

# General Dental Practice Inspection Report (Announced)

Northview Dental Practice, Aneurin  
Bevan University Health Board

Inspection date: 4 May 2022

Publication date: 5 August 2022



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# Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.  
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Northview Dental Practice, Aneurin Bevan University Health Board on 4 May 2022.

Our team for the inspection comprised of two HIW Inspectors and a dental peer reviewer.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found that Northview Dental Practice were committed to providing a friendly and professional service for patients.

We were told by the registered manager that the practice was about to undergo some structural changes following purchase of the adjacent building. We saw that changes had been made to the environment in line with government guidance to enable patients to be treated safely due to the recent COVID-19 pandemic. We witnessed staff greeting patients in a friendly manner in person and on the telephone and we noted that patient confidentiality and dignity was always maintained.

This is what we recommend the service can improve:

- Making an “active offer” to encourage those patients who may wish to communicate through the medium of Welsh to do so
- Displaying information to encourage communication through Welsh and ensure written information is available bilingually
- Offering information in a variety of accessible formats
- Consider improving accessibility requirements for entry to the practice for patients with mobility difficulties.

This is what the service did well:

- We saw patients being treated in a caring and professional manner
- We observed a complaints policy that met the requirements of the Private Dentistry (Wales) Regulations and that complaints were logged and dealt with appropriately in a prompt and timely manner
- We noted that the practice encouraged feedback and provided three different methods for this, including a suggestion box mounted on the wall of the reception area, a survey accessed via QR code and active engagements on social media channels.
- Patients with mobility difficulties that were unable to enter the practice through the front door were able to access via an alternative step-free doorway at the back of the practice.

## Safe and Effective Care

Overall summary:

We found that the practice required significant improvement in a number of areas relating to infection prevention and control (IPC) standards and regulations to ensure that the health, safety and welfare of staff and patients is protected.

We identified issues of cleanliness and IPC concerns within clinical areas and processes at the practice which required immediate attention. We found the decontamination room was not fit for purpose and posed a significant risk of cross contamination. In addition, drawers that stored dental instruments and materials were dusty and heavily stained. We also found flooring within clinical areas that was not adequately sealed and further posed an infection risk to staff and patients.

We found that, of the ten patient records we reviewed, all were being kept to an excellent standard. Notes were concise, clear and good quality and contained sufficient patient information. Medical histories, oral cancer screening and treatment plans were up to date and accurate.

In addition, we found that the practice had in place effective risk assessments as well as a dedicated health and safety folder with relevant and up-to-date policies to ensure the health and safety of staff, patients and visitors to the practice. ]

Immediate assurances:

- We found that the condition, storage and reprocessing of dental instruments and materials within the dental surgeries and clinical areas was not currently in line with infection prevention and control guidelines and did not protect staff and patients from the risks of acquiring a healthcare associated infection
- We found damaged and broken dental instruments including a luxator with a badly broken and cracked handle and damaged blade. These were available for use in oral surgery procedures (extractions)
- Clean items intended for use were stored loosely in drawers that were dusty, stained and containing debris and not within sterile packaging as required by WHTM 01-05
- Instruments in use that had not been sufficiently decontaminated including an instrument used in minor oral surgery procedures that contained evidence of a white material from a previous dental treatment
- The use of instrument identification tape on surgical instruments that does not allow for appropriate cleaning and decontamination between each patient use
- Inadequate sealant around flooring in clinical areas

- Lack of adequate zoning of designated “clean” and “dirty” areas within clinical areas with evidence of repeated crossover between each. This included one surgery found to be storing contaminated dental instruments within a transportation box above clean items on the clinician’s dental cart intended for patient use and adjacent to the handwashing sink
- Inadequate number of sinks within treatment rooms to allow for effective hand hygiene to be maintained. These were also located in areas that would be adjacent to or used as ‘dirty’ zones in surgeries
- Non-clinical items placed in treatment areas including an artificial plant within an area directly affected by aerosol generating procedures (AGP’s) and next to an air filtration system
- We found that the environment of the decontamination room was cluttered and had not been maintained in a manner that allowed appropriate standards of cleanliness and hygiene. Shelving within the decontamination room was badly damaged and degraded, exposing the porous material underneath. Furthermore, items marked as clean were stored below items requiring decontamination increasing the risk of cross contamination of clean items. We found that the decontamination room did not have any clear “dirty” to “clean” workflow.

