



General Dental Practice Inspection (Announced)

The Dental Centre/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 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 The Dental Centre at The Square, Oakdale, Blackwood, NP12 0LR, within Aneurin Bevan University Health Board on the 23 October 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 The Dental Centre provided a friendly and professional service to their patients and were committed to seeking patient feedback in order to improve their services.

We saw evidence of good leadership at the practice. This was supported by a suite of policies and procedures to support both patients and staff.

The environment was maintained to a high standard, with relevant contracts in place to support and maintain this.

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

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 patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good
- There were arrangements at the practice for patient feedback.

This is what we recommend the service could improve:

- Information about the NHS complaints process (Putting Things Right) should be clearly displayed

- The complaints information displayed on the notice board needs to be the same as the process in the patient information folder
- A review of the current flow of uncovered dirty and clean instruments through the hatch to and from the decontamination room is required to ensure any risk of cross infection is mitigated
- Consider using single use 3 in 1 syringe tips in surgery 2

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

- Regulation 20 regarding records – one of the dentists was not completing patient records in accordance with current legislation, standards and best practice guidelines

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

3. What we found

Background of the service

The Dental Centre provides services to patients in the Blackwood 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 3 dentists, 6 dental nurses, one of whom is the practice manager, 1 hygienist and 1 receptionist.

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

Quality of patient experience

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

Overall, we found The Dental Centre was committed to providing a positive experience for patients. The majority of patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent.

Relevant patient information was displayed in the waiting area. However, we have asked that the NHS 'Putting Things Right' process is displayed clearly for patients.

There were systems in place for patients to provide feedback regarding the service they receive and this was regularly reviewed to provide the practice with a means of identifying themes with a view to making any improvements to services.

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

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

"I am a very nervous patient but always treated kindly, patiently and talked through all of my treatments"

"I am so glad I joined this practice as a patient. Eleven out of ten!"

"Staff are always very professional and polite"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients were generally happy with the practice, but the following comments were made:

“Only thing I could suggest is a calendar alert for appointments”

“Not always easy to get a convenient appointment as you’d like. Not always sure what is actually happening/who I’m seeing on the day”

Staying healthy

Health promotion protection and improvement

All but one 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.

Health promotion information was available in the reception/waiting areas, including practice specific information leaflets and a patient information folder, which was a central reference file of patient information¹. Various health and cosmetic promotion leaflets were also available.

Details of all the dental team was located in the patient information folder. A sign by the main entrance to the dental surgery displayed the name of the practice, opening hours and contact telephone number. These details were also included in the patient information leaflet and booklet.

There were signs within the practice displaying 'No Smoking', staff confirmed the practice adhered to the smoke free premises legislation².

¹ The Patient Information Folder contained information including staff details, opening hours and contact numbers, NHS and private dental costs, claiming free treatment, complaints information, and the patient information leaflet.

² 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.

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner and we heard staff speaking to patients in a friendly and professional way. All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff were able to have private conversations with patients within the dental surgeries and there was also space available, away from the reception/waiting area, if required.

The General Dental Council's (GDC) 9 principles³ were displayed in the waiting area and in the patient information folder 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 files were kept securely in a locked cabinet.

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 that the dental team help them to understand all available options when they need treatment.

All of the patients also said that the cost of any treatment was always made clear to them before they received any treatment. Price lists for NHS and private treatments were displayed in the patient information folder. The NHS price list was also displayed on the patient information notice board.

The practice had its own patient information leaflet which was available in the waiting area and patient information folder. A review of the patient information leaflet showed it contained the information required by the Private Dentistry (Wales) Regulations 2017.

³ 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.

The statement of purpose⁴ also contained all the areas required by the Private Dentistry (Wales) Regulations 2017 and is available to patients upon request.

We found policies and procedures in place detailing the arrangements for consent.

Communicating effectively

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

Staff told us that any patient wishing to converse in a language other than English would be accommodated. The practice had access to organisations to assist with this request. We suggested the practice consider displaying information regarding this service so it can be easily seen by patients.

We saw some information was displayed in both English and Welsh. In addition, staff told us that if patients required written information in Welsh or another language, they would endeavour to meet the patient's request.

Of the patient records we reviewed, there was some evidence of written treatment plans on file. Treatment plans are important because they provide information to patients so they can make informed choices about their treatment.

Timely care

The practice endeavours to provide dental care in a timely manner and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. All of the patients that completed a questionnaire felt that it was very easy or fairly easy to get an appointment when they needed it.

The majority of patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. Out of hours information and telephone numbers are contained within

⁴ 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

the patient information leaflet and statement of purpose, all of which were within the patient information folder. Staff said the information was also on their answer machine.

