

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

Abertillery Dental Practice,  
Aneurin Bevan University Health  
Board

Inspection date: 26 November  
2018

Publication date: 27 February  
2019

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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 Abertillery Dental Practice at 3 Somerset Street, Abertillery, NP13 1DJ, within Aneurin Bevan University Health Board on the 26 November 2018.

Our team for the inspection comprised of an 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 Abertillery Dental Practice provided a friendly and professional service to their patients.

The practice was patient focussed and we observed staff being polite and professional. We saw evidence of strong leadership and the practice had the necessary policies and procedures in place to support the practice, patients and staff.

The practice sought patient feedback by undertaking patient surveys and inviting suggestions. We advised that a process is put in place to feedback responses to patient suggestions or comments.

We saw documentation demonstrating that the dental equipment was maintained and regularly serviced.

The practice needs to ensure staff adhere to guidance when undertaking the cleaning and sterilisation of instruments.

This is what we found the service did well:

- There was evidence of strong management and leadership from the practice owners
- All the patients who completed the HIW questionnaire told us they were treated with dignity and respect
- Appropriate arrangements were in place for the safe use of X-rays
- There were a good range of policies and procedures in place.

This is what we recommend the service could improve:

- The practice put in place a programme of peer reviews to support learning
- All staff to undertake training in the protection of children and the protection of vulnerable adults

- All clinical staff to undertake additional training to ensure the decontamination and sterilisation process is followed correctly.

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

### 3. What we found

#### **Background of the service**

Abertillery Dental Practice provides services to patients in the Abertillery 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, one hygienist, three dental nurses and one 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.*

We found that staff at Abertillery Dental Practice were committed to providing a positive experience for their patients. All the patients who completed the HIW questionnaire rated the service provided by the dental practice as excellent or very good. All the patients also told us that they were treated with dignity and respect by staff at the dental practice.

The practice had a complaints policy and a system for capturing formal complaints was in place. The practice undertakes patient surveys and invites patients to submit suggestions but we advised it does more to provide feedback to patients on the outcome of their comments.

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 35 questionnaires were completed. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was very positive. Almost all patients who completed a questionnaire said that overall they would rate the service provided by the practice as 'excellent'. Patient comments included the following:

*"Great service, friendly staff"*

*"Always an excellent experience. All staff are welcoming and friendly. Dentist is very informative."*

*"We are very satisfied with this dental practice"*

*"Polite, courteous, helpful and professional at all times"*

## Staying healthy

### Health promotion protection and improvement

We saw that a small selection of leaflets about private treatments e.g. tooth whitening, was available in both waiting areas, together with one leaflet on oral health. We recommend that additional health promotion information, including leaflets about treatments and preventative advice, are made available. We also noted a selection of practice policies displayed in the waiting areas including, data security policy, safeguarding policy and infection control policy.

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

#### Improvement needed

The practice must provide patients with a greater selection of health promotion information, including leaflets about treatments and preventative advice.

## Dignified care

Without exception, all patients who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. One patient told us:

*"Staff are helpful and always professional"*

The reception and one waiting area were on the ground floor. Staff told us that if there was a need to hold a private conversation in person or on the telephone with a patient they would use a free surgery or wait until the practice was closed during the lunchtime period.

We found that current patient information was stored securely, ensuring that personal and sensitive information was protected. Legacy files are addressed later in the report.

Both dental surgeries had doors which could be closed when a patient received treatment, maintaining privacy and dignity.

The practice had a confidentiality policy in place. We noted that there was a quality assurance policy displayed in both waiting areas that reflected the 9 Principles as set out by the GDC<sup>1</sup>. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

### Patient information

All of the 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 all patients felt that they had received clear information about available treatment options.

All but two of the patients who completed a questionnaire said the cost of any treatment was always made clear to them before they received any treatment.

There were leaflets displayed in both waiting areas setting out private treatment costs and NHS treatment costs.

In accordance with the Private Dental Regulations 2017, the practice had a Patient Information Leaflet which was also available in the waiting areas.