The practice has provided us with details of the action taken/due to be taken to urgently address our findings and we are assured that suitable arrangements have been implemented in relation to the issues detailed above. ]

This is what we recommend the service can improve:

- [Removing the sharps bins and gypsum waste from within the kitchen area, where they were stacked in front of a fire escape
- Having a second qualified first aider to ensure that a qualified first aider is always present at the practice during operational hours
- Securing fire extinguishers to the walls ]

This is what the service did well:

- [The patient records reviewed were excellent with regularly updated histories and treatment plans
- Patients were provided with information leaflets on the treatments discussed during their appointments
- Gaining informed consent for each of the patient records that we reviewed. ]

## Quality of Management and Leadership

Overall summary:

We witnessed staff working well together under the guidance and management of a professional and efficient practice manager. All staff appeared to be committed to providing high standards of care to their patients.

We found that the practice was well organised with policies and procedures in place that met the standards and regulations for private dental practices in Wales. Documentation relating to staff information was held safely and contained all of the information necessary to ensure staff were fit to work.

We saw evidence of recently completed staff appraisals and training records were complete for all staff.

We found that staff meetings took place regularly, were minuted and made available to staff to view. We found that staff were encouraged to participate in meetings and contribute to items on the meeting agenda. ]

This is what we recommend the service can improve:

- [Ensuring that all staff have appropriate skills, knowledge and training in basic life support
- Obtaining enhanced DBS checks for all staff that have direct contact with patients and/or their files that are reviewed on a regular basis
- Ensure a smoking cessation audit is repeated on a regular basis as part of the ongoing audit cycle. ]

This is what the service did well:

- [Effective management and leadership from the practice manager and registered manager ensure that staff are aware of their professional responsibilities to ensure high quality care for patients
- Staff working well as a team enable the practice to run efficiently
- Practice policies and documentation was up to date and satisfactory. ]

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 26 completed questionnaires. The majority (21) of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Some of the comments provided by patients on the questionnaires included:

*“The team are brilliant, always do everything they can to help.”*  
*“I’ve had a number of issues ... and I’ve always been seen when I call for emergency appointments. Every dentist I’ve seen for these appointments has been lovely and more than happy to help.”*  
*“Exceptional service and I would not go anywhere else!”*

Patients were asked in the questionnaires how the setting could improve the service it provides. Some comments received included:

*“Possibly an evening a week for routine check-up appointments for those patients who work.”*  
*“I would like if the 8am appointments actually started at 8am ... they never start on time and I am often late to work. I understand that sometimes things happen and traffic can have an impact, but this happens for every 8am appointment.”*  
*“At busy times be able to leave an answer phone message for call-back rather than dialling for ages.”*  
*“More dentists.”*

#### Staying Healthy

##### Health Protection and Improvement

We observed the changes that had been made to the environment of the practice due to COVID-19. To protect against the risk posed by the virus we saw that screens

had been placed at the reception desks to protect staff and visitors. Alcohol gel dispensers were placed in strategic locations throughout the practice, and we observed members of the reception team encouraging patients and visitors to use it upon entry to the practice.

We also witnessed patients being asked a series of COVID-19 screening questions by the practice receptionists and a sign on the door of the practice reminded patients to wear face coverings while in the practice in line with current government guidance.

We noted that the reception and waiting areas were clutter free, bright and airy. Chairs present in the waiting areas were appropriately spaced out and covered with plastic sheets to enable effective cleaning.

We saw that 'No Smoking' signs were displayed throughout the practice.

The name of the practice was clearly visible upon the approach to the building. The names and qualifications of the dentists and hygienists that worked for the practice were individually displayed on brass name plaques at eye level by the front door. Opening hours and the emergency telephone number were also displayed.

Of the 26 patients that had completed a questionnaire, 25 said that the dental team talked to them about how to keep their mouth and teeth healthy. ]

## **Dignified care**

### **Communicating effectively**

]All 26 patients that completed a HIW questionnaire stated that they felt that the staff at the practice treated them with dignity and respect. Almost all 26 respondents to the HIW questionnaire said that they felt the dental team helped them to understand all available options for treatment when they needed it.

We witnessed staff providing care to patients in a dignified and respectful manner and patients were spoken to in a friendly and helpful way. Doors to surgeries were kept closed during treatments and windows were frosted to preserve dignity.

