

General Dental Practice Inspection (Unannounced)

Gentle Dental Practice

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	13
	Quality of management and leadership	23
4.	What next?	26
5.	How we inspect dental practices	27
	Appendix A – Summary of concerns resolved during the inspection	28
	Appendix B – Immediate improvement plan	29
	Appendix C – Improvement plan	32

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 unannounced inspection of Gentle Dental Practice at 7 Victoria Square, Aberdare, CF44 7LA, within Cwm Taf University Health Board on the 31 October 2018.

This inspection was conducted in response to concerns reported to HIW regarding serious infection control failings. Usually dental practices are provided with an eight to twelve week notice period of an inspection. However, due to the nature of the concerns with this practice, HIW felt that the only way to investigate robustly, would be to inspect without advance notice.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

As part of investigating the concerns reported to us, the inspection explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We found Gentle Dental Practice made efforts to ensure that patients were treated with dignity and respect.

However, we found some evidence that the practice was not fully compliant with the Private Dentistry (Wales) Regulations 2017 and Health and Care Standards in all areas.

We could also not be assured, in all instances that the practice was maintaining an acceptable quality of service specifically in relation to maintaining patient safety and protecting against healthcare associated infections, in all instances.

There were a number of issues identified that resulted in HIW issuing the practice with a non-compliance notice.

This is what we found the service did well:

- The practice was committed to providing a positive experience for patients
- The practice had a good range of policies and procedures in place
- Appropriate arrangements were in place for the safe use of X-rays

This is what we recommend the service could improve:

- The practice is to provide HIW with evidence that all clinical staff receive up to date training relevant to their role
- The practice must ensure all confidential patient information is stored securely and cannot be seen by other patients
- The areas where wear and tear were identified need to be addressed
- The practice to ensure staff adhere to guidance when undertaking the cleaning and sterilisation of instruments

We identified the service was not compliant with:

- The effectiveness of the equipment used for the sterilisation of medical devices as they were not being correctly tested.
- A number of dental instruments were still dirty and some were not bagged following the decontamination process.
- Single use instruments, specifically rose head burs, were being put through the decontamination process and re-used.
- Patient records and information were not stored securely
- Evidence of dirt and dust throughout the practice, increasing the risk of cross infection.
- Fire escapes were not free of obstruction.
- The medical emergencies kit and defibrillator did not contain all the equipment as recommended by the Resuscitation Council

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

3. What we found

Background of the service

Gentle Dental Practice provides services to patients in the Aberdare area. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

The practice has a staff team which includes four dentists, three dental nurses, two trainee dental nurses, one receptionist and one practice manager.

The practice provides a range of NHS and private 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.

As this was an unannounced visit to focus on specific areas of concern, patient feedback was not captured as comprehensively as it would be in a full inspection.

We found that the practice had a process in place for obtaining patient feedback however, robust records of the verbal and written complaints received, the action taken, and the outcomes is required.

The practice was also advised to develop a process for capturing informal feedback

As this was an unannounced inspection patients were not asked to complete any HIW questionnaires to obtain views on the dental services provided.

Staying healthy

Health promotion protection and improvement

We saw that a selection of information about health promotion, treatments and preventative advice oral health advice was available in the waiting area.

Dignified care

The practice had a confidentiality, patient privacy and dignity policies in place. There was a door separating the reception from the waiting area so it would be possible for confidential conversations or telephone calls to take place. In addition, staff could use the practice manager's office.

Whilst all surgeries had doors we did note during the inspection that the door of surgery 1, could not be fully closed. We would recommend that this is repaired and all surgery doors are closed when a patient receives treatment, to ensure privacy and dignity.

We observed during the inspection that when unattended not all computers were locked and we were able to see patient information. We recommended to

the staff that prior to leaving a surgery unattended, the computers are locked so that patient information cannot be accessed.

The practice manager was able to provide a copy of the 9 Principles as set out by the GDC¹ but this was not displayed in an area where patients could see it and we recommend this is rectified. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

Improvement needed

Staff ensure that all computers are locked to ensure no unauthorised access to patient information

Clinical staff to ensure that surgery doors are closed when patients are receiving treatment.

