

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

Judi Davies Dental Surgery /  
Cwm Taf University Health Board

Inspection date: 21 June 2017

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2017

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

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Judi Davies Dental Surgery, 24 Margaret Street, Abercynon, Mountain Ash, CF45 4RE within Cwm Taf University Health Board on the 21 June 2017.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

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 could not be assured that the practice had suitable management and quality assurance systems in place, to make sure care is provided safely.

This is because we found a number of improvements were needed in order to protect the health, safety and welfare of patients and staff, including the arrangements for timely essential maintenance of X-ray equipment, arrangements for fire safety, daily checks on decontamination equipment, the supply and maintenance of drugs and equipment for use in a patient emergency and confirmation of staff ability to carry out cardiopulmonary resuscitation. As a result of these concerns, an immediate assurance letter was issued to the practice indicating immediate improvements required.

We did receive positive feedback from patients on the services and treatment provided to them.

This is what we found the service did well:

- The feedback we gained through the HIW patient questionnaire was positive
- Staff told us they felt supported by senior practice staff
- The practice appeared clean and tidy
- Patients were provided with good amounts of information about their care.

This is what we recommend the service could improve:

- Fire safety arrangements to protect staff, patients and visitors to the practice
- Daily checks on the decontamination equipment

- Supply and maintenance of drugs and equipment for use in a patient emergency
- Confirmation of staff ability to undertake cardiopulmonary resuscitation in the event of an emergency
- Timely maintenance of X-ray equipment
- Dentists need to improve aspects of patient record keeping
- Process for clinical and non-clinical audits
- Some policies and procedures required updating.

Further details of all of the improvements identified can be found in Appendix C.

## 3. What we found

### **Background of the service**

Judi Davies Dental Surgery provides services to patients in the Abercynon area. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

The practice employs a staff team which includes two dentists, a dental nurse and a receptionist, who was also a trainee dental nurse.

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 saw that patients visiting the practice were treated with dignity, respect and kindness by the practice team. Patients who provided comments indicated they were very satisfied with the service they had received.

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 26 questionnaires were received from a mix of patients that had been at the practice for less and two years and patients that had been at the practice for longer. Patient comments included the following:

*"Does not need to be improved" (in response to the question 'How could the dental practice improve the service it provides?')*

*"I am more than satisfied with the care and treatment I receive when I'm here all staff are friendly, I would not go to another dentist"*

*"Surgery is well run and always kept in order. Great surgery."*

## Staying healthy

We found that the practice had a range of health promotion information leaflets available in the waiting area. This would help to promote the need for patients to take care of their own health and hygiene.

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

## Dignified care

We observed staff speaking to patients in a friendly, respectful and professional manner.

All patients that completed a questionnaire agreed that they had been treated with respect when visiting the dental practice. The practice was able to provide privacy to patients if they wanted to discuss personal or confidential information with the dental team, away from other patients.

### **Patient information**

The practice provided a range of NHS and private dental treatments. Information on costs for private dental treatments and charges for NHS dental treatments were displayed in the waiting area. This meant patients had easy access to information on how much their treatment may cost.

All patients that completed a questionnaire said that the cost of their treatment was always made clear to them before they received the treatment. The majority of patients that completed a questionnaire told us that they also understood how the cost of their treatment was calculated.

Without exception, all patients that completed a questionnaire told us that they had received information about their dental treatment, including available treatment options and that they felt involved as much as they wanted to be in any decisions made about their treatment.

### **Communicating effectively**

The majority of patients that completed a questionnaire said that they were always able to speak to staff in their preferred language; however, a small number of Welsh speaking patients told us that they could only sometimes, or never, speak to staff in Welsh when they have wanted to.

### **Timely care**

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times.

A telephone number was available for patients should they require urgent out of hours dental treatment. The telephone number was displayed on the front door of the practice, available on the answer phone message and included within the patient information leaflet. The vast majority of patients that completed a questionnaire told us that they knew how to access out of hours dental services.

## Individual care

### Planning care to promote independence

All patients that completed a questionnaire also confirmed that the dentist had enquired about their medical history before undertaking any treatment.

