.	Donna Garrett	Actioned
The patient information leaflet submitted to HIW when the practice registered must be added to	Regulation 6 (2) & (3)	This has been updated and passed to our IT team to insert on our website.	Donna Garrett	Actioned

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
the website and made available to patients at the practice.				
The statement of purpose needs to be updated to include out of hours arrangements and removal of English organisations and regulations that are not applicable in Wales. The amended statement of purpose needs to be published on the practices website and a copy provided to patients upon request.	Regulation 5 (1) & (2)	This has been updated.	Donna Garrett	Actioned
The registered provider needs to raise the issue with the building landlords to ensure sanitary bins are available in the public toilets	Regulation 22 (2) (a) (c) Health & Care Standards 2.1 Managing risk & promoting health & safety The Workplace (Health, Safety and Welfare) Regulation 1992	Had a meeting with manager of medical practice who will address this issue.	Donna Garrett	Actioned

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider must ensure that all information relating to the practice's complaints process is updated to include HIW details	Regulation (4) (a)	This has been updated.	Donna Garrett	Actioned
Delivery of safe and effective care				
The registered provider needs to provide assurance that all risk assessments have been received and any actions have/will be completed	Regulation 16 (1) (a) (b) Health & Care Standards Governance, leadership & accountability	The practice is still awaiting our Health & Safety and Fire risk assessments. DBG have been contacted again to see when we should be expecting them.	Donna Garrett	Unsure
The registered provider must ensure that the first aid arrangements are written in a policy/procedure and that all staff are aware of them	Regulation 8 (1) (q)	This has been updated	Donna Garrett	Actioned
The registered provider must provide assurance that all staff have up to date fire safety training	Regulation 17 (1) (a) & 22 (4) (c)	The practice has this in place, however all staff need to complete the online training.	Donna Garrett	Jan/Feb 2019
The registered provider needs to ensure that in line with regulation 8, all policies and procedures	Regulation 8 (1) (a) - (q)	This has been done.	Donna Garrett	Actioned

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
listed are in place at the practice				
The registered provider needs to provide confirmation that all emergency drugs are out of the reach of patients/children, but are still easily accessible in an emergency	Regulation 16 (1) (b) Health & Care Standards 2.6 Medicines management	All emergency drugs and equipment have been moved to a higher shelf, where children can't reach.	Donna Garrett	Actioned
The registered provider needs to review the radiation protection file and policy to ensure they are up to date	Regulation 8 (1) (b) (d) (e) (k) Health & Care Standards Governance, leadership & accountability	Updates are ongoing and our aim is to complete them within three months.	Donna Garrett	Feb/March 2019
The registered provider should implement a wide range and structured programme of audit activity	Regulation 8 (1) (n) & 16 (2) (d) (i) (ii) (iii) Health & Care Standards	Contacted the dental denary for audit information, with view to starting audits in new year.	Donna Garrett	Starting in January 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Governance, leadership & accountability			
The registered provider must formalise and evidence service reviews and clinical audits, including outcomes of such activity and a practice policy	Regulation 8 (1) (n) & 13 (8) & 16 (1) (a) & (2) (d) (i) (ii) (iii) Health & Care Standards Governance, Leadership & Accountability	Will be starting clinical audits in January 2019.	Donna Garrett	Starting Jan 2019
The registered provider must undertake visits of Isca dental practice, covering the areas listed under Regulation 23	Regulation 23 (1) (3) (4) (a) (b) (c) (5) (a) (6)	The registered provider is in the practice every week unless on annual leave.	Donna Garrett	Actioned
The registered provider must ensure that dentists working at the practice complete patient dental records fully in accordance with professional standards for record keeping.	Regulation 20 (1) (a) (i) (ii) Health & Care	Steps have been taken to ensure clinical records are being updated and customised accordingly.	Donna Garrett	Actioned

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Specific attention must be given to improving patient records so that cancer risk assessments; recall reasons; smoking cessation advice are recorded. In addition BPE recording needs to be consistent and Delivering Better Oral Health documented.	Standards 3.5 Record Keeping	A meeting has taken place with all team members regarding these areas, which are now being added to patients clinical records.		
Quality of management and leadership				
The registered provider should review all the policies and procedures to ensure they document the localised practises used within the practice and updated to reflect the regulations and/or professional bodies applicable to all practices in Wales.	Regulation 8 (6)	The policies that needed updating with HIW regulations have now been updated	Donna Garrett	Actioned

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): Justin Roberts

Job role: Principal Dentist

Date: 29/11/2019