Individual care

Planning care to promote independence

We reviewed a sample of patient records and found some that treatment options, planning, and consent were being recorded appropriately. However the records reviewed for one of the dentists were not comprehensive. This matter is dealt with later in the report under the record keeping heading.

All of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

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 practice is located on the first floor of a medical centre, which does not have a lift, so, anyone unable to climb the stairs would not be able to access the practice. The patient information leaflet contained this information regarding access to the practice.

The patient toilet was clearly signposted. The toilet provided hand washing and drying facilities. However, there were no handrails to provide support if required.

Listening and learning from feedback

The practice had a complaints policy and procedure in place. Information for patients on how to raise a concern was displayed in the waiting area, the patient information leaflet and folder.

The complaint information displayed for private treatment included response timescales and details of organisations that could be contacted to assist patients with their concerns if required. The information on the notice board didn't have the full list of organisations which could be contacted by a patient if they required help. Therefore, we asked the practice manager to ensure that the complaint information in the patient information folder is the same as on the notice board.

In addition, we have asked that details regarding the NHS Wales Putting Things Right⁵ process are displayed for patients and were applicable updated in all patient information literature.

The practice had systems in place to record, monitor and respond to any complaints received. Staff told us that they would review any complaints to identify any themes with a view to making improvements to the services provided.

The practice had feedback/suggestion cards, pens and a box for patients to submit feedback. Staff told us that they also conduct an annual patient questionnaire exercise. The results of these methods are regularly reviewed and analysed and discussed at team meetings. We were told of some changes the practice had made based on patient feedback. We suggested to staff that they may want to consider ways of communicating the outcomes of patient feedback to patients.

Staff told us that a book on reception is used by staff for capturing any verbal comments or general feedback from patients. Again this provides an additional means to identify any themes arising.

Improvement needed

The registered manager must ensure that information about the NHS 'Putting Things Right' process is clearly available for patients

⁵ '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

Delivery of safe and effective care

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

The practice provided a clean and clutter-free environment and facilities for staff and visitors. There were contracts in place to ensure the environment and facilities were safe and well maintained.

We have asked the practice to review the system, used at the time of inspection, of the flow of (uncovered) clean and dirty instruments through the hatch to the decontamination room to ensure that any cross infection risks are mitigated.

One of the dentists was not maintaining comprehensive electronic patient records in line with current legislation, standards and best practice guidelines. HIW issued a non compliance notice in respect of these findings.

Safe care

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

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 practice occupied the first floor of a building. Access to the dental practice was via the main entrance of the medical centre and signs guided patients to the first floor. Despite access to the ground floor being suitable for anyone using a mobility aid and/or pushchair; access to the first floor was via stairs only. Patient information clearly highlighted this issue.

There were three surgeries, an open-plan reception and waiting area, plus other rooms which occupied dental facilities and staff areas. These areas were modern

in appearance due to a recent refurbishment and the dental surgeries were well equipped.

The building was visibly well maintained both internally and externally. All areas within the practice appeared clean, tidy and free from trip hazards.

There were no concerns given by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire felt 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 was regularly serviced. All staff had completed fire safety training. Fire drills were carried out and a log kept to evidence these. Emergency exits were signposted and a Health and Safety poster was displayed within the practice.

The practice had various policies and procedures in place, as well as systems to support the management of risk, including clinical and non-clinical risks.

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. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁶.

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) 01-05⁷. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place. However, we recommended that the practice review their

⁶ 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.

⁷ 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

arrangements for transporting instruments between the surgeries and the decontamination room. At the time of our visit, both dirty and clean instruments were being passed, uncovered, through a hatch between the surgeries and the decontamination room. We recommended that the hatch is used to pass dirty items only and that dedicated clean, locked boxes are used to transport clean, sterile instruments back into the surgeries (not via the hatch). This would prevent any cross infection between the instruments/equipment.

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 took place using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit.

We saw that all staff had up to date infection control training, therefore meeting their minimum training requirements.

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. 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 made appropriate arrangements with the local occupational health service to deal with any sharps injuries and/or vaccinations. 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.

Improvement needed

The registered manager must review the flow of uncovered clean and dirty instruments through the hatch to the decontamination room to ensure that any cross infection risks presented by the current system are mitigated

Medicines management

The practice did not have a policy in place relating to the ordering, recording, administration and supply of medicines to patients. We recommended that a medicines management policy is implemented.

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 appropriately 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)⁸. We advised staff to add syringes and needles to the list so when checking dates, these items won't be overlooked.

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.

We found local anaesthetic cartridges loose in a drawer of surgery 1 and suggested that these are put back in their blister packs to stay sterile.

Improvement needed

The registered manager must implement a medicines management policy which includes appropriate arrangements for the obtaining, recording, handling, using, safekeeping, dispensing, safe administration and disposal of medicines

The registered manager should review the local anaesthetic cartridges in surgery 1 to ensure none remain loose in drawers and that they are kept sterile in their blister packs

⁸ [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.