The GDC's 9 Principles to be displayed.

Patient information

We saw a poster that clearly displayed NHS treatment costs on a noticeboard. However, information about private treatment costs was displayed by the side of the reception desk and was not clearly visible. We advise that all information about treatment costs is displayed clearly and ideally in the same place.

Communicating effectively

We noted that there was information available for staff directing them to the language line if needed.

Timely care

The practice made efforts to ensure patients were seen in a timely manner. We were told that if a dentist was running late they would advise the patient waiting of any delay.

¹ <https://standards.gdc-uk.org/>

Individual care

Planning care to promote independence

Whilst the scope of the inspection was limited we were able to confirm that overall, the practice provides treatments as set out in their Statement of Purpose².

People's rights

The practice was on three floors, with a staff only area on the second, including the practice manager's office. The reception, waiting area and two surgeries were situated on the ground floor which meant they were accessible for wheelchair users. There was also a disabled toilet on the ground floor that had both a disabled sign and a Staff Only sign on it, meaning that it would not have been clear that it was available for patients to use. At our request the sign was removed.

There were three additional surgeries and the patient toilet on the first floor.

The practice had appropriate policies in place to protect people's rights, including an equality policy and disability discrimination policy.

Listening and learning from feedback

The practice had a complaints policy for both NHS and private dental treatment. Where relevant, the policy was aligned to the NHS Putting Things Right³ complaints process, but needed to include HIW as an additional route to raise a concern. It was also aligned to the Private Dentistry Wales 2017 Regulations⁴ for private dental treatment. The policy was displayed in the reception area.

² A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

³ "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

⁴ <http://www.legislation.gov.uk/wsi/2017/202/made>

The practice manager was the nominated lead for patient complaints and we noted there was a folder for the filing of complaints. We identified that the file was not complete in that it did not contain the practice responses to some of the complaints. In addition, copies of patient information were attached to some, and the file was not kept in a secure location. We recommend that the folder contains records of verbal and written complaints received, action taken and the outcomes, and that the file is kept securely.

We were told that the practice undertakes a patient survey twice a year and that the analyses are discussed during practice meetings. There was also a suggestion box in the waiting area. The practice had feedback and survey forms at the reception desk for patients to complete. The responses are regularly reviewed by the practice manager and discussed at practice meetings.

Currently all informal patient comments are recorded on patient records and we advise the practice to put in place a system for capturing verbal/informal concerns, for example, maintaining a notebook in reception. Together with the information on formal complaints, this would enable the practice to identify any recurring themes.

Whilst all comments and survey feedback are reviewed by the practice feedback is only provided to patients if requested. We would advise the practice consider including a You Said, We Did⁵ style of feedback to patients following their comments and suggestions, in its newsletter that is being developed.

Improvement needed

The practice to update its complaints policy to include reference to HIW

The practice to ensure its complaints folder records the nature of the complaint, action taken and outcome

⁵ [You said, we did...](#)

Delivery of safe and effective care

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

There were some systems in place to ensure that patients were being treated as safely as possible.

The practice must review its decontamination processes and procedures and ensures it complies with both manufacturers' and WHTM 01-05⁶ guidance.

We found the clinical facilities to be well equipped and there were arrangements in place for the safe use of X-ray equipment but both the policy and inventory need to be updated.

We found the service had taken steps to protect the health, safety and welfare of staff and patients and had appropriate safeguarding policies in place.

Safe care

Our concerns regarding; the cleanliness of the practice, decontamination processes and packaging of dental instruments, immediate disposal of single use instruments, secure storage of patient information, appropriate and uncluttered fire exit routes and the required contents of the practices' medical emergencies kit, were dealt with under our non-compliance process. This meant that we wrote to the practice immediately following the inspection

⁶ 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

requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Managing risk and promoting health and safety

We noted there were a number of relevant policies in place, including a health and safety and cleaning policies. There was no business continuity plan in place and we recommend, to adhere to the regulations, this is rectified. We noted there was a health and safety poster displayed in the reception area.