### People's rights

The practice was located in a one storey building with all facilities located on the ground floor. The surgery was accessible to patients in wheelchairs and/or those with mobility difficulties as there was a fixed ramp leading up into the practice.

### Listening and learning from feedback

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) was displayed in the reception area, and three quarters of patients that completed a questionnaire told us that they knew how to make a complaint about the dental services they receive. We recommended that the complaints process needed to be updated to include the contact details for HIW. The practice agreed to do this.

We found that the practice had asked patients on their views about the dental treatments received through a patient questionnaire. We were unable to see however when the questionnaires had been distributed and completed as they were not dated, neither were we able to see any outcome or plan as a result of the patient questionnaire. However, the majority of patients that completed a questionnaire did confirm that they are asked for their views on the dental practice through patient questionnaires. We recommended to the practice that any future patient questionnaires should be analysed to see if any improvements could be made, the practice may also wish to consider implementing a process to allow patients to provide feedback on an ad-hoc basis. The practice agreed to do this.

#### Improvement needed

The practice must update their complaints procedure to include the contact details for HIW.

## Delivery of safe and effective care

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

We found that arrangements for fire safety within the practice required immediate attention to protect staff, patients and visitors to the practice.

We found that certification for the maintenance of some equipment was not available and required an immediate improvement plan to ensure that equipment was safe to use.

Improvements were required with regards to some decontamination arrangements.

We identified that the practice needed to implement a process for undertaking clinical audit and a need to introduce regular checks for emergency drugs and equipment was required.

We identified that improvement was needed around aspects of the dentists' record keeping to fully comply with clinical standards for record keeping.

## Safe care

### Managing risk and promoting health and safety

We found that the practice had some arrangements in place to protect the safety and well being of staff working at, and people visiting, the practice. We did however have concerns with regards to some arrangements for fire safety within the practice.

During a tour of the building we found that the majority of rooms and corridors appeared to be well maintained, clean, tidy and free from obvious hazards. There were also no concerns given by patients over the cleanliness of the dental practice; each patient that completed a questionnaire felt that, in their

opinion, the dental practice was very clean. We did however find that the compressor was located in a store room which also was used to store various other items. This included clinical waste, chopped logs and decorations. These were stored in very close proximity to the compressor and presented a fire hazard should the compressor overheat.

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

We found that fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months to make sure it was working properly. We also saw signs were displayed showing fire exit routes within the practice, we were unable to see written instructions for visitors advising them of the action to take in the event of a fire.

Our concerns regarding fire safety instructions were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

Portable Appliance Testing (PAT) of electrical equipment within the practice had been carried out within the last 12 months, to help ensure equipment was safe to be used.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored securely whilst waiting to be collected by the contractor company. However, whilst we found the waste was being stored securely we required that the practice seek advice regarding safe storage of hazardous waste due to the proximity to the compressor.

Separator equipment was installed so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely. The practice told us they produced a very small amount of non hazardous (household waste) which was disposed of appropriately.

We found that the practice had a waste management policy in place which was in need of updating. We recommended that the policy needed to be more detailed to include the practice arrangements for waste storage, collection of waste and the usage of sharps bins. The practice agreed to do this.

### Improvement needed

The practice should update the waste management policy to include arrangements specific to the practice.

### Infection prevention and control

The practice had a designated decontamination room and generally met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>1</sup> policy and guidance document.

Cabinets within the decontamination room were visibly in good condition. Work surfaces and the floors were easily cleanable to facilitate thorough cleaning and reduce cross contamination.

The practice had the use of one autoclave<sup>2</sup> and we saw inspection certification to show it was safe to use. We saw that daily checks were being carried out and a logbook maintained, as recommended by WHTM 01-05, of tests on sterilisation equipment at the start of the day.

Whilst the autoclave had the option of using an automated printer to record each cycle processed, the practice did not utilise this function. The practice was, therefore, unable to demonstrate that any other cycle, other than the start of the day, had reached the appropriate parameters to ensure effective sterilisation had taken place.