Reception staff told us that private or sensitive conversations would be held within a dental surgery. Answerphone messages would be listened to via a telephone headset.

We found that although the practice provided a good supply of patient information, the practice did not have information available in braille or in an easy-read format. Very little information was available bilingually in Welsh and English.

It was positive to note that incidental Welsh was used at the practice when appropriate. However, the practice did not provide an 'active offer' of Welsh. This means that patients who may prefer to communicate through the medium of Welsh were not actively encouraged to do so. It was positive to note that one of the dentists at the practice was learning Welsh.

We were reassured to find that the practice had the use of a telephone translation service for patients who were speakers of other languages. This was provided by the local health board. ]

## **Patient information**

[We saw that patient information leaflets had been removed from the waiting area with information instead provided via a large TV screen and via laminated posters displayed on notice boards. Should patients need written information to take away with them, the practice used an instant messaging application to let the reception team know to provide this to patients as they left the practice.

We found that the details of charges for NHS treatment as well as private fees were also displayed in the waiting area alongside the General Dental Council's (GDC) Standards for the Dental Team. HIW registration certificates were displayed within the reception area of the practice, and these were available bilingually. These were displayed alongside GDC certificates for the dental professionals working for the practice.

The practice manager provided us with the most recent statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. These contained all the information as set out in the regulations and had been recently reviewed. Both documents were available upon request by patients to comply with the increased (IPC) requirements due to COVID-19. ]

## **Timely care**

### **Timely access**

[We found that the practice worked hard to ensure that patients were treated in a timely manner. We were told that appointments could be booked via telephone or via an online booking system. Of the 26 respondents to the questionnaire, 25 felt that it was at least 'fairly easy' to get an appointment when they needed it.

We were told that either the dentist or a member of the reception staff would inform patients of any delay.

23 of the 26 patients that completed a questionnaire indicated that they knew how to access the out of hours emergency dental service should they require it for an urgent dental problem. ]

## Individual care

### Planning care to promote independence

[We reviewed ten patient dental records, and all had evidence of appropriate treatment planning.

All patients indicated that the dental professional treating them checked for changes to their medical history prior to commencing treatment.

]

### People's rights

[We noted that the practice had policies in place relating to equal opportunities, equality and diversity to ensure that patients and staff human rights were upheld. These policies had been recently reviewed and updated. On the day of our visit we witnessed staff asking patients for their preferred pronouns.

The majority of patients that completed a questionnaire indicated that they felt they could access the right healthcare at the right time.

We saw that the practice had two surgeries situated on the ground floor of the practice as well as a disabled toilet. The toilet was signposted and had grab rails to assist patients with accessibility difficulties. At the time of the inspection, the toilet was limited to staff or for emergency use only in order to comply with restrictions related to the pandemic.

The main entrance to the practice required patients to climb a small step. Although a step-free entrance was available to the rear of the building, patients may not be aware of this, HIW recommends the practice make this clear to people accessing the building ]

## **Listening and learning from feedback**

[We noted that the practice displayed a copy of their complaints procedure in the waiting room, which had the appropriate contents relating to timescales and escalation of complaints.

We were provided with a complaints log that was kept up to date and within a dedicated folder. We saw evidence of detailed actions and responses taken to resolve patient concerns.

We were informed that feedback to the practice was welcomed via methods such as social media engagement, surveys accessed via a dedicated QR code and in person feedback provided to practice staff. Patient feedback was audited on a regular basis with the most recent audit completed in 2021, with positive patient feedback supplied.]

# Delivery of Safe and Effective Care

## Safe care

### Managing risk and promoting health and safety

The registered manager informed us that the practice building was due to undergo extensive building works and renovation in order to completely renew all existing surgeries, extend into the adjacent property and create a new decontamination room. The existing building appeared well maintained, with several areas of the practice recently refurbished with new flooring, dental chairs and work surfaces.

However, we found areas within the building that required improvement. We saw that flooring in some areas was not sealed and had gaps where it met the walls. We also identified cleanliness issues with the decontamination room and several of the dental surgeries. Since our visit, we have received confirmation from the registered manager that these issues have been addressed. Patients had not indicated to us that they had concerns over the cleanliness of the practice.

An office area to the first floor of the building was used by staff to change into and out of their uniforms. This room was also used as a stock room and office space for the practice manager.

We saw that fire exits were signposted and the practice had placed 'No Smoking' signs throughout the patient waiting areas. We also saw that the practice had displayed a valid employer's liability insurance certificate in the reception area and a health and safety poster.