The building appeared to be well maintained both internally and externally. Concerns relating to the cleanliness of the practice were dealt with via a non-compliance notice. In addition, we noted the following:

- Some of the cabinetry in the surgeries on both the ground and first floors, showed signs of wear and tear and needs to be replaced.
- In surgery 1 the sealant between the floor and walls needs to be replaced and checked in the other surgeries.

In addition, we advise that staff belongings should be kept in the staff area on the second floor and not in the surgeries.

We noted that regular portable appliance tests (PAT) were undertaken to help ensure the safe use of small electrical appliances within the practice.

On the day of the inspection the practice was unable to provide evidence that the boiler had been serviced within the last 12 months; a copy of the annual safety certificate must be provided following the inspection.

We were told that the practice manager reviewed systems for fire drills and practices. We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months to ensure that the equipment was fit for use. Whilst the majority of fire extinguishers were secure, the one in the reception area was not, and we recommend this is rectified. We did not see a fire risk assessment and this must be remedied. In addition, none of the staff had received any fire safety training and we recommend this is undertaken.

We also noted the appropriate signposting of the fire exits. On the day of the inspection one fire exit was blocked with boxes; staff must ensure these exits are kept clear at all times. An environmental risk assessment was undertaken in January 2017 and we recommend another is undertaken and repeated regularly.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and amalgam waste. Domestic waste was disposed of by the cleaner. Clinical waste was stored in the basement but this was not secure and we recommend that the door to the basement area is closed and kept locked at all times. The clinical waste was collected on the day of the inspection and we noted that after the bags were removed there was debris on the basement floor. We recommend staff ensure that the clinical waste bags are secure correctly. There was no provision for the safe disposal of gypsum and we recommend this is rectified.

We noted the practice had a mercury handling policy. On the day of the inspection, some cleaning liquids were kept in unlocked cupboards and were accessible and we recommend that they are stored securely.

The practice had a RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) policy and an emergency collapse policy and flow chart.

Improvement needed

In accordance with current regulations the practice to put in place a business continuity plan

The practice to replace all surgery cabinetry that is showing signs of wear and tear.

The practice to replace the sealant between the floor and walls in surgery 1 and to check the condition of this in the other surgeries and replace where necessary.

The practice to forward to HIW a copy of the annual safety certificate in respect of its gas boiler.

The practice to undertake a comprehensive fire risk assessment and environmental risk assessment and put in place a programme for these to be conducted regularly.

In accordance with current regulations, the practice to ensure that all staff undertake fire safety training.

The practice to ensure that all fire extinguishers are secure.

The practice to ensure that the fire exits are kept clear at all times.

The practice to ensure that clinical waste is stored securely.

The practice to put in place a service contract for the safe disposal of gypsum.

The practice to ensure that all cleaning fluids and other chemicals are stored securely

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. On the day of the inspection, dirt and dust was visible on the floor. As discussed earlier, concerns relating to the cleanliness of the practice were dealt with through our non-compliance process.

On the day of the inspection we identified a number of packaged items in the surgeries that were not appropriately dated or out of date. We also noted that not all decontaminated instruments were appropriately bagged and date stamped. We recommend that all instruments that have been decontaminated are packed, and advise that as part of the decontamination process, the dental nurse check each packed item to ensure the date of expiry is placed on each packet and that it is clear.

There were two autoclaves in use in the practice both situated in the decontamination room. One of the autoclaves was fitted with a data logger however we were told that the cycle records had not been downloaded for six months. It is imperative that these records are checked **at least** weekly and results stored securely. This must be rectified and we recommend that staff use **the appropriate compliance logbooks to record the daily data**. The second autoclave did not have a data logger fitted, therefore manual **control** testing as per the requirements of WHTM 01-05 should have been in operation for both autoclaves. When we examined the procedure and records for the control testing, we identified that the practice was not undertaking a manual check, as required by WHTM 01-05, to ensure that each autoclave cycle had achieved the required bar pressure, temperature and hold time. Such parameters would