Our concerns regarding ongoing tests conducted on the autoclave were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

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<sup>1</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

<sup>2</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam

Staff demonstrated a decontamination process. We were unable to see up to date certificates showing all clinical staff had attended training on decontamination. We were told that all staff had completed decontamination training but that certificates had not been made available by the training organisation. We recommended that the practice ensure it obtains and retains all appropriate training certification to evidence that training has been undertaken. The practice agreed to do this.

Staff carried out a manual cleaning process prior to instruments being processed through the autoclave. We recommended some areas where the decontamination process could be improved, as set out within WHTM 01-05. This included staff wearing the appropriate personal protective equipment (PPE) on every occasion, in particular the use of an apron. The practice agreed to address this.

The practice did not have a written policy regarding infection prevention and control. Our concerns regarding this issue were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

The practice was unable to demonstrate that they had conducted an infection control audit to identify areas for improvement and development as part of the overall quality assurance monitoring activity. We recommended to the practice that they should implement a process to identify areas for improvement. The practice agreed to do this.

#### Improvement needed

The practice must ensure that staff wear appropriate PPE whilst undertaking cleaning duties.

The practice should undertake an infection control audit and produce an action plan to identify any areas for improvement.

#### Medicines management

We saw that equipment and drugs were available for use in the event of a patient emergency (collapse), and were stored securely. Whilst the drugs were within their expiry dates, we found that the pads used with the automated external defibrillator (AED) had expired in April 2014. This meant we could not be assured that these pads were safe to use.

The practice was unable to demonstrate that regular checks of the emergency drugs and equipment were being conducted in accordance with the Resuscitation Council (UK) quality standards.<sup>3</sup> This meant we could not be assured that the equipment was safe to use. We required that the practice introduce a process for undertaking and recording regular checks on the emergency drugs and equipment in accordance with the Resuscitation Council (UK) quality standards. We also found equipment and materials within the first aid kit were past their expiry date, and we recommended that the practice re-stock the equipment and include this in their regular checks. The practice agreed to do this.

Our concerns regarding the AED pads and checks on the emergency drugs and equipment were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

The practice was unable to demonstrate that all relevant staff had completed cardiopulmonary resuscitation (CPR) training within the previous 12 months. We saw certificates for some staff members showing that training had been completed in March 2016. This meant we could not be assured that the practice had appropriately trained staff in the event of an emergency. We saw that training had been arranged for May 2017, which would have been within appropriate timescales, but had been cancelled due to extreme circumstances and rearranged for October 2017.

Our concerns regarding CPR training were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

We found that the practice stored antibiotic medication, ready to be prescribed to patients, in a storage cabinet that was not lockable. Whilst patients did not have access to this area of the practice, we recommended that the medication is securely locked away to prevent unauthorised access. The practice agreed to do this.

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<sup>3</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



### Improvement needed

Medication must be securely stored to prevent unauthorised access.

### Safeguarding children and adults at risk

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or are at risk. We recommended that the practice should update the policy to include the contact details for the child and adult safeguarding teams of the local council for ease of reference in the event of need. The practice agreed to do this.

The practice manager confirmed that all appropriate staff had completed training on child and adult protection, whilst we saw certificates confirming most staff had undertaken this training, we were unable to see a certificate for one member of the team. We recommended that the practice ensure it obtains and retains all appropriate training certification to evidence that training has been undertaken. The practice agreed to do this.

Staff we spoke to confirmed they felt able to raise any work related concerns they may have with senior practice staff, and were confident these would be acted upon.

### Improvement needed

The practice should update the adult and child safeguarding policy to include the contact details for the safeguarding teams of the local council.

### Medical devices, equipment and diagnostic systems

We looked at all the surgery within the practice, and noted that it was clean and tidy. Floors and surfaces within the surgery were easily cleanable to reduce cross infection. We found that the dental instruments within the surgery were in good condition and sufficient in number.

We were unable to confirm that the practice had arrangements in place to ensure the safe use of radiographic (X-ray) equipment. This is because the practice was unable to provide up to date maintenance certification of the X-ray

equipment in use. This was brought to the attention of the dentist on the day of inspection who arranged for an inspection to take place on the 29 June 2017.