We found that the practice had in place effective risk assessments as well as a dedicated health and safety folder with policies to ensure the health and safety of staff, patients and visitors to the practice.

We saw that the practice had a valid fire risk assessment, policies and procedures in place and fire drills and equipment tests were carried out and logged regularly. We noted that all staff had undertaken recent fire training. We saw sufficient numbers of fire extinguishers of the correct type located throughout the practice and these had been regularly serviced.

However, we found that two fire extinguishers on the first floor of the practice were not fixed securely to the wall. This could be a hazard for young patients and we recommend that the registered manager address this to prevent harm.

We saw that staff had use of a small kitchen area on the ground floor of the building. This contained a small fridge and other white goods. However, we found that this room was also used as a storage facility for full, sealed sharps bins and gypsum waste containers which were stacked in front of the rear fire escape. These bins contain clinical items that posed an infection risk to staff and should not be stored in an area in which food was prepared and stored. Additionally, stacking items directly in front of a fire escape, could hinder a safe escape in the event of a fire.

We saw that the practice had a COVID-19 risk assessment in place and that all staff had undertaken individual COVID-19 risk assessments.

The cupboard under the stairs, contained a disorganised and haphazard storage of a range of different items. These included a vacuum cleaner, mops and buckets and cleaning materials along with toothbrushes and mouthwashes available for patients to purchase. Cleaning items should not be stored with items that patients may purchase to assist with oral hygiene. ]

### **Infection prevention and control (IPC)**

[We found that the practice had several policies and procedures in place that made up their IPC procedures. These included hand hygiene, clinical waste disposal and cleaning schedules. The practice also had specific policies in place to mitigate against the risks posed by COVID-19.

The practice had appointed the head nurse as the decontamination lead for the practice. We saw that the WHTM 01-05 audit was completed annually and that all staff were up to date with IPC training. Additionally, all clinical staff had provided satisfactory evidence of hepatitis B immunity.

We saw that the practice was also using a system of safety sharps to administer local anaesthetic injections. This meant that staff were less likely to suffer a needlestick injury and demonstrated that the practice was following best practice guidelines.

We were provided with logbooks for the autoclaves and ultrasonic cleaners that we saw were regularly completed. We also witnessed staff wearing the correct PPE throughout the day of the inspection.

However, we identified a lack of effective systems to prevent and control the spread of infection. HIW is not assured that the service had maintained appropriate IPC standards in relation to clinical areas of the premises, reusable dental instruments and dental materials used for the purpose of carrying on a private dental practice.

Specifically, we saw that the condition, storage and reprocessing of dental instruments and materials within the dental surgeries and clinical areas was not currently in line with IPC guidelines. These included:

- Damaged and broken dental instruments including a luxator with a badly broken and cracked handle and damaged blade. These were available for use in oral surgery procedures (extractions)
- Clean items intended for use were stored loosely in drawers that were dusty, stained, containing debris and not within sterile packaging as required by IPC regulations WHTM 01-05
- Instruments in use that had not been sufficiently decontaminated, including an instrument used in minor oral surgery procedures that contained evidence of a white material from a previous dental treatment
- Continued use of dental instrument identification tape on surgical instruments that does not allow for appropriate cleaning and decontamination between each patient use
- Lack of adequate zoning of designated clean and dirty areas within dental treatment rooms with evidence of repeated crossover between both
- Inadequate number of sinks within treatment rooms to allow for effective hand hygiene to be maintained. These were also located in areas that would be adjacent to or used as dirty zones in surgeries with limited work surfaces and/or space
- Non-clinical items placed in treatment areas including an artificial plant within an area directly affected by aerosol generating procedures (AGP's) and next to an air filtration system.

The decontamination room contained cluttered shelving that was badly damaged and degraded exposing porous material that did not allow effective cleaning. Furthermore, items that were marked as clean were stored below items requiring decontamination increasing the risk of contamination of clean items. Autoclaves were stored above eye-level and directly above a sink used for the manual cleaning of dental instruments.

We saw that several clinical areas did not have sufficient sinks to allow for effective hand hygiene. We noted that one surgery had a disinfectant bath used for the decontamination of dental impressions located above the only sink present in the surgery. This sink was also used as a handwashing sink and was therefore an obvious risk to patient and staff health.