We saw the names and information about the dentists, and the practice's opening hours and the emergency contact telephone number displayed externally. However, we were told that at night, the shutter was closed in front of the practice meaning that patients would not be able to view this information. Instead, the out of hours number was provided on the practice's answerphone message.

We noted there was a data security policy, consent policy and General Data Protection Regulations<sup>2</sup> (GDPR) statements for staff and patients.

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<sup>1</sup> <https://standards.gdc-uk.org/>

<sup>2</sup> <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

## Communicating effectively

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

## Timely care

All of the patients who completed the questionnaire said they found it 'very easy' or 'fairly easy' to get an appointment when they needed it. Just over a quarter of patients who completed the questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem. However, details of how patients could access emergency dental care when the practice was closed was provided on the practice's answerphone message and in its patient information leaflet. It was also provided outside the practice. As mentioned above, the shutter prevented this information being visible after the practice was closed

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

## Individual care

### Planning care to promote independence

The practice provides treatments as set out in their Statement of Purpose<sup>3</sup>.

A review of patient records showed that patients are asked about their medical history at the time of their visit.

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

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<sup>3</sup> A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

## People's rights

There was ample parking available in a nearby public car park. We found the practice to be accessible from the street by wheelchair users and people with mobility difficulties. The practice reception, waiting area and one surgery were on the ground floor and were accessible to all. There was a second surgery and waiting area on the first floor.

The patient toilet was also on the ground floor and was suitable for a wheelchair user.

The practice did not have appropriate policies in place to guide staff in what they needed to do to protect people's rights and it is recommended that this is rectified.

### Improvement needed

The practice must develop and implement appropriate policies to protect people's rights

## Listening and learning from feedback

The practice had a complaints policy and procedure for both NHS and private dental treatment. Where relevant, the policy was aligned to the NHS Putting Things Right<sup>4</sup> complaints process and with regard to private dental treatment to the Private Dentistry Wales 2017 Regulations<sup>5</sup>. The policy was displayed in both English and Welsh in the reception area.

The principal dentist was the nominated lead for patient complaints. The practice maintained a folder containing comprehensive records of complaints received and outcomes.

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<sup>4</sup> "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

<sup>5</sup> <http://www.legislation.gov.uk/wsi/2017/202/made>

The practice undertakes patient surveys and also has a suggestion box. Whilst all comments are reviewed by the practice, it does not provide feedback to the patients. The practice does not record any informal feedback and we would advise that it puts a process in place to record this, for example a notebook in reception. We would also advise the practice consider including a “you said: we did” style of feedback to patients’ comments and suggestions.

## Delivery of safe and effective care

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

Overall, we found evidence that patients were provided with safe and effective dental care. Medical records were maintained to a high standard but we recommend that the provision of smoking cessation advice is recorded.

We noted that clinical facilities were well equipped and there were arrangements in place for the safe use of X-ray equipment. There was also evidence of ongoing and regular maintenance.

We recommended the practice ensure decontamination and sterilisation procedures are followed in accordance with guidance

### Safe care

#### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well-being of practice staff working and visitors to the practice. We noted there were a number of relevant policies in place, including a health and safety policy and an environmental policy. We noted there was a health and safety poster in the decontamination room. There was evidence of a wide range of risk assessments being undertaken, including hazardous substances, ionising radiation, first aid and workplace. We recommend that these are signed and dated. We also advise that the workplace risk assessment includes identifying any slip, trip and fall hazards.

There were no concerns given by patients over the cleanliness of the dental practice; all patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean. The building appeared to be well maintained both internally and externally. We observed all public access areas to be clean and uncluttered. On the day of the inspection we noted a small amount of dust on a high level surface and would suggest that all areas are checked daily and a checklist developed and maintained to confirm this.

We noted that regular portable appliances tests were undertaken to help ensure the safe use of electrical appliances within the practice. We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. There was a small domestic fire extinguisher in the staff room that had not been checked since 2010 and we recommend it is either removed and/or replaced. If replaced, then this should also be included in the annual equipment checks. We also noted the appropriate signposting of the fire exits. All staff, with the exception of the receptionist, had undertaken appropriate fire safety training. We recommend arrangements are made for the receptionist to complete this training.

