Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Gwirio bod pobl yng Nghymru yn derbyn gofal da

Checking people in Wales are receiving good care

Annual Report 2016 – 2017

General Dental Practice Inspections

September 2017

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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. Foreword

This is HIW's third annual report relating to the work we have done inspecting General Dental Practices across Wales.

The purpose of this report is to summarise the findings from our inspections during 2016-17 and to highlight the areas for improvement and areas of good practice we have identified across services. As a result of the themes identified from our inspections, we have made overarching recommendations for services in this area (Appendix A).

HIW is responsible for the inspection of dentists in Wales. However, it is healthcare service providers themselves who are primarily responsible for ensuring patients receive safe and effective treatments. The Health and Care Standards 2015 provide the quality framework against which NHS dental service provision should be delivered. The Private Dentistry (Wales) Regulations 2008 place legal obligations on private dentistry service providers in this respect.

We expect that services working in this area will carefully consider the contents of this annual report and our overarching recommendations, using these to make improvements to their services.

2. Summary

In general, we found that dental practices were working hard to provide safe and effective care. We identified much in the way of good practice across the sector, including three practices whose standards were good enough that we did not need to make any recommendations for improvement. We did, however, identify a range of improvements needed across services and some of these, disappointingly, echo the recommendations we made in our 2015-16 annual report. This indicates that individual services, Health Boards and advisory bodies could do more to act on and share the learning from the recommendations we make. We are aware that the Dental Postgraduate Section, Wales Deanery, Cardiff University (the Dental Deanery) are continuing to develop all Wales practice quality improvement systems to support practices in response to our findings.

During 2016-17, HIW undertook a total of 80 dental practice inspections. 75 inspections to dental practices we had not visited previously and five follow up inspections to previously inspected services that we continued to have concerns about.

General dental practices providing NHS dental care must deliver services against the Health and Care Standards 2015 and HIW assesses service delivery against this framework. HIW inspections of general dental practices seek to ensure that dentists providing patients with any private dental treatment comply with the Private Dentistry (Wales) Regulations 2008. All dentists, including those providing NHS dental care must comply with the Ionising Radiation (Medical Exposure) Regulations 2000.

This report includes references to dental practice teams and dental team members. The dental team includes dentists, dental nurses, dental hygienists and therapists, receptionists and practice managers.

What we found practices did well:

In the inspections we undertook in 2016-17, the standards and compliance in three practices we visited was considered to be so high that no recommendations for improvement were made. Two of these practices provided private only dental care and the third provided a mixed, NHS/private dental service to patients.[1] During the course of each dental inspection, we sought feedback from patients using the services. Without exception, the feedback we received was positive, with patients telling us that they were happy with the care received from the dental teams treating them.

We also found that practices were broadly aware of their obligations and the relevant guidelines surrounding decontamination and infection control within dentistry. Practices had a range of systems in place (although sometimes benefiting from improvement) to ensure that as far as possible the required standards were being adhered to.

[1] hiw.org.uk/docs/hiw/inspectionreports/161222cwmbrandentalcareen.pdf
hiw.org.uk/docs/hiw/inspectionreports/170313glenhavendentalen.pdf
hiw.org.uk/docs/hiw/inspectionreports/170531porthmadogen.pdf

Practices and individual dentists were also broadly aware of the regulations and standards surrounding the safe use of radiographic equipment and had systems in place to support them to use this safely. Again, on occasion these systems needed improvement but overall, practices were broadly compliant and meeting standards in both areas.

We found improvements were needed in the following areas:

- Arrangements for the effective management of staff in the dental team to ensure that records relating to their employment were complete and up to date.
- Ensuring that there are sufficient systems in place to maintain emergency kits that are complete, in date and ready to use safely in the event of a patient collapse.
- Ensuring that complaints policies and procedures are made clear to patients and take account of the relevant regulations and standards.
- Arrangements for ensuring that throughout a practice, infection control and compliance with decontamination quality standards is adhered to.

Following our inspections, where necessary, services were required to complete an improvement plan. This was in order to provide HIW with assurance that the findings from inspections had been addressed or to demonstrate that significant progress was being made toward this. On occasion, we found that the quality of improvement plans were poor and some services failed to provide the plans within the agreed timescale. This was often because services had failed to sufficiently familiarise themselves with the requirements of the standards and regulations in order to take appropriate actions. In these cases, we took further action to ensure that services provided HIW with the necessary level of assurance.