As a result of our findings, we sought immediate assurance from the registered manager of the actions to address the areas of concern. We did this by issuing a non-compliance notice to the practice. We have since received details of the

improvements made that have provided us with assurance that suitable systems and processes have been put in place. ]

### **Medicines management**

[We saw that the practice had a medicines management policy in place. This policy contained procedures and processes to ensure that medicines were safely handled, recorded, used and stored.

We reviewed the emergency drugs and equipment at the practice and found them to be stored appropriately in an area that was easily accessible to staff.

The practice had log sheets that documented regular checks on the emergency drugs and equipment and kept a log of expiry dates of these items. These were completed in full. However, we found that the practice chose to undertake these checks on a monthly basis. Resuscitation Council UK guidelines state that these checks should be completed on a weekly basis. This was brought to the attention of both the registered manager and practice manager during the inspection where this was addressed.

We were told that the emergency glucagon was kept in a designated clinical fridge located within the practice manager's office.

We found that the practice had only one designated first aider in place. Training for this person had not been completed annually and was last completed in 2019. There should be a second qualified first aider to ensure that a qualified first aider is always present at the practice during operational hours ]

### **Safeguarding children and safeguarding adults at risk**

[We saw that all clinical staff had up to date training in the safeguarding of children and vulnerable adults. We were told that the practice had two designated safeguarding leads. We were provided with evidence of training to an appropriate level to fulfil this role effectively.

We saw evidence that the practice had safeguarding policies in place. These were complemented by flowcharts positioned in discrete staff only locations with contact details of the local authority. We were told that should a staff member need support if they witnessed an incident requiring intervention from the safeguarding team, this would be freely given by the practice manager and registered manager.

We saw that nearly all staff had completed satisfactory DBS checks that were enhanced for child and adult workforce. However, one staff member with patient

contact had only completed a basic check. In addition, although most DBS checks had been completed within the last five years, one staff member had completed theirs almost six years ago. The practice also required a policy that outlined the process to ensure that checks are repeated for fitness to work. ]

### **Medical devices, equipment and diagnostic systems**

[We observed that the surgeries contained appropriate equipment for the safety of patients and the dental team. We found that staff were adequately trained to use the equipment. This was evidenced by induction checklists for new starters and agency staff. We reviewed the arrangements in place to ensure the safe use of radiographic equipment and found that this was fully compliant. We saw that the practice had in place all of the necessary documentation and information and that this was up to date.

We saw that all clinical staff had undertaken training in Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 that had been completed within the last five years. We also saw evidence of a completed radiography audit demonstrating further compliance with IR(ME)R 2017 regulations and quality assurance monitoring requirements. ]

## **Effective care**

### **Safe and clinically effective care**

[We saw that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. We saw that these processes were set out in the practice statement of purpose, patient information leaflet and in additional policies and procedures that were made available to us.

We saw evidence that staff would obtain professional guidance and advice when necessary and would use this to update practice policies. This was demonstrated by an up-to-date standard operating procedure that had been informed by the most recent guidance issued by the Chief Dental Officer (CDO) for Wales. ]

### **Quality improvement, research and innovation**

[ We saw that the practice regularly undertook audit activity to ensure continual improvement and quality assurance and to ensure the service provided good care to their patients. We saw evidence of completed audits including antimicrobial prescribing, radiography and record keeping. These had been completed recently and identified areas for improvement and appropriate actions to address.

We were told by the registered manager that the practice used the maturity matrix dentistry tool and Skills Optimiser Self Evaluation Tool (SOSET). This was provided by the Wales Deanery to actively encourage practice development, as well as the quality and safety assurance for general dental practices tool provided by the health board.

We saw a smoking cessation audit that had been completed in 2019 and would recommend this was repeated as part of the ongoing audit cycle. ]

### **Information governance and communications technology**

[We found that the practice had a staff confidentiality policy in place and complied with the General Data Protection Regulations.

Patient dental records were stored electronically and securely and according to an appropriate records management policy. Access to patient dental records was via a password protected system.

Staff personal folders that held sensitive and confidential information, were also stored securely within the practice managers office to prevent unauthorised access. ]

### **Record keeping**

[As part of the inspection, we reviewed 10 sets of patient records. This concluded that the standard of record keeping was high and to a very good standard. Notes were clear and contained sufficient information.