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

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a Control of Substances Hazardous to Health (COSHH) control checklist folder with the relevant safety data sheets. These provided relevant information on substances that are hazardous and instructions for their safe use. All materials were stored safely and securely.

The practice had an accident reporting policy and a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book which was completed when an accident occurred. We also noted that a medical emergencies policy, including training, and an emergency contingencies and business continuity policy were in place.

#### Improvement needed

The practice must sign and date all risk assessments.

The practice must remove and/or replace the small domestic fire extinguisher in the staff room and if replaced, include it in the annual safety checks.

The practice must ensure that all staff complete appropriate training in fire safety and awareness.

#### 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) 01-05<sup>6</sup>. We were told of plans to refurbish the room in the future. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

There was a daily maintenance programme in place and we saw evidence that the log book for checking the main autoclave was maintained. However, there was no evidence that similar checks were being undertaken and recorded for the ultrasonic cleaner or second (spare) autoclave. We recommend this is rectified. We noted that there was an infection control policy in place.

During the inspection we noted that following sterilisation, the instruments were dried on a cloth that was not sterile. We recommend that this practice ceases and instruments are dried in accordance with current guidance. We also recommend that clinical staff undertake further training in the decontamination process.

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

We saw evidence that all clinical staff had certificates on file to confirm their infection control training was up to date.

We saw evidence that the practice undertook infection control audits in accordance with WHTM 01-05 but would recommend these are undertaken annually.

#### Improvement needed

The practice must implement a daily maintenance programme and checks for the second autoclave and ultrasonic cleaner. The results should be recorded.

The practice must ensure that all instrumentation is sterilised and dried in accordance with guidance.

All clinical staff must undertake additional training in respect of

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

decontamination.

In accordance with guidance, the practice must undertake infection control audits annually

### **Medicines management**

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

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardio respiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to their role<sup>7</sup>. We saw evidence that all staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had appointed first aiders.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>8</sup>. We noted that some of the equipment (bandages and one airway) were past their expiry dates and there was no system in place to check that emergency drugs and equipment were in date and ready for use. We recommend this is rectified.

Prescription pads were kept securely but we noted that there was no record of prescriptions issued, patient identifier and date. We recommend this is rectified.

We would advise that sharps bins are wall mounted.

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<sup>7</sup> <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

<sup>8</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration

Staff confirmed their understanding of the correct procedure for reporting any problems relating to drugs or medical devices via the MHRA Yellow Card<sup>9</sup> scheme.

#### Improvement needed

The practice must implement a system to check that emergency drugs and equipment are in date and ready for use and are replaced prior to their expiry dates being reached.

The practice must implement a system of recording prescriptions issued.

#### Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies.

With the exception of the receptionist and principal dentist, all staff had completed training in both the protection of children and protection of vulnerable adults. We recommend the principal dentist complete training in the protection of children and the receptionist in both the protection of children and protection of vulnerable adults. The principal dentist is the practice safeguarding lead and we would suggest he complete training to Level 3.

There were arrangements in place for staff to raise any concerns. The practice had an identified safeguarding lead. We noted that a safeguarding advice flowchart was displayed in the decontamination room.

#### Improvement needed

The practice must ensure that all staff undertake relevant training in the protection of children and protection of vulnerable adults

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

## Medical devices, equipment and diagnostic systems

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

The radiological equipment was in working order and controlled areas had been identified. The practice provided documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information, including a radiation policy.

In accordance with the requirements of the General Dental Council<sup>10</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>11</sup>, all clinical staff demonstrated that they had completed the required training.

## Effective care

### Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence that the practice had a policy supporting arrangements for clinical audits. The practice had completed the following audits: Infection control (2016), antimicrobial prescribing audit (2016), radiograph audit (2017), and a record keeping audit (2018). We recommend the practice include the Clinical Audit Peer Review Office (CAPRO) integrating smoking cessation audit and a quality improvement tool for ionizing radiation.

We noted the practice had policies in place for arrangements to accept patients and the assessment, diagnosis and treatment of patients, including a new patient policy and a process flow chart.