normally be recorded by a data logger but when such a device is absent the manual checking process requires observation by a member of staff throughout each cycle to time and record the length of time that the correct temperature and pressure are reached and maintained. The practice was using chemical indicator test trips⁷ for every cycle which provides some assurance that the relevant parameters have been met however these alone are not sufficient to evidence that the autoclave is functioning effectively. Overall, this meant that we could not be assured that the autoclaves were working in a way to ensure dental instruments are properly sterilised. This matter was dealt with through our non-compliance process; details of action taken by the practice to address the issue can be found in Annex B.

Despite the practice having an ultrasonic cleaner, staff undertake manual cleaning of dental instruments in the surgeries. We recommend this practice is stopped as the sinks are not deep enough to support effective cleaning, or ensure there is no cross contamination across other areas of the surgery. The necessity to ensure all instruments are thoroughly cleaned and sterilised has been dealt with via a non-compliance process.

We noticed in one first floor surgery that stationary and clinical items were stored together in a container on the work surface. Clinical items should be kept separate from non-clinical items.

There was an infection control policy in place but this needed updating to reflect current guidance. We also advise that the practice appoint one of its clinical staff as the decontamination lead.

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

We reviewed the training records of eight members of clinical staff and found that four did not have certificates on file to confirm their infection control training was up to date. We recommend that the practice provide evidence that all clinical staff have completed appropriate training.

⁷ TST indicator strips provide independent verification that the correct combination of temperature, steam and time have been achieved for successful sterilisation.

The practice had not undertaken an infection control audit in accordance with WHTM 01-05 since 2014. We recommend these are undertaken every 6 months.

Improvement needed

The practice to check the autoclave cycles weekly, record the data in the manufacturer's log books and ensure records are stored securely

The practice to stop the manual cleaning of instruments in the surgeries and to resume using the ultrasonic cleaner.

The practice to ensure that all instruments that have been decontaminated are bagged and clearly dated

The practice to undertake an audit of all bagged instruments to ensure all are within date and removed those that have expired for re-sterilisation.

Staff to ensure clinical and non-clinical items are kept separate

The practice to provide evidence that all clinical staff have undertaken training in infection control.

The infection control policy is updated to reflect current guidance

The practice to ensure that audits, in accordance with WHTM 01-05 are undertaken bi-annually.

Medicines management

The practice had procedures in place to deal with patient emergencies, including an emergency collapse policy. To ensure all members of staff know their role, in the case of a medical emergency, we would suggest the practice's policy is amended to include information on roles and responsibilities of staff.

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardio respiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to their role⁸. We saw

⁸ <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

evidence that, with the exception of the practice manager, all staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

The practice held the appropriate emergency drugs however, some but not all emergency resuscitation equipment was available for use, in accordance with the Resuscitation Council (UK) guidance⁹. This was because there were no paediatric electrodes available for the defibrillator, and not all sizes of oropharyngeal airways¹⁰ were present.

We also identified that the practice had a system in place to check that the emergency drugs and equipment were in date and ready for use. This was completed monthly however, this should be completed weekly in accordance with the Resuscitation Council (UK) guidance.

On the day of the inspection we noted a prescription pad was left unattended in one surgery and recommend that all prescription pads are kept securely.

Improvement needed

The practice manager to undertake training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation

The practice to put in place weekly checks of its emergency drugs and resuscitation equipment

The practice to ensure all prescription pads are kept securely

Safeguarding children and adults at risk

⁹ 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

¹⁰ An oropharyngeal airway is a medical device called an airway adjunct used to maintain or open a patient's airway. It does this by preventing the tongue from covering the epiglottis, which could prevent the person from breathing. When a person becomes unconscious, the muscles in their jaw relax and allow the tongue to obstruct the airway.

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults. This also contained the contact details for the relevant safeguarding agencies. There was also a chaperone policy in place.

Of the staff files that we reviewed, one member of staff did not have evidence that they had completed training in the protection of children and three members of staff did not have evidence that they had completed training in the protection of vulnerable adults. We would ask that the practice confirms that all staff have completed the appropriate training.