We saw that patient's social history, to include alcohol intake and tobacco use, was taken to identify increased risks of oral cancer and medical histories were updated at each course of treatment. Informed consent had been recorded for each set of records that we reviewed, and treatment options were noted. We saw dental history, reason for attendance, and recall information also noted.

Our assessment of the dental records that we reviewed was confirmed by a recent record keeping audit.

]

# Quality of Management and Leadership

## Governance, Leadership and Accountability

The principal dentist and owner for the practice had overall responsibility for the management of the practice and was the registered manager. He was supported in this role by a committed and enthusiastic practice manager. At the time of our visit the practice had five dentists also providing dentistry and was a training practice for newly qualified dentists. Supporting the dentists were a team of eight dental nurses (including one trainee dental nurse), two receptionists and two dental hygienists. All were providing care that was within their scope of practice and according to the conditions of registration with HIW.

We saw that the team worked well together with effective communication and mutual respect. Leadership provided by the practice manager and registered manager was clear and made for an efficient and well-run practice.

We saw that the practice had a range of policies and procedures that were relevant to the practice and that were available to all staff.

As the registered manager, the principal dentist had overall responsibility for submission of notifications to HIW.

We saw evidence of regular team meetings that were taking place at the practice. We were provided with evidence of minutes from these meetings and could see that some issues and actions raised had been acted on appropriately. However, one issue, concerning time available to allow for sufficient decontamination procedures for dental instruments in between patients, had been requested for several consecutive meetings. We have received written assurance from the practice that an additional member of staff will be recruited and increased time between patients will be implemented. ]

## Workforce

We were told of the process undertaken by the practice to recruit new staff. The practice manager informed us of the policies in place to support employment and induction of new starters. New starters would be employed on an initial six-month probation with further reviews if performance issues were identified. Vacancies would be advertised on social media websites or via dental recruitment agencies.

We were told that agency staff were rarely used at the practice. Should they be needed, compliance with GDC registration requirements, would be checked by the

agency and confirmation would then be provided to the practice. An induction would be given to agency staff so that practice policies and procedures would be adhered to.

We saw that comprehensive staff files were kept including details of appraisals, DBS checks, contracts of employment and hepatitis B immunity. We were told that nursing staff were provided with indemnity insurance via the principal dentist.

All qualified dental staff were registered with the GDC and compliant with continuing professional development (CPD) requirements. GDC registration certificates were held in staff personal files to ensure continued registration.

The practice had a whistleblowing policy in place. We were told that staff were able to approach either the registered manager or practice manager in confidence should they have any concerns.

We saw that appraisals were regularly carried out with only those staff currently on a period of leave yet to receive an annual appraisal.

We saw evidence of training certificates held for staff and compliance with mandatory training was good. All but two members of staff were up to date with training in basic life support (BLS), with one new member of staff booked to attend BLS training in June.

Mental health and wellbeing support was available to staff via a dedicated mental health helpline provided by a compliance service employed by the practice. In addition, the practice had a member of staff that had undertaken mental health first aid training.

The registered manager told us of the training they completed to ensure they were able to effectively manage the dental practice. This was achieved via workplace learning, collaboration and peer support with and from other registered managers and attending webinars. ]

## Next steps

Where we have identified improvements and immediate concerns 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 require the service to complete an immediate improvement plan telling 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

# 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
We found that checks on the emergency drugs and equipment were being carried out monthly instead of weekly.	Failing to check the emergency drugs and equipment are present on a frequent and regular basis, could put the health and wellbeing of patients and staff at risk as it may not be noticed for some time that a particular item needs replacing.	We notified the registered manager and practice manager of our findings and asked them to change the frequency of checks from monthly to weekly.	The practice manager changed the checking frequency from monthly to weekly and devised a new checklist to allow for this.