Reports on all of our inspections and their associated improvement plans are published on HIW's website.[2]

[2] www.hiw.org.uk

3. What we did

2016-2017 was the third year of an ongoing programme of inspections to all general dental practices across Wales. Between April 2016 and March 2017 a total of 80 inspections were conducted across Wales, 75 of these were to practices we had not visited previously and five were follow up inspections. Of the 75 new practice inspections, 46 were to practices providing both NHS and private dental care to patients (mixed practices), 29 were to private only dental practices. All five follow up inspections were to practices providing mixed NHS and private dental care.

Each inspection was announced with practices provided with six to eight weeks notice. This was so that the practice could make arrangements for the necessary personnel to be present at the inspection, and to minimise disruption for patients. Each inspection was conducted by at least two members of HIW staff; a HIW inspection staff member and a HIW dental peer reviewer. Dental peer reviewers were all currently practising general dental practitioners, or were recently retired from general dental practice.

General dental practices themselves are responsible for ensuring the quality and safety of the treatments provided. We explored how each practice met the standards of care set out in the Health and Care Standards (April 2015). The Health and Care Standards are at the core of HIW's approach to inspections in the NHS in Wales. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Any dentists registered with HIW to provide private dentistry are also subject to the provisions of the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011. Where appropriate we considered how each practice met these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance, such as the General Dental Council (GDC) Standards for the Dental Team.

During each inspection, HIW considered whether there were effective systems and processes in place to ensure the service was:

- Meeting the relevant national standards and complying with regulations (those referred to above).
- Providing high quality, evidence based treatment and care through services that are patient/service user focussed.
- Continually monitoring the quality of treatment and services.
- Putting things right quickly, when they go wrong.

We published our findings within our inspection reports under three themes:

- Quality of patient experience.
- Delivery of safe and effective care.
- Quality of management and leadership.

During the inspection we gathered information from a number of sources including:

- Information held by HIW.
- Interviews with staff at the service.
- Conversations with patients and relatives (where appropriate).
- HIW patient questionnaires completed prior to inspection.
- Examination of a sample of patient records.
- Examination of policies and procedures.
- Examination of equipment and the environment.

At the end of each inspection HIW provided an immediate overview of our main findings to representatives of the practice at a feedback meeting. Any urgent concerns regarding inspection findings which potentially posed an immediate risk to the safety of patients were brought to the attention of practices during the inspection and then via HIW's immediate improvement process. This involves the practice being sent a letter within two days of the inspection (an Immediate Assurance letter), and the practice responding within one week to confirm that matters have been addressed. For those practices providing any NHS services, a copy of this letter was also shared with the relevant health board and the healthcare quality division of the Welsh Government. HIW also uses non compliance notices in instances where regulatory breaches are identified. Any other improvements identified were included in individual practice inspection reports, all of which are published on HIW's website. Our inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

Following each inspection, the service was sent a draft report to check for factual accuracy. Where appropriate, this included an improvement plan for the dental practice to complete, in order to inform HIW of the actions being taken to address the issues identified. All improvement plans were separately evaluated by HIW to determine whether the service had responded appropriately or if further action was required. Once an improvement plan was agreed by HIW, it was published alongside the inspection report on HIW's website.

4. What we found

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.

Patients told us that they were happy with the dental care and treatment provided to them and noted that delays in seeing their dentist or dental care professional were very rare.

Some practices had good arrangements in place for ensuring that patients are empowered to tell them when things are going well and when things have gone wrong. However, the majority of practices needed to improve in some aspect of this so that they are not missing out on valuable patient feedback.

Prior to inspection, services were asked to distribute HIW questionnaires to patients to obtain their views about the services provided.

The questionnaire responses we received were, without exception, very positive feedback from patients. Comments included the following:

"I have never had a problem with being seen at short notice or making an appointment at my convenience at this dental practice. Always friendly and accommodating."

"A superb dental service received each and every time. I wish all services were like that."

"The practice is very professional. Always puts the patient at the centre of the treatment. Always discuss before and after treatment."

Dignified Care

We saw many different interactions between staff and patients and staff were consistently professional and friendly in their approach.

Many practices had considered the need for patient privacy and confidentiality within reception areas and had designated a private space where conversations or telephone calls could take place as needed.

Timely Care

Patients consistently reported that delays to their allocated appointment times were very rare and that it was easy to make appointments at short notice in emergency situations if needed. Different arrangements for out of hours dental care existed across Wales, in general not causing a problem to patients. However, we often found that practices could make the out of hours arrangements and contact details clearer and more easily accessible for patients in the event that they may be needed.