Our concerns regarding maintenance of the X-ray equipment were dealt with on the day of our inspection. Details of the immediate improvements we identified and actions taken by the service are provided in Appendix A.

We saw training certificates demonstrating that the dentists were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

We were unable to see that the dental nurses had received ionising radiation training. We therefore advised that the practice seek advice on the requirements of the General Dental Council<sup>4</sup> with regards to such training recommended for clinical professionals.

We were unable to confirm that regular image quality audits of X-rays had been completed as part of the practice's quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required. We recommended that this should be implemented. The practice agreed to do this.

#### Improvement needed

The practice must ensure that all relevant staff receive ionising radiation training in accordance with the requirements set out by the General Dental Council.

The practice should implement quality assurance audits of X-rays taken for image quality.

## Effective care

### Safe and clinically effective care

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<http://www.gdcuk.org/Newsandpublications/Publications/Publications/Continuing%20Professional%20Development%20for%20Dental%20Professionals.pdf>

We did not see that the practice had a programme in place for undertaking a wide range of clinical and non-clinical audits with the aim of identifying areas for improvement. We discussed this with the practice and recommended that they should consider implementing a programme of audits across the year. The practice agreed to do this

#### Improvement needed

The practice should implement a range of clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate.

### Quality improvement, research and innovation

The practice did not carry out any form of peer review. This presented a potential risk of the dentists practicing in clinical isolation. We recommended to the practice that they should implement a process for peer review as a way of identifying practice improvement areas, which they agreed to do.

#### Improvement needed

The practice should implement a process for clinical peer review.

### Information governance and communications technology

Patient records were maintained in paper format and we found that they were stored securely in lockable cabinets.

#### Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. We found areas for concern in the standard of record keeping within patient records which meant we could not be assured that patients were receiving an acceptable standard of care and treatment.

We identified the following where improvements must be made:

- Patients' alcohol and tobacco use had not always been noted by the dentists, together with any health promotion advice provided. There was also no reporting of the soft tissues at the start of each course of

treatment. These would demonstrate that dentists had assessed patients for their risk of developing oral cancer and provided advice on how this could be reduced

- Patients' consent to treatment must be recorded at every appointment
- Treatment planning, an explanation of treatment options provided to patients and treatment given was not consistently recorded within the records
- Whilst full base charting was completed for the patient records we saw, the dentists need to ensure that they are dated every time.

The findings were discussed with the dentist in detail and we recommended that they should implement a peer review programme to assist with the development of patient records, as well as introducing a patient record card audit. The practice agreed to do this.

In addition, the reason for taking X-rays and the dentists' findings from them had not always been recorded and quality graded as required by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

#### Improvement needed

The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.

The dentists working at the practice must ensure they record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000.

## 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 practice was owned by two dentists who were supported by a dental nurse and receptionist. We saw that a range of policies was in place with the aim of ensuring the safety of staff and patients. Some policies were in need of updating.

Staff told us they felt well supported by senior practice staff and the wider team. They also told us they had opportunities to attend relevant training.

The practice should make arrangements to ensure copies of staff training certificates for all clinical staff are available for inspection by HIW.

## Governance, leadership and accountability

The practice was owned and managed by two dentists who are supported by a dental nurse and receptionist. The day to day management of the practice was undertaken primarily by one of the dentists. Where we identified areas for improvement, the dentist demonstrated a commitment to address these quickly.

Staff working on the day of our inspection told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear and knowledgeable about their roles and responsibilities. Staff told us that they felt communication within the practice was good. We found that as a small team informal meetings were held on a regular basis and when appropriate, the practice would take minutes of the meetings, and we saw evidence of this.

Whilst we saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients, some were in need of

updating. We saw that not all policies and procedures had review dates, version numbers and/or been signed by staff to show that they had read and understood the contents. We also found that some of the policies made reference to the practice's sister dental practice. The practice should ensure that it can demonstrate that policies and procedures are reviewed on a regular basis and communicated effectively to all staff to ensure they are aware of any changes and ensure that they are practice specific.