Improvement needed

The practice to provide evidence that all clinical staff have undertaken training in protection of children and the protection of vulnerable adults

Medical devices, equipment and diagnostic systems

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

The radiological equipment was in working order and controlled areas had been identified. The practice provided documentation to show that the X-ray machines were regularly serviced. The practice had a radiation protection file that was maintained and contained all the essential information, including a radiation policy. We noted that the policy needed to be updated to include information on incident reporting and guidance on the testing of dental x-ray equipment.

In accordance with the requirements of the General Dental Council¹¹ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000¹², of those staff files that we reviewed, all demonstrated that they had completed the required training.

¹¹ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

¹² http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

Whilst the practice had an inventory of equipment, recording the manufacturer, model and serial numbers and year of manufacture, this did not include recently purchased x-ray equipment. We recommend this is updated.

Improvement needed

The practice is to update its radiation policy

The practice to update its inventory of equipment

Effective care

Safe and clinically effective care

We did not find evidence that the practice completed regular audits. Patients benefit from a practice that seeks to continuously improve the services it provides. Therefore, we recommend that the practice implements a comprehensive programme of audit to include: medical records (including medical histories), radiography, infection control (including anti-microbial) and smoking cessation. We would advise the practice liaise with the Wales Deanery for guidance and support in this respect.

Improvement needed

The practice to put in place a programme of clinical audits

Quality improvement, research and innovation

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

The practice completed the Welsh Deanery Maturity Matrix Dentistry practice development tool in 2014. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work. We understand there have been recent changes of staff, both clinical and non-clinical and suggest the practice might like to consider applying once again.

Improvement needed

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

Information governance and communications technology

The practice had electronic and paper records and we noted that the storage of the paper records was not appropriate to ensure the safety and security of personal data. We saw paper patient information stored in boxes in each surgery. We recommend all paper records are kept in locked cabinets and/or in a locked room.

Improvement needed

The practice to ensure all patient information is stored securely

Record keeping

During this inspection we did not review any samples of patient records.

Quality of management and leadership

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

The principal dentist/owner was both the responsible individual and registered manager. She was supported by the practice manager who was responsible for the day to day management of the practice. We did not see evidence of good leadership or support of staff.

There were a comprehensive range of relevant policies and procedures in place. The practice needed to ensure that all clinical staff have completed the necessary training to meet their CPD requirements.

The practice manager needs to organise his office and paperwork.

Governance, leadership and accountability

Gentle Dental Practice is owned by the principal dentist who is also the responsible individual¹³ and registered manager¹⁴. Day to day management is provided by the practice manager. On the day of the inspection the practice manager's office was extremely disorganised and untidy with papers on every surface and broken furniture in the room. This must be rectified and a robust filing system put in place for ease of reference and ensuring staff are supported

¹³ "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice

¹⁴ "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

in their roles. We found the practice to have poor leadership with staff not having any guidance or support and resulting in a lack of compliance with current regulations and the Health and Care standards.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. There was a checklist for staff to sign to evidence that they had read and understood them.

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

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

Improvement needed

The practice manager to organise his office and install a robust filing system.

Staff and resources

Workforce

During this inspection we looked at a selection of staff documentation.

The practice had a number of Human Resource (HR) related policies and procedures in place including an appraisal policy and recruitment policy. As above there was a checklist for staff to sign to evidence that they had been read and understood.

Contracts of employment were not available on staff files however the practice manager confirmed that these were stored electronically. We noted that the practice had an induction policy programme and a staff training policy in place.

We were told that staff appraisals were conducted annually but we did not see evidence that every staff member had received one, with the last being conducted in 2016. We were told that Personal Development Plans were being developed.

Of those staff files that we reviewed, we saw certificates that evidenced clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. However, there were some exceptions that are referred to earlier in this report. The principal dentist told us that she was responsible for reviewing staff training and that all mandatory training has been completed.