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<sup>10</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>11</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)

### Improvement needed

We recommend that the practice includes the CAPRO integrating smoking cessation audit in its programme of audits, and also uses the quality improvement tool for ionizing radiation.

### Quality improvement, research and innovation

There was no evidence of any dentist peer reviews taking place. We would recommend formal and regular meetings are arranged between the dentists for this purpose. We would also suggest the dental nurses consider arranging regular meetings for the purposes discussing clinical issues.

The practice might wish to consider applying for the Welsh Deanery Maturity Matrix Dentistry practice development tool. 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.

### Improvement needed

The dentists must arrange formal and regular meetings for the purpose of peer review.

### Information governance and communications technology

The practice had electronic records and we noted that the storage of these was appropriate to ensure the safety and security of personal data. The electronic files were regularly backed up. During a tour of the practice we noted that paper legacy records were kept on the 2nd floor in unlocked filing cabinets. Even though there was a chain across the stairwell to prevent patients from going to the 2nd floor it could be moved. We recommend that the filing cabinets are locked.

The practice had a number of appropriate policies and procedures in place.

### Improvement needed

The practice must ensure that its paper legacy records are stored securely

### Record keeping

We reviewed a sample of patients' records. Overall, we found there was a very good standard of record keeping that indicated good patient care had been provided. We would recommend that the provision of smoking cessation advice is recorded.

We noted that referrals to hospital were not being logged and we recommend that all referrals are recorded and copies retained on the patient file.

#### Improvement needed

In keeping with professional standards for record keeping, the practice must ensure that patient records are completed at each patient visit, to record comprehensive information on examination, advice and treatment provided.

The practice must maintain a record of all patient referrals and copies retained in the patient records.

## Quality of management and leadership

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

The principal dentist/owner was both the responsible individual and registered manager. He was responsible for the day to day management of the practice. We found evidence of strong leadership and lines of accountability.

The practice had in place a good range of relevant policies and procedures that had been recently reviewed.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings. We recommend the minutes of staff meetings are circulated to all staff.

## Governance, leadership and accountability

Abertillery Dental Practice is owned by the principal dentist, who is both the responsible individual<sup>12</sup> and registered manager<sup>13</sup>. Day to day management is provided by the practice manager. We found the practice to have strong leadership and all staff understood their roles and responsibilities.

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<sup>12</sup> "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

<sup>13</sup> "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. We also noted that there was provision for staff to evidence that they had read and understood the policies.

We were provided with copies of the Statement of Purpose and Patient Information Leaflet, both of which contained all the relevant information.

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

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

## **Staff and resources**

### **Workforce**

The practice had a number of human resource (HR) related policies in place that have been signed by staff. This was to evidence that staff had read and understood the policies.

We noted that all staff had a contract of employment and job description that were retained on staff files. The practice had a staff induction training programme in place for new members of staff. When agency staff were engaged on a temporary basis there was a procedure in place to make them aware of the systems and processes in place at the practice.

We saw evidence that regular staff appraisals take place which are documented. Appraisal meetings include discussion around training and development.

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. The exceptions have been covered earlier in this report.

The practice holds regular team meetings for all staff, every 1 to 2 months. Topics discussed include training and audits to be undertaken. Whilst minutes are drafted following each meeting, they were not circulated. We recommend that the minutes are circulated and that all staff sign them to evidence that they have been read and understood.

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

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

#### Improvement needed

The practice must circulate minutes of staff meetings and ensure that staff evidence that they have read and understood matters discussed and all action points.