#### Improvement needed

The practice should undertake a review of all policies and procedures to ensure they are practice specific and to formalise the process for communicating changes to all staff.

## Staff and resources

### Workforce

We saw some certificates that demonstrated staff had attended training on a variety of topics relevant to their role. We did however find that some training certificates, as detailed earlier within the report, were not available during the inspection. We recommended that the practice ensure it obtains and retains all appropriate training certification to evidence that training has been undertaken.

Staff confirmed that they were supported and encouraged by the management team to access training opportunities. We saw that the newly appointed receptionist was being fully supported to train to become a dental nurse, a noteworthy area of good management practice.

The practice confirmed that they did not carry out annual appraisals for staff. We recommended that the practice introduce a programme of staff appraisal, which the practice agreed to do.

We found that dentists and nursing staff were registered with the General Dental Council to practise and had indemnity insurance cover in place.

Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection. We recommended to the practice that they should retain the outcomes of staff immunisation to ensure records are complete. The practice agreed to do this. Occupational Health advice and support was available from the health board.

The dentists working at the practice provided private dental services and we saw their HIW registration certificates prominently displayed as required by the regulations for private dentistry. We also saw up to date Disclosure and Barring (DBS) certificates for the dentists working at the practice as required by the Private Dentistry (Wales) (Amendment) Regulations 2011.

#### Improvement needed

The practice should ensure it obtains and retains all appropriate training certification for all staff to evidence that training has been undertaken and make available for inspection.

The practice should implement a programme of annual appraisals for all staff.

## 4. What next?

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 when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, 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](#). Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the [Private Dentistry \(Wales\) Regulations 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiation Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council 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
<p>The practice was unable to provide up to date maintenance certification of the X-ray equipment in use. This was brought to the attention of the dentist on the day of inspection who arranged for an inspection to take place on the 29 June 2017.</p>	<p>This meant that the practice was unable to evidence that the X-ray equipment was safe to use.</p> <p>Standard 2.9 Medical devices, equipment and diagnostic systems</p>	<p>We raised our concern verbally with the dentist on the day of inspection.</p>	<p>The dentist on the day of inspection arranged for an engineer to visit the practice on the 29 June 2017 to undertake the required inspection of the equipment.</p>

## Appendix B – Immediate improvement plan

**Service:** Judi Davies Dental Surgery

**Date of inspection:** 21 June 2017

The table below includes any immediate 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.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice must ensure that adequate and appropriate fire safety measures are in place to minimise the risk of injury or loss of life in the event of a fire. These should be based on the findings of a fire safety risk assessment</p> <p>Advice to be sought from an appropriately qualified person(s) as necessary.</p>	2.1 Managing risk and promoting health and safety	<p>The room with the compressor will be emptied of all of all other items.</p> <p>Emergency instructions will be located both back of house in the store room, and front of house in the waiting room clearly visible to both staff and patients</p>	Philip Davies	10/07/17
<p>The practice must make suitable arrangements to demonstrate that every cycle processed through the autoclave is appropriately checked and recorded to ensure it has reached the</p>	2.4 Infection Prevention and Control (IPC) and Decontamin	<p>Nurse on duty will monitor and record individual autoclave cycles in logbook.</p>	Charlotte Howells	10/07/17

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
relevant parameters for the effective sterilisation of dental instruments.	ation			
The practice must introduce a written policy detailing the arrangements within the practice for infection prevention and control.	2.4 Infection Prevention and Control (IPC) and Decontamination	Policy to be written up detailing infection prevention and control.  Policy will be stored alongside other written policies within the practice.	Philip Davies	01/08/17
The practice must make suitable arrangements to ensure that: <ul style="list-style-type: none"> <li>a full emergency kit is available at the practice, and</li> <li>regular checks are being conducted on the emergency drugs and equipment</li> </ul> in accordance with the quality standards set out by the Resuscitation Council (UK)	2.6 Medicines Management	New pads for the defibrillator have already been ordered.  A record of drug and equipment expiration checks will be recorded.	Charlotte Howells	10/07/17
The practice must confirm to HIW the action they have taken to ensure staff can administer	2.6 Medicines	The trainer has been contacted and the scheduled training for October	Philip Davies	01/09/17

