

General Dental Practice Inspection (Announced)

Smile Studio, Penarth Ltd, Cardiff
and Vale University Health Board

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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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 Smile Studio Penarth Ltd at 4 Plymouth Road, Penarth CF64 3DH, within Cardiff and Vale University Health Board on the 2 July 2018.

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

HIW explored how the service met the Health and Care Standards (2015), the Private Dentistry (Wales) Regulations 2017 and other relevant legislation and guidance.

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

2. Summary of our inspection

Overall we found evidence that Smile Studio provided a friendly and professional service to their patients.

The practice was clearly patient focused and had appropriate policies and procedures in place to ensure the safety of both staff and patients.

We noted that the practice was clean and tidy but there were areas of wear and tear that need to be addressed. We saw documentation demonstrating that the dental equipment was maintained and regularly serviced. The practice needs to put in place a comprehensive programme of clinical audits.

We saw evidence of good leadership and the practice had the necessary policies and procedures in place to support the practice, patients and staff.

This is what we found the service did well:

- There was evidence of strong management and leadership from the Practice Manager and practice owner
- All the patients who completed the HIW questionnaire rated the service provided by the dental practice as excellent or very good
- Appropriate arrangements were in place for the safe use of X-rays
- Clinical records were maintained to a high standard as were staff files and practice information.

This is what we recommend the service could improve:

- The areas where wear and tear were identified need to be addressed
- Undertake an environmental risk assessment
- The practice should store its local anaesthetic and emergency drugs in accordance with manufacturers' guidelines

- Put in place a programme of clinical audits

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

We identified regulatory breaches during this inspection regarding the practice information leaflet and the practice's policies and procedures. Further details can be found in Appendix C. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered person takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

Smile Studio Penarth Ltd provides services to patients in the Penarth area. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes four dentists, two hygienists, four dental nurses, two reception staff and one practice manager.

The practice provides a range of NHS and private general dental services.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found the practice was committed to providing a positive experience for their patients. All the patients who completed the HIW questionnaire rated the service provided by the dental practice as excellent or very good.

The practice had a complaints policy and a system for capturing formal complaints was in place. It also sought patient feedback by inviting patients to record any comments or suggestions in a suggestion book. We advise the practice to put in place a process for feeding back responses to patient suggestions or comments.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 14 questionnaires were completed. The majority of completed questionnaires were from patients who had been a patient at the practice for more than two years. Patient comments included the following:

Very patient, very caring of nervous patient

Excellent service provided. Some higher chairs in the waiting room for older patients would be welcome

Hygienist input invaluable in delivering a preventative service

Patients were asked on