## Appendix B - Immediate improvement plan

**Service:** Northview Dental Practice, Caerphilly

**Date of inspection:** 4 May 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>Ensure the practice has a decontamination room that allows for effective zoning and a clear workflow from dirty to clean areas that does not allow the possibility of contamination and cross infection.</li> <li>Ensure drawers and cabinets within clinical areas are clean and free of dust and debris. Items currently stored loosely within drawers or cabinets must be removed and stored in a manner as set out in WHTM 01-05 to prevent the risk of infection to patients.</li> <li>Remove broken and damaged dental instruments and equipment from use and discard immediately.</li> <li>Remove and cease to use "Tape n Tell" instrument identification tape immediately and fully decontaminates all affected instruments.</li> </ul>	<p>Regulation 13 (6)(a-b) and Regulation 13(5)(a-b) The Private Dentistry (Wales) Regulations 2017</p>	<ul style="list-style-type: none"> <li>The decontamination room has more effective zoning and a clear workflow from dirty to clean areas that does not allow for contamination or cross infection. This has been achieved through supportive guidance given by HIW and the local health board until our new decontamination room is ready in July, in line with our extension and refurbishment plans for the practice.</li> <li>All drawers and cabinets within clinical areas are clean. All old white plastic inserts with staining from dental materials have been removed. Single-use items</li> </ul>	<p>Andrew Sullivan</p>	<p>All points were actioned within 24 hours to ensure the practice was fully compliant as soon as possible.</p> <p>A brand new, larger decontamination room is being installed in July.</p> <p>Refurbishment of surgeries is already underway and will be completed over the next 6 months.</p>

<ul style="list-style-type: none"> <li>• Ensure adequate sinks are available within clinical areas that are dedicated for handwashing only and not located within areas that may be treated as “dirty” zones</li> <li>• Ensure floors in clinical areas are adequately sealed to allow for effective cleaning.</li> <li>• Remove all unnecessary items from clinical areas</li> <li>• Allow sufficient time for the thorough cleaning and decontamination of dental instruments.</li> </ul>		<p>have been placed in pouches. All surgeries are being fully refurbished over the next 3-6 months with one already completed this month</p> <ul style="list-style-type: none"> <li>• Any broken or damaged instruments have been immediately discarded and a full and thorough inspection of all instruments has been carried out to ensure no other damaged instruments remain in use</li> <li>• Tape n tell instrument identification tape is no longer in use</li> <li>• Adequate sinks are available within the clinical areas dedicated for handwashing only. We have provided additional tubs and boxes within each surgery to transport contaminated instruments to the decontamination room, to ensure there is no cross-contamination within clinical areas. As mentioned, refurbishment of all surgeries to the highest standard was already planned prior to the inspection and is already underway. Surgeries will have an additional sink each, allowing one dedicated for</li> </ul>		
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		<p>handwashing only, and another for cleaning of instruments and impressions</p> <ul style="list-style-type: none"><li>- Flooring in all clinical areas is adequately sealed with sealant to allow for effective cleaning. Following surgery refurbishment, all surgeries will have coved flooring, allowing for the most effective cleaning</li><li>- Any unnecessary items have been removed from clinical areas</li><li>- We have appointed two new members of staff; a qualified experienced dental nurse and a trainee dental nurse. This will allow for a dedicated decontamination nurse to work solely within the decontamination room, allowing our other dental nurses to remain within their designated surgeries. Appointment times have also been extended to allow increased time for thorough cleaning and decontamination.</li></ul>		
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Responses to the other specific concerns:

To avoid the possible cross contamination of clean instruments out of the autoclave, we will now load the clean instruments straight from the autoclave into cleaned and disinfected boxes which will then be sealed. These boxes will then be transferred to the surgery to the clean zone, where bagging/pouching of the instruments will take place. This will be an interim measure until the new decontamination is finished. The fan is extracting the air out of the room from above the dirty area.

We will only have the handwashing sink within the surgeries with no plastic bowls present. We will transport any dental impressions/dirty instruments straight into the 'dirty' box to be washed and cleaned within the dirty sink in the decontamination room. This will prevent any contamination from occurring. This again is an interim measure until all surgeries are refurbished with two sinks.

We have made sure that all signage has been fully understood by staff. All staff have been trained and educated that green zone is 'clean' and red zone is 'dirty' to make sure there is no confusion. As part of the induction to new or agency staff, this will be clarified to not cause confusion.

All single use items will be placed in individual sterilisation pouches and sealed until use. Dental burs will also be sealed in the same way.