The practice holds regular staff meetings at which minutes are taken but not typed up or circulated to staff. We would recommend that after each meeting the minutes are circulated to all staff for them to sign to evidence that they have read them and understood any actions.

The Regulations for Private Dentistry require that at the time of registration, all clinical staff providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. Of the staff files reviewed we only saw evidence that DBS clearance checks had been carried out for the three dentists working at the practice. We recommend that the practice provide HIW with evidence that all staff members have a current DBS certificate.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. Of the nine files reviewed, the practice provided proof of immunity for all but two members of its permanent clinical staff. This needs to be rectified.

Improvement needed

After each staff meeting the practice manager to draft the minutes and circulate to all staff for them to sign to evidence that they have read them and any actions.

The practice to provide HIW with evidence that all staff members have a current DBS certificate

The practice to confirm with HIW that all clinical staff have evidence of proof of immunity from Hepatitis B.

4. What next?

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

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

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

The improvement plans should:

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

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

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

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

5. How we inspect dental practices

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

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

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: Gentle Dental Practice

Date of inspection: 31 October 2018

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
The practice must ensure that both the autoclaves are fitted with data loggers and are regularly tested to ensure it is sterilising dental instruments appropriately, and that an accurate log is kept for each autoclave.	Regulation 13(2)(a)	The data logger has been ordered for the old autoclave, waiting for delivery and installation. The software for the data logger on the new autoclave has been re downloaded. Data loggers to be read once every week. Manual records to be kept along with the digital records.	Rahul Sood	2 to 4 weeks
The practice is required to put in place appropriate procedures in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of dental instruments.	Regulations 13(1) and 13(3)(b)	An appropriate decontamination procedure for dental instruments has been reinforced. All nurses have been made aware of the procedure and its importance.	Parul Sood	Done

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
The practice must ensure that all dental instruments, after they have gone through the decontamination process are bagged and each bag correctly dated.	Regulations 13(1) and 13(3)(b)	Packing and validation of the instruments after sterilization has been reinforced. All nurses have been made aware of the procedure and its importance.	Parul Sood	Done
The practice must ensure that suitable levels of cleanliness are adhered to in all areas of the practice.	Regulation 22(2)(a) & (b)	A new policy has been made for the surgeries to have a deep clean every fortnight for 3 months, after that once every month	Hannah Laity	Done
The practice must follow relevant guidelines and ensure that dental instruments such as burrs are treated as single use.	Regulation 13(2)(a)	All dentists and staff have been made aware that the slow hand piece burs are single use burs and should be disposed off in the sharps bin after single use.	Parul Sood	Done
The practice must ensure that all patient information is to be stored securely.	Regulation 20(2)(a)	Lockable cabinets have been placed in the downstairs big surgery, for filing everyday patient medical histories, FP17s and PRw forms.	Rahul Sood	Done
The practice to ensure that fire exits are kept	Regulation	The Fire exit policy has been	Laura Davies	Done

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
clear and the fire doors are kept closed at all times.	22(4)(a)	reinforced. All staff members and dentists to make sure that the Fire exit are kept clear of any obstructions and all fire doors to be kept closed. Checks will be carried out once every week and records will be kept.		
The practice to ensure its medical emergencies kit and defibrillator contains all the equipment as recommended by the Resuscitation Council.	Regulation 31(3)(b)	The defibrillator children pads have been added to the medical emergency kit. The missing size 0 and size 2 airways have been replaced. Medical Emergency Kit to be checked every week.	Parul Sood	Done

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: Principal

Name (print): Parul Sood

Job role: Principal Dentist

Date: 06/11/2018

Appendix C – Improvement plan

Service: Gentle Dental Practice

Date of inspection: 31 October 2018

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
Staff ensure that all computers are locked to ensure no unauthorised access to patient information Clinical staff to ensure that surgery doors are closed when patients are receiving treatment.	4.1 Dignified Care	These points were discussed in a practice meeting and implemented accordingly. We will make it a regular point in our staff meetings as a reminder. The Practice Manager will make random checks to ensure that computers are locked when they are not being used. All staff will ensure that surgery doors are closed during treatment.	All Clinical Staff, Receptionist and Practice Manager	Completed. November 2018