## 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:** Abertillery Dental Practice

**Date of inspection:** 26 November 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 were found on 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:** Abertillery Dental Practice

**Date of inspection:** 26 November 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
<b>Quality of the patient experience</b>				
The practice must provide patients with a greater selection of health promotion information, including leaflets about treatments and preventative advice.	1.1 Health promotion, protection and improvement	More leaflets have been displayed in the waiting rooms regarding preventive advice – practice to purchase leaflets regarding treatments asap, to display in waiting rooms	Andrew Bale	18/02/19
The practice must develop and implement appropriate policies to protect people's rights	6.2 Peoples rights	Principal dentist to develop new policy with respect to protecting people's rights and this is to be displayed in the waiting rooms and stored in the policy folder once signed by all staff	Andrew Bale	18/02/19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
<p>The practice must sign and date all risk assessments.</p> <p>The practice must remove and/or replace the small domestic fire extinguisher in the staff room and if replaced, include it in the annual safety checks.</p> <p>The practice must ensure that all staff complete appropriate training in fire safety and awareness.</p>	2.1 Managing risk and promoting health and safety	<p>All risk assessments reviewed and signed / dated by the responsible individual</p> <p>Small domestic fire extinguisher removed from premises with immediate effect</p> <p>The relevant staff to complete fire safety and awareness training, this is to be logged in their personal folder and renewed annually</p>	<p>Andrew Bale</p> <p>Andrew Bale</p> <p>Andrew Bale</p>	<p>24/01/19</p> <p>18/01/19</p> <p>18/02/19</p>
<p>The practice must implement a daily maintenance programme and checks for the second autoclave and ultrasonic cleaner. The results should be recorded.</p> <p>The practice must ensure that all instrumentation is sterilised and dried in accordance with guidance.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Second autoclave has been removed from decontamination room and is now not in use. A new log book has been implemented to record all testing, including weekly protein residue test and ultrasonic activity / cleaning efficacy test. Effective immediately</p> <p>Instruments to go through drying cycle</p>	<p>Andrew Bale</p> <p>Andrew Bale</p>	<p>18/01/19</p> <p>18/01/19</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>All clinical staff must undertake additional training in respect of decontamination.</p> <p>In accordance with guidance, the practice must undertake infection control audits annually</p>		<p>on autoclave, if not sufficiently dry on inspection they are to be placed on <b>disposable</b> non-linting cloths before packing, as per <b>WHTM 01-05 guidance pg 21-22</b>. Effective immediately</p> <p>In house cross infection and decontamination training to be planned for all staff. One of the nurses is undertaking extra training to become decontamination lead.</p> <p>Repeat WHTM 01-05 audit planned, with an annual renewal date on completion</p>	<p>Andrew Bale</p> <p>Andrew Bale</p>	<p>31/05/19</p> <p>30/04/19</p>
<p>The practice must implement a system to check that emergency drugs and equipment are in date and ready for use and are replaced prior to their expiry dates being reached.</p> <p>The practice must implement a system of recording prescriptions issued.</p>	2.6 Medicines Management	<p>Weekly equipment check log developed, to be signed off weekly, effective immediately</p> <p>Prescription log book implemented in both surgeries (date issued, prescription number, patient name,</p>	<p>Andrew Bale</p> <p>Andrew Bale</p>	<p>18/01/19</p> <p>18/01/19</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		what prescribed)		
The practice must ensure that all staff undertake relevant training in the protection of children and protection of vulnerable adults	2.7 Safeguarding children and adults at risk	All relevant staff to update training in protection of children and vulnerable adults. Principal dentist to carry out level 3 training.	Andrew Bale	28/06/19
We recommend that the practice includes the CAPRO integrating smoking cessation audit in its programme of audits, and also uses the quality improvement tool for ionizing radiation.	3.1 Safe and Clinically Effective care	Registration forms obtained for HEIW smoking cessation audit, to be completed in the next 3 months. Quality improvement tool for ionizing radiation to be downloaded from the Wales Deanery website and checklist to be completed and stored in radiation folder	Andrew Bale	31/05/19
The dentists must arrange formal and regular meetings for the purpose of peer review.	3.3 Quality Improvement, Research and Innovation	Formal peer review meetings to be arranged between dentists on a monthly basis. Each meeting to be logged and stored in personal folder	Andrew Bale	28/02/19
The practice must ensure that its paper legacy records are stored securely	3.4 Information Governance and Communications Technology	A lock to be sourced for paper legacy records cabinet, with immediate effect	Andrew Bale	31/01/19



**Service representative**

**Name (print): Mr. Andrew Bale**

**Job role: Registered Manager and Principal Dentist**

**Date: 23/01/19**