Staying Healthy

Patients told us that they felt they were given enough information about their dental care and treatment. We did identify that some practices could provide more dental health promotion information to patients, perhaps by making additional material available in the waiting room, or by tailoring the provision of information to individual needs if this is their preferred approach.

Within patient records, the sample we saw indicated that sometimes the dentists needed to evidence more accurately the dental health conversations they have had with patients during treatment and consultations about staying healthy and keeping their mouths healthy.

Individual Care

We found that some practices had considered the various language needs of their patient population and had made written information available in other languages as appropriate. This included the Welsh language. In some practices we heard patients and staff speaking Welsh together. We found that across Wales in general, there is still room for improvement in this respect and all practices should ensure they have considered and made provision for their language needs of their population.

Many dental practices in Wales are in buildings which are not purpose built. However, we found that consideration had been given to what adaptations needed to be made for patients to make them as accessible as possible. Many practices used ramps to front entrances, used level access surgeries flexibly and we even saw that lifts had been installed where possible in some practices.

In more than half of practices we inspected there were aspects of complaints policies or procedures which were not compliant with the Private Dentistry (Wales) Regulations or the NHS Putting Things Right Procedures. During this year, some patients again told us that they did not know how to make a complaint. This is a disappointing finding, particularly as it was also highlighted by HIW in 2014-15 and again last year in our 2015-16 dental report. There are clear guidelines available to practices (in the form of the relevant regulations or the NHS guidance document) to support them in creating complaints policies which are correct. Having clear and easily accessible complaints policies is key in empowering patients to be able to easily tell a service when something has gone wrong.

It is equally important that there is a routine mechanism by which practices actively seek feedback from their patients. This could be though a survey, or suggestions box. As we found in 2014-15 and 2015-16, some practices still did not have an established means by which they would do this, therefore missing out on what can be a rich and valuable source of feedback for their service.

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 practices had taken account of their obligations in providing safe and effective care to patients, some more effectively than others.

We made a number of recommendations intended to help practices provide higher standards of care which were more in line with standards, regulations and guidance.

Safe Care

General Health and Safety:

All dental practices had arrangements in place for managing health and safety risks, although some practices did this more effectively than others.

We checked to see whether practices were proactively assessing and working to reduce their own individual risks in areas such as storage of chemicals, waste disposal arrangements, fire safety, electrical safety and keeping their environments clear.

We found that practices were good at ensuring patient and clinical areas were uncluttered and safe to navigate. In terms of safe storage of chemicals, practices had awareness of COSHH (Control of Substances Hazardous to Health) regulations but sometimes needed to improve their compliance by making their storage of chemicals safer. Overall, practices were good at ensuring there were arrangements for fire safety in place, keeping exits clear and ensuring they had appropriate contracts with fire safety companies for the maintenance of fire extinguishers and other fire safety mechanisms.

Waste management was an area that we frequently found a need to make some recommendations. Whilst practices were all good at safely managing dental waste streams, the safe and effective disposal of sanitary waste generated within practices was often not considered and was a frequent recommendation made at inspection.

We found that practices had all considered the need for portable appliance testing and had arrangements in place for this which helped ensure that the use of small electrical equipment was safe. Larger, more specialist electrical equipment such as the compressor, must also be maintained regularly. However, practices were not always as good at ensuring that this was being done, nor maintaining accurate records of evidence to demonstrate this.

Clinical Facilities:

We looked at clinical facilities within surgeries and decontamination areas. Overall, surgeries were well equipped, uncluttered and free from obvious hazards. We did find that some surgeries needed updating or small remedial works carried out in order to make them more closely compliant with the decontamination guidance for Wales (WHTM 01-05).

We made recommendations such as ensuring that floor and work surfaces are adequately sealed to reduce the risk of contamination and cross infection. We also found on a number of occasions that there were out of date dental materials in drawers within surgeries. It is important that practices have stock control arrangements in place so that this does not happen. Where we identified this finding we made recommendations so that it could be put right, but all practices will want to ensure that this is not a finding replicated within their own service.

Decontamination, infection prevention and control (IPC):

We looked at how well practices were meeting the standards set out in the Welsh Technical Health Memorandum 01-05 (WHTM 01-05 Decontamination in primary care dental practices and community dental services). All practices had a variety of arrangements in place which aimed to ensure dental instruments were cleaned and sterilised as effectively as possible to minimise the risks of cross infection. We found some practices had very good arrangements in place and had carefully considered the WHTM 01-05 guidance which meant that we were assured about their approach and standards of decontamination and had no need to make any recommendations for improvement. Policies and procedures associated with decontamination were up to date, accurate and practice specific. Staff clearly understood and were confident in their respective roles in the process.