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The GDC's 9 Principles to be displayed.		Print a copy and display in waiting area	Practice Manager	Completed. Displayed in Waiting Area November 2018
The practice to ensure its complaints folder records the nature of the complaint, action taken and outcome	6.3 Listening and Learning from feedback	Has been discussed with the Practice Manager. He will ensure that this is done in future. Create a yearly complaints log sheet specifying the nature of the complaint, action taken, outcome and lesson learnt.	Practice Manager	Manager has been made aware and will ensure it is done if the practice receives a complaint.
The practice to update its complaints policy to include reference to HIW		Update our NHS complaints policy to ensure HIW contact details are available for patients.	Practice Manager	Completed November 2018
Delivery of safe and effective care				
In accordance with current regulations the practice to put in place a business continuity plan	2.1 Managing risk and promoting health and safety	Prepare a business continuity plan.	Principal Dentist	Completed January 2019
The practice to replace all surgery cabinetry that		Instruct a cabinetry company to carry out repairs	Practice Manager	Completed February 2019.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
is showing signs of wear and tear. The practice to replace the sealant between the floor and walls in surgery 1 and to check the condition of this in the other surgeries and replace where necessary. The practice to forward to HIW a copy of the annual safety certificate in respect of its gas boiler. The practice to undertake a comprehensive fire risk assessment and environmental risk assessment and put in place a programme for these to be conducted regularly. In accordance with current regulations, the practice to ensure that all staff undertake fire safety training.		Find a builder to replace sealant on the floors. Commission a gas engineer. Certificate forwarded to HIW. Conduct the risk assessments. Daily visual checks to be carried out by all staff. Risk assessments to be reviewed quarterly to ensure consistent approach. Contact a company that provides this service. Scott FPS. Ltd will conduct training on site in the 1st Week of April. The one fire extinguisher that was	Receptionist Receptionist Practice Manager Receptionist	Completed November 2018 Completed January 2019 Completed November 2018 April 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice to ensure that all fire extinguishers are secure.		on the floor has been secured to a wall.	Practice Manager	Completed November 2018
The practice to ensure that the fire exits are kept clear at all times.		Visual Checks daily	All Staff	Started November 2018
The practice to ensure that clinical waste is stored securely.		Basement door to be kept locked	Senior Nurse	Started November 2018
The practice to put in place a service contract for the safe disposal of gypsum.		Instruct Waste company	Senior nurse	Completed November 2018
The practice to ensure that all cleaning fluids and other chemicals are stored securely		Store all clinical fluids in the lockable storage cupboard	All Staff	Completed November 2018
The practice to check the autoclave cycles weekly, record the data in the manufacturer's log books and ensure records are stored securely	2.4 Infection Prevention and Control (IPC) and Decontamination	Every cycle is always tested and data from each cycle is recorded in a notebook. Order a manufacturer Log book and start recording the data in that log book.	Senior Nurse	Completed December 2018

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice to stop the manual cleaning of instruments in the surgeries and to resume using the ultrasonic cleaner. The practice to ensure that all instruments that have been decontaminated are bagged and clearly dated The practice to undertake an audit of all bagged instruments to ensure all are within date and removed those that have expired for re-sterilisation.		Start downloading Data logger information weekly. Conduct regular checks of the data recorded to ensure proper working of the autoclaves.		
		Start regular use of Ultra Sonics for every decontamination cycle.	All Clinical Staff	Completed November 2018
		Discuss and remind all staff in practice meeting. Conduct weekly checks and spot checks in every surgery.	Principal Dentist	Completed November 2018
		Audits to be carried out immediately. This will then be followed by quarterly audits to ensure consistent and well-structured approach.	All Dentists	Completed November 2018. Will follow it every quarter.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Staff to ensure clinical and non-clinical items are kept separate		Remind Staff in a practice meeting, advise dentist not to put the stapler in the clinical drawers. Conduct monthly checks/ spot checks in each surgery to ensure this is being followed.	Principal Dentist	Completed November 2018
The practice to provide evidence that all clinical staff have undertaken training in infection control.		The practice attended the Infection Control and Prevention course provided by Wales Deanery at Prince Charles Hospital, Merthyr on 9 th July 2018. Ensure all new Dental Care Professionals at the practice receive training in infection control.	Principal Dentist	Required DCP's will attend the next available Wales Deanery run Programme
The infection control policy is updated to reflect current guidance		Review the policy and make necessary changes.	Principal Dentist	Completed November 2018.
The practice to ensure that audits, in accordance with WHTM 01-05 are undertaken		Ensure that WHTM 01-05 audit is conducted bi- annually	Senior Nurse	Completed December 2018