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. A flowchart was available which contained details of who to contact and the actions required by staff should a safeguarding issue arise.

We saw that staff had up to date training in adult and child safeguarding. The practice had a member of staff who was the nominated safeguarding lead. 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 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 Service⁹ (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

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 good condition and sufficient in number.

⁹ 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).

In surgery 2 there were a mix of reusable and single use 3 in 1 syringe tips¹⁰. We recommended the practice uses one type of these items.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw the local rules¹¹ displayed by the X-ray equipment to identify the key working instructions to ensure that exposure to staff is restricted.

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.

At the time of our visit the practice was registered to use a class 4 laser to undertake prescribed procedures. Staff told us that the laser was no longer in use and the equipment was kept in the storage room. The registered manager submitted an application to de-register the laser and verbally confirmed that the laser machine would be removed from the premises.

Improvement needed

The registered manager should consider using one type of 3 in 1 syringe tips in surgery 2.

¹⁰ 3 in 1 syringe tips are attached to a headpiece to provide air/water. This has the ability to clean areas with water as well as dry areas through air.

¹¹ 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 number of audits to monitor the quality and safety of the care and treatment provided to patients. Results of the audits will help to identify areas for improvement and support any changes to dental team practises.

Staff told us they obtain up to date guidance via circulars from external bodies and from staff attending conferences and training.

Quality improvement, research and innovation

The practice had a programme of internal audits which they undertake to enable themselves to demonstrate best practice in providing dental care. Staff told us of their plans to undertake smoking cessation and peer reviews audits in the future. This will contribute to the quality and safety of the care provided to patients. We recommended patient record audits are undertaken due to our concerns, which are stated under the records section of this report.

The practice had obtained bronze level of the Improving Quality Together (IQT)¹² scheme and staff told us they were going to be undertaking the Welsh Deanery Maturity Matrix Dentistry practice development tool¹³. 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.

The practice does not undertake any research.

¹² Improving Quality Together, developed by 1000 Lives Improvement, is the national quality improvement development programme for all NHS Wales' staff and contractors, which builds upon recognised local, national and international expertise. IQT provides an opportunity to develop skills in quality improvement methodology.
<http://www.wales.nhs.uk/sitesplus/866/page/84496>

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

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.

The practice had a number of appropriate policies and procedures in place including a data protection and data security policy. This meant that staff had access to suitable guidance with regard to their day to day work.

Record keeping

Our review of patient records highlighted significant concerns. We found that the principal dentist was not using the electronic patient record keeping system that was in place at the practice. Instead he was recording limited information on undated pieces of paper which were not inputted into the patient's electronic record. These limited records failed to record treatment planning, consent or any discussions with the patient about treatment options.

These findings meant that HIW could not be assured that the principle dentist was applying appropriate professional clinical judgement in regards to treatment planning and provision. This is a serious risk to patient safety as without comprehensive patient records, it leaves patients at risk of serious complications and poor outcomes which could pose a risk to patients' oral and overall health.

Our concerns regarding the above issues were dealt with under our immediate non-compliance process. Details of the immediate improvements we identified are provided in Appendix B.

There was evidence that other dentists at the practice were keeping their clinical records to a good standard. Of the records we reviewed, we found they contained sufficient information regarding discussions held about treatment options, medical history information, recall information and justification of X-rays. There was also evidence of treatment planning and treatment plans were given to patients for consideration. This demonstrated that care was planned and delivered to a good standard, maintaining patients' safety and dental wellbeing.

Quality of management and leadership

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

We found evidence of effective management procedures in place, including annual staff appraisals and regular staff meetings.

Staff worked well together and had received the necessary training for their roles and responsibilities.

A wide range of policies and procedures were in place to help ensure the safety of staff and patients.

Governance, leadership and accountability

The Dental Centre is owned by the Responsible Individual¹⁴ who is also the principle dentist. The practice manager is the Registered Manager¹⁵ and manages the practice on a day to day basis, supported by a wider team of clinical and non-clinical staff. Overall we found the practice to have good leadership and staff understood their roles and responsibilities.

We found there was a wide range of policies and procedures in place to ensure the safety of both staff and patients. We recommended that the recruitment policy is updated to include induction and training information. The statement of

¹⁴ "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;

¹⁵ "Registered Manager" means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

purpose and patient information leaflet contained all the relevant information required by the regulations.

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/s or practice manager, or an alternative appropriate body if required.

The registered manager confirmed that she was aware of her duties regarding notifications, including serious injury to patients and absence or changes to the Registered Manager, which must be sent to HIW¹⁶.

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We saw the practice's public liability insurance certificate was displayed in the reception area.