We did, however, find that in a number of cases, there were elements of the decontamination process which needed to be improved. Some of the issues we found included:

- Confusion about what daily checks needed to be done on autoclaves; these checks are intended to ensure that the equipment is working and sterilising instruments as effectively as possible.
- Incorrect procedures relating to the checks needed on ultrasonic baths.
- Sterilisation dates and expiry dates of sterilised dental instruments were not always clearly marked.
- Infection control audits were not always being done at the frequency advised by WHTM 01-05 and sometimes practices were using audit tools which were not aligned to Welsh guidelines, increasing the chances of the audit not accurately identifying deviance from the standards that practices in Wales are required to follow.
- Decontamination policies which had not been kept up to date and were not specific to each practice.
- Some issues with the layout of decontamination rooms/areas to ensure that clean to dirty workflow is maintained carefully.

Arrangements for safe use of radiography (x-rays) in dental practices:

As in 2015-16 and 2014-15, our findings in this area were very mixed. Some practices had good arrangements in place for the safe use of radiography equipment and to ensure the highest possible image quality whilst other practices needed to review and make improvements in a number of areas. Where practices were good, we found that they had well organised radiation protection files, access to expertise in radiography for further advice as and when needed, evidence of up to date training for all relevant staff and suitable practical

arrangements to ensure that each x-ray was taken as safely as possible. The majority of patient dental records showed evidence of the justification for taking the x-ray and a note of the findings.

The issues we identified included the following:

- Controlled areas which mark out where x-rays are being taken were not clearly identified for the safety of patients and staff.
- No guidelines were in place for the safe use of x-ray developing fluids, meaning that these were only being changed on an ad hoc basis and the resulting image quality was poor.
- Insufficient training in Ionising Radiation (required in order to comply with IR(ME)R 2000), or a lack of evidence available at inspection to demonstrate that staff had received the necessary training.
- In some practices we found they had not completed any image quality audits, or found that audits were only being completed ad hoc. We also found poor quality audits which identified issues but lacked follow up actions to resolve the problems identified. Image quality audits should be carried out regularly to ensure that x-ray quality is as good as possible for the most effective use of this as a diagnostic tool.
- Incomplete Radiation Protection Files. Most commonly there was no Radiation Protection Advisor appointed or documented and missing identification of controlled areas.

Emergency arrangements, emergency equipment and medication:

All practices had some form of emergency kit and policy to support them in the event of a patient collapse. However, the quality of these arrangements varied hugely and across Wales this was one area we frequently identified as a concern, raising it at 36 separate inspection visits and making recommendations for improvement. Of the 36 practices where this was an identified concern, 28 provided NHS care. This is therefore an aspect of care to which health boards will want to pay particular attention.

The issues we found included:

- Incomplete emergency kits (equipment and medication).
- Kits which contained out of date equipment or medication.
- Emergency policies and procedures which were not clear and were not practice specific.
- No trained first aider amongst staff members.
- Cardiopulmonary resuscitation training (CPR training) which was not up to date for all members of the team.

To have identified this as an area of frequent concern at so many practices in 2016-17 is disappointing. It is key that dental teams are properly equipped to support patients in the event of a collapse but in addition to this, it is an area that HIW highlighted following our inspections in 2015-16.

Safe Care:

We checked what arrangements practices had in place to safeguard vulnerable children and adults. At 16 different practices we identified that improvements to safeguarding policies were needed, or to the levels of safeguarding training for staff. In addition to this, we recommended on 12 occasions that dental staff ensure their criminal record checks (DBS checks) were either renewed or that consideration be given to extending these checks to the wider dental practice team.

It is important that individuals within dental teams understand safeguarding implications and have an awareness of what they need to do if they identify any safeguarding issues relating to patients. In addition to this, having valid DBS checks in place for relevant staff indicates that practices are using this as an important mechanism for ensuring staff suitability to work with vulnerable or potentially vulnerable adults and children.

Effective Care

We looked at patient records to see whether the treatment they had received and advice they had been given was easy to identify from what had been documented. We found many examples of good documentation, notes which were clear and easy to follow with sufficient detail and the relevant justifications to evidence why patients had been given the treatment they had received.