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>CPR in an emergency.</p> <p>Advice to be sought from an appropriately qualified person(s) as necessary.</p>	<p>Management</p>	<p>2017 has been brought forward to September 1st 2017. This is the earliest date that training could be booked as no other courses were available before this date.</p> <p>Staff have received and provided evidence of annual training.</p>		

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): Dr Philip Davies**

**Job role: Principal Dental Surgeon**

**Date: 06/07/17**

## Appendix C – Improvement plan

**Service: Judi Davies Dental Surgery**

**Date of inspection: 21 June 2017**

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	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The practice must update their complaints procedure to include the contact details for HIW	6.3 Listening and Learning from feedback	Complaints procedure updated.	Judi Davies	Completed September 2017
<b>Delivery of safe and effective care</b>				
The practice should update the waste management policy to include arrangements specific to the practice	2.1 Managing risk and promoting health and safety	Policies are updated to include more detail of waste management.	Judi Davies	Completed August 2017
The practice must ensure that staff wear appropriate PPE whilst undertaking cleaning duties.	2.4 Infection Prevention and Control (IPC) and Decontamination	A notice is in place to remind staff to wear PPE at all times during the decontamination cycle.	Phil Davies	Completed September 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice should undertake an infection control audit and produce an action plan to identify any areas for improvement	2.4 Infection Prevention and Control (IPC) and Decontamination	Will be undertaken as part of clinical audit processes.	Principal Dentists	Ongoing
Medication must be securely stored to prevent unauthorised access	2.6 Medicines Management	Antibiotics are in a lockable box.	Phil Davies	Completed
The practice should update the adult and child safeguarding policy to include the contact details for the safeguarding teams of the local council	2.7 Safeguarding children and adults at risk	Contact details for safeguarding teams has been included in the policy in addition to the existing display on the wall.	Judi Davies	Completed August 2017
The practice must ensure that all relevant staff receive ionising radiation training in accordance with the requirements set out by the General Dental Council	2.9 Medical devices, equipment and diagnostic systems	Staff will be enrolled on to a radiation course at the earliest possible date.	Principal Dentists	On-going part of dental nurse training
The practice should implement quality assurance audits of X-rays taken for image quality	2.9 Medical devices, equipment and diagnostic systems	X-ray audits will commence in two weeks.	Principal Dentists	September 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice should implement a range of clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate	3.1 Safe and Clinically Effective care	Clinical and non-clinical audits will be increased and time set aside each month to do this.	Principal Dentists	Ongoing
The practice should implement a process for clinical peer review	3.3 Quality Improvement, Research and Innovation	Will be meeting with another dental practice to undertake clinical peer review.	Principal Dentists	Process to start by end of 2017 and ongoing
The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping	3.5 Record keeping	Abbreviations now in place to avoid misunderstanding.	Judi Davies	Completed
The dentists working at the practice must ensure they record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000	3.5 Record keeping	Justification for x-rays will be done on all patients will start immediately.	Principal Dentists	September 2017 Completed

## Quality of management and leadership



Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice should undertake a review of all policies and procedures to ensure they are practice specific and to formalise the process for communicating changes to all staff	Governance, Leadership and Accountability	Process of updating policies and procedures ongoing	Principal Dentists	Ongoing
The practice should ensure it obtains and retains all appropriate training certification for all staff to evidence that training has been undertaken and make available for inspection	7.1 Workforce	The practice will pursue the local post graduate department regarding training certificates which have not been issued.	Phil Davies	Ongoing
The practice should implement a programme of annual appraisals for all staff	7.1 Workforce	All staff to have an appraisal annually.	Principal Dentist	Process to start by end of December 2017

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): Phil and Judi Davies**

**Job role: Principal Dentists**

**Date: 14 September 2017**