Improvement needed

The registered manager must review and update the recruitment policy to include induction and training information

¹⁶ Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

Staff and resources

Workforce

The practice had a number of human resources related policies and procedures in place including a recruitment policy. Staff also completed regular appraisals and all had personal development plans for the upcoming year.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. We were told that the practice holds regular team meetings and saw evidence of minutes from these meetings. Staff unable to attend are provided with the minutes and asked to sign them so they are up to date with practice matters.

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 all staff. Staff told us DBS certificates would be renewed every three years. This practise contributes to ensuring safer recruitment choices, including working with vulnerable groups such as children.

4. What next?

Where we have identified improvements and immediate non compliance issues during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks' notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: The Dental Centre

Date of inspection: 23 October 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
The registered manager must ensure the immediate improvement of patient records so a contemporaneous record is available for all patients. They must be completed in line with regulations and professional record keeping standards.	The Private Dentistry (Wales) Regulations 2017 Regulation 20 (1) (a) (i) (ii)	Devise and implement templates for every treatment, to be used within patient clinical notes.	Cirwyn Watkins	Templates will be made available by 01/11/19 for clinical use.
The registered manager must ensure that patient notes are regularly audited/reviewed to ensure any improvements are implemented and that they remain in line with professional clinical processes regarding record keeping.	The Private Dentistry (Wales) Regulations 2017	Internal audit to be composed and implemented.	Cirwyn Watkins	Audit to be completed one calendar month from inspection 01/12/2019 then at regular intervals thereafter.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
	Regulation 16 (1) (a) (b) and (2) (b) (i)			Copy of Audit to be submitted to HIW as part of improvement plan. An audit of patient records will be undertaken by the HB Dental Advisor in 6 months

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): Cirwyn Watkins

Job role: Practice Manager/Registered Manager

Date: 29 October 2019

Appendix C – Improvement plan

Service: The Dental Centre

Date of inspection: 23 October 2019

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
No recommendations were identified on this inspection				
Delivery of safe and effective care				
The registered manager must review the flow of uncovered clean and dirty instruments through the hatch to the decontamination room to ensure that any cross infection risks presented by the current system are mitigated	The Private Dentistry(Wales) Regulations 2017 – Regulation 13 (3) (b) Health & Care Standard – 2.1	Purchase 2 clean instrument transportation boxes, which are to be used by surgery 1 & 2. Custom designed hatches to be used for the transportation of dirty instruments only between surgeries and decontamination room. Additional training to be provided to staff involved in the decontamination	Cirwyn Watkins – Practice Manager	2 Weeks

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Managing risk and promoting health and safety; 2.4 infection prevention & control & decontamination	process to ensure the new procedure is followed.		
The registered manager must implement a medicines management policy which includes appropriate arrangements for the obtaining, recording, handling, using, safekeeping, dispensing, safe administration and disposal of medicines	The Private Dentistry(Wales) Regulations 2017 – Regulation 8 (1) (l) & 13 (4) (a) (b) Health & Care Standard - 2.6 Medicines Management	Currently all antibiotics are logged when delivered to the practice and when dispensed to the patient, within the patient notes and in the antibiotic log file available in each surgery. A policy needs to be drafted and signed by all staff to acknowledge this.	Cirwyn Watkins – Practice Manager	1 Month
The registered manager should review the local anaesthetic cartridges in surgery 1 to ensure none remain loose in drawers and that they are kept sterile in their blister packs	The Private Dentistry(Wales) Regulations 2017 – Regulation 13 (4) (a) Health & Care Standard - 2.6	All anaesthetic cartridges should be kept in the blister packaging within the surgery environment.	Cirwyn Watkins – Practice Manager	Immediately

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Medicines Management			
The registered manager should consider using one type of 3 in 1 syringe tips in surgery 2.	<p>The Private Dentistry(Wales) Regulations 2017 – Regulation 13 (1) (b) & (2) (a) & (3) (b)</p> <p>Health & Care Standard – 2.9 medical devices, equipment & diagnostic systems</p>	Adaptor to be changed in Surgery 2 to accept single use 3 in 1 tips as an alternative to autoclavable Sirona Fibre Optic 3 in 1 tips, so that all surgeries are using the same system. Sirona 3 in 1 tips have now been disposed of and replaced with Henry Schein single use plastic 3 in 1 tips.	Cirwyn Watkins – Practice Manager	Immediately
Quality of management and leadership				
The registered manager must review and update the recruitment policy to include induction and training information	The Private Dentistry(Wales) Regulations 2017 – Regulation 8 (1) (h) (i)	A new recruitment policy will be drafted to support the practice current recruitment procedures. This must include Induction details, training	Cirwyn Watkins – Practice Manager	1 Month

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Health & Care Standard – 7.1 workforce	requirements, notice periods, DBS checks and renewals etc.		

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): Cirwyn Watkins

Job role: Practice Manager

Date: 18th November 2019