However at 43 of the inspections we conducted we made some recommendation for improvement in relation to patient records. The issues we identified included the following:

- Patient identifiers, (name, address, date of birth) were often incomplete and not included on all records. This meant that patient information had the potential for being misplaced and filed incorrectly.
- Insufficient evidence that patient medical histories had been checked by a dentist prior to treatment commencing.
- A need to record patient consent accurately.
- Insufficient evidence of treatment planning and discussions of treatment with patients.
- The outcomes of BPE (Basic Periodontal Examination) checks were not always recorded in accordance with recommended guidelines.
- Patients' social history including smoking, alcohol consumption and oral hygiene needed to be consistently recorded.
- Oral cancer 'screening' records needed to be recorded.
- Radiograph justification and findings to be recorded at all times.

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 dental practices review and monitor their own performance against the Private Dentistry (Wales) Regulations, the Health and Care Standards, the Ionising Radiation (Medical Exposures) Regulations and other relevant professional guidance.

We found strong staff teams and either senior dentists or practice managers leading practices, many of whom were extremely experienced in this. There was evidence of clear lines of accountability amongst staff.

Overall, improvements were needed to the way in which staff records and management of the dental team as a whole was being approached.

Governance, Leadership and Accountability

Practices we inspected were usually owned by the dentists working in them or by corporate providers. There were usually practice managers employed to oversee day to day management, but often we saw that the bulk of this role was closely directed by a principal dentist, perhaps with a practice manager in more of a support role. This is challenging, particularly when dentists are also providing clinical care to patients in addition to their management responsibilities. There may be scope to further promote and enhance training available to dental practice managers in Wales to enable them to more fully manage the practice and 'free up' principal dentists to focus on clinical leadership.

We provided feedback at the end of each inspection visit and always tried to ensure that key management staff were available to listen to our findings. Overall, our feedback was received very well by practices. Principal dentists and practice managers were committed to responding to our findings and resolving issues, asking pertinent questions to ensure they had understood our feedback and could take prompt action to make any necessary changes.

We found that overall, practices had all necessary policies and procedures in place to help guide their practice. However, frequently, these were in need of review, it was not clear which was the latest version and there were no mechanisms in place to ensure that staff were aware of the contents of the policies which were intended to be guiding their daily work. Sometimes the contents of the policies we saw were also not reflective of the guidelines applicable to dental care and treatment in Wales.

During our inspections, we checked to see whether a variety of important staff information was being held and kept up to date by dental practices. This included information on staff recruitment, checks to ensure staff suitability (DBS checks), Hepatitis B immunisation status, professional registration and indemnity certificates. We also looked at training and continuing professional development (CPD) records.

Whilst there were some practices where this area was managed well, overall we found many areas for improvement and made a number of recommendations.

The issues we found included:

- Incomplete Hepatitis B records for relevant staff. Clinical staff undertaking exposure prone procedures are at greater risk of infection and therefore receive this vaccine. It is important that dental practices are able to demonstrate that they have ensured staff and patient safety in this respect.
- No overall training records kept. This meant that whilst individuals may hold up to date training certificates, it was often impossible for practices to identify gaps in their dental team's knowledge.
- On occasion, professional indemnity certificates were not available for us to see.
- We found instances where dentists did not have a DBS check which had been undertaken within the last three years and occasions when there had not been any consideration given to undertaking any form of criminal record check on other members of the dental team.
- Often, staff appraisals were not being undertaken annually and sometimes were not being carried out at all.

Staff and Resources

We found many practices where the staff teams had worked together for a number of years and had a very positive approach to team working and to the provision of good quality patient care. There were varying levels of induction arrangements in place for new staff and practices would benefit from having a consistent approach to managing this.

Staff indicated that they were well supported with requests to undertake training but as mentioned previously, this was often down to the individuals themselves as practices frequently had no means of overseeing training amongst the team as a whole.

Staff appraisals, when completed, appeared to be well received by staff. These are also a way in which staff can be supported and any problems related to their knowledge or employment can be identified at an early point and dealt with accordingly.

5. Conclusions

2016-17 was the third year of HIW inspections of general dental practices. Again we found that practices were generally keen to engage with the inspection process, recognising the opportunity inspection provides for objective and constructive feedback on their service provision.

Our overall findings from the year were positive; patient experience had high satisfaction according to the patients who spoke to us and responded to our questionnaires. We saw dental staff teams at work who were positive and committed to their work and enjoyed working with patients.