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
bi-annually				Next Audit to be conducted in June 2019
The practice manager to undertake training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation	2.6 Medicines Management	Course was booked a day after the inspection. The manager has now attended training on how to deal with medical emergencies and how to perform Cardiopulmonary resuscitation.	Practice Manager	Completed November 2018
The practice to put in place weekly checks of its emergency drugs and resuscitation equipment		Change from monthly Checks to weekly Checks	Principal Dentist	Completed November 2018
The practice to ensure all prescription pads are kept securely		Keep prescription pads in the new lockable cabinets.	All dentist and staff	Completed November 2018
The practice to provide evidence that all clinical staff have undertaken training in protection of children and the protection of vulnerable adults	2.7 Safeguarding children and adults at risk	The first available course has been booked for all staff members on 1 st March 2019, for both Child protection and vulnerable adult protection.	Receptionist/ Practice Manager	Course booked for all staff on 1 March 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice is to update its radiation policy	2.9 Medical devices, equipment and diagnostic systems	Update radiation Policy	Principal Dentist	Completed November 2018
The practice to update its inventory of equipment		The new x-ray machine has been added on the radiation file.	Senior Nurse	Completed November 2018
The practice to put in place a programme of clinical audits	3.1 Safe and Clinically Effective care	The practice regularly conducts patient satisfaction audits, waiting time audits, x-ray quality audits, anti-microbial audit. MMD and BDA good practice self-assessment tool have also been carried out. The practice is doing smoking cessation audit at the moment and a SOSET (Skill optimiser tool for DCPs) meeting was also done with the staff. Train the trainer has been booked for the principal dentist to help train nurses in the practice, to encourage skill mix. Make a list of other clinical audits; ensure they are done at least once	Principal Dentist	Completed February 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		every year.		
The dentists to arrange formal and regular meetings for the purpose of peer review.	3.3 Quality Improvement, Research and Innovation	A Clinical audit and peer review project on Record Keeping was carried out in 2017 along with 2 other practices in Aberdare. Regular peer reviews will be carried out in future.	Principal dentist	April 2019
The practice to ensure all patient information is stored securely	3.4 Information Governance and Communications Technology	Lockable cabinetry was ordered a day after the inspection. And patients records that were kept in lidded boxes in surgery cupboards are now stored in the lockable cabinets.	Practice Manager	Completed November 2018
Quality of management and leadership				
The practice manager to organise his office and install a robust filing system.	Governance, Leadership and Accountability	File documents as soon as they are received.	Practice Manager	Completed December 2018
After each staff meeting the practice manager to draft the minutes and circulate to all staff for them to sign to evidence that they have read	7.1 Workforce	Start typing hand written practice meeting notes and dedicate a folder	Practice Manager	Started November 2018

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
them and any actions. The practice to provide HIW with evidence that all staff members have a current DBS certificate The practice to confirm with HIW that all clinical staff have evidence of proof of immunity from Hepatitis B.		to this. Apply for DBS certificates for new staff. All qualified Nurses have a certificate; Trainee nurses are undergoing the process of immunity at Occupational Health Centre, Dewi Sant Hospital.	Practice Manager/Receptionist Principal Dentist	February 2019 Ongoing

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): Parul Sood

Job role: Principal Dentist

Date: 18.2.19