<b>Name (print):</b>	<b>Andrew Sullivan</b>
<b>Role:</b>	<b>Registered manager</b>
<b>Date:</b>	<b>25/5/22</b>

## Appendix C - Improvement plan

**Service:** Northview Dental Practice, Caerphilly

**Date of inspection:** 4 May 2022

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
The registered manager must ensure an “active offer” of Welsh is made to ensure that those patients who may wish to communicate through the medium of Welsh are able to do so.	3.1 Safe and Clinically Effective Care The Private Dentistry (Wales) Regulations (2017) regulation 13(1)(a)	We have a new member of reception starting with us in August who is a fluent Welsh speaker. One of our dentists is also learning to speak Welsh.  We have a sign on reception letting patients know that should they wish to communicate through the medium of Welsh or want any documentation provided to them in Welsh, to let a member of reception know and this can be arranged.	Stephanie Harrison (Practice Manager)	Already actioned
The registered manager must ensure that information is available in a range of formats (eg Easy-read, large print) to ensure those patients with communication difficulties are able to access the information.	4.2 Patient Information The Private Dentistry (Wales) Regulations Regulation 13(1)(a)	A sign is displayed on reception advising patients to let us know if they have communication needs or require information in an alternative format, e.g. large print.  We have a magnifying glass available for patients to use should they wish.	Stephanie Harrison (Practice Manager)	Already actioned
The registered manager must consider accessibility to the practice for those with accessibility difficulties in	2.1 Managing Risk and Promoting Health and Safety The Private Dentistry (Wales)	Patients who cannot access the building via the front entrance are able to access through the rear via a ramp. A sign has been placed at the front entrance to make patients aware.	Andrew Sullivan (Registered Manager)	Sign – actioned

order to account for the small step into the practice.	Regulations (2017) regulation 15(2)	Refurbishment/extension plans include alternations to the front entrance to eliminate the need for patients to climb a small step into the practice		Alterations to front entrance: 6-12 months
The registered manager must ensure that:  Clinical items are not stored within the kitchen area of the practice Items are not stored in front of fire exits/escapes	2.4 Infection Prevention and Control and 2.1 Managing risk and promoting health and safety The Private Dentistry (Wales) Regulations (2017) regulation 22 (2)(a) and 22 (4)(b)	Clinical items are no longer stored within the kitchen area or in front of fire exits.  There will be a designated storage space for such items once extension work is underway.	Stephanie Harrison (Practice Manager)	Already actioned
The registered manager must ensure that there are sufficient first aiders available at the practice during operational hours.	7.1 Workforce The Private Dentistry (Wales) Regulations (2017) regulation 17 (1)(a)	A second member of staff has received formal first aid training and we therefore now have 2 qualified first aiders at the practice	Stephanie Harrison (Practice Manager)	Already actioned
The registered manager must ensure that enhanced DBS checks for child and adult workforce are carried out regularly for all staff with direct patient contact.	7.1 Workforce The Private Dentistry (Wales) Regulations (2017) Schedule 3 Part 1	One admin/non-clinical member of staff had only received a standard DBS check. Following advice from HIW we have arranged for an enhanced DBS check to be carried out for this member of staff. All other staff had already received enhanced checks. We now have a policy in place to ensure that enhanced DBS checks are repeated regularly	Stephanie Harrison (Practice Manager)	2 weeks
The registered manager must ensure that all staff undertake basic life support training on an annual basis.	7.1 Workforce The Private Dentistry (Wales) Regulations (2017) regulation 31 (3)(a)	Staff receive in-house BLS training on an annual basis. The practice is closed to patients during this training. This year's training was on 29/6/22 and all staff attended.	Stephanie Harrison (Practice Manager)	Already actioned

The registered manager must repeat the smoking cessation audit as part of the existing audit schedule for the practice.	3.3 Quality Improvement, and innovation The Private Dentistry (Wales) Regulations (2017) regulation 16 (1)(a)	A smoking cessation audit was carried out in 2019, however we will ensure that this audit is repeated on a regular basis.	Stephanie Harrison (Practice Manager)	6-12 months
The registered manager must ensure that storage cupboards do not pose a hazard to the health and safety of staff.	2.1 Managing risk and promoting health and safety The Private Dentistry (Wales) Regulations (2017) regulation 22 (2)	The cupboard and shelving will be tidied and organised. Purchasable oral hygiene products will be placed on reception, until a dedicated storage space can be achieved with extension work.	Stephanie Harrison (Practice Manager)	1 week
The registered managers must ensure that fire extinguishers are stored safely and appropriately fixed to the wall.	2.1 Managing Risk and Promoting health and safety The Private Dentistry (Wales) Regulations (2017) regulation 22 (4)(a)	Blackwood Fire have fixed any free-standing fire extinguishers to the wall	Andrew Sullivan (Registered Manager)	Already actioned

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

### Service representative

**Name (print):** Andrew Sullivan

**Job role:** Registered manager

**Date:** 13/7/22