Practices had arrangements in place to support the delivery of safe and effective care. Overall these were satisfactory but in some practices there were improvements needed to the decontamination process, radiographic arrangements, emergency procedures and equipment, plus general day to day health and safety considerations.

Management and leadership were generally satisfactory but overall, practices would benefit from approaching staff management by looking at team training needs, rather than relying on individual records.

HIW issued immediate assurance letters in seven out of the seventy five new practice inspections in 2016-17 (approximately 10%). One practice, which provided wholly private dental care received a non compliance notice to deal with the issues of concern we identified. This is a reduction in comparison to the previous two years, during which we issued immediate assurance letters in almost a quarter of our inspection visits.

We have made a number of overarching recommendations for improvement which can be found in Appendix A of this report. All individual dental practices, corporate bodies and health boards should take note of these and ensure that these issues are not replicated elsewhere within their services.

6. What next

- HIW will continue with it's programme of dental practice inspections across Wales.
- HIW will continue to seek feedback from each dental practice following an inspection visit, making changes in response to this feedback as appropriate.
- HIW will register dental practices under the new Private Dentistry (Wales) Regulations 2017 which came into force on 1 April 2017 requiring practice based rather than individual dentist registration. For the first time this will include registering and inspecting Dental Care Professional private direct access practices.
- HIW will continue to engage with stakeholders, in particular our own dental stakeholder reference group, to discuss our work and to take account of feedback and challenge from the dental sector.
- HIW will continue to influence/inform policy through our findings by working closely and effectively with Welsh Government colleagues.
- HIW will continue to develop in house expertise and develop the inspection expertise of our clinical dental peer reviewers.

Appendix A

Recommendations

As a result of the findings from our 80 inspections in 2016-2017, we have made the following overarching recommendations which all services should consider as part of providing a safe and effective service.

Whilst we have seen some areas of improvement in services inspected in 2016-2017, it is disappointing that the majority of recommendations are reflective of those made in 2015-2016.

Recommendations	Regulation/Standard
Patient Experience	
Practices must ensure that patients are empowered to provide feedback about when things have gone well and when things have gone wrong by ensuring that their feedback systems are clear and obvious to patients.	Regulation 14 (2) Health and Care Standard 6.3
Practices must ensure that their complaints policies and procedures accurately reflect the relevant regulations and standards and that they are clear and easy for patients to access and understand.	Regulation 15 (1) Health and Care Standard 6.3
Delivery of Safe and Effective Care	
Practices must ensure that all waste streams generated in practices are accounted for within their waste management contracts.	Regulation 14 (6) Health and Care Standard 2.4
Practices must ensure that records of maintenance and testing for large dental equipment are kept up to date and made easily accessible to relevant staff.	Regulation 14 (3) (b) Health and Care Standard 2.9
Practices must ensure that surgeries and other clinical rooms are maintained to the highest standard (in accordance with WHTM 01-05 guidance) so that contamination and cross infection risks are reduced as far as possible.	Regulation 14 (1) (d) Health and Care Standard 2.4

Recommendations	Regulation/Standard
Practices must ensure they have a thorough understanding of WHTM 01-05 so that overall compliance with the decontamination process is improved. Particular care should be taken to adhere to the regular checks needed to sterilisation equipment.	Regulation 14 (3) (b) Health and Care Standards 2.4 and 2.9
All practices in Wales should undertake infection control audits which check their alignment and compliance with WHTM 01-05 Welsh decontamination guidelines.	Regulation 14 (1) (b) Health and Care Standard 2.4
Practices must ensure that they maintain complete, in date emergency kits and have appropriate systems in place to ensure the kits are always safe, complete and ready to use.	Regulation 14 (2) Health and Care Standard 5.1
Practices must ensure that they have robust arrangements for the safe use of radiography in practices. In particular, Ionising Radiation training should be carried out at the recommended frequency for all staff involved in radiographic work.	Regulation 11 (1) of the Ionising Radiation (Medical Exposure) Regulations Health and Care Standard 2.9
Patient records need to be improved so that in all practices they consistently contain all required information and provide a reliable record of the care, treatment and discussion with a patient.	Regulation 14 (1) b) Health and Care Standard 3.5
Quality of Management and Leadership	
Practices should ensure that the recommended staff records relating to recruitment, employment and training are up to date, well organised and held centrally.	Regulation 13 (3) (c) Schedule 2 Regulation 14 (2) Health and Care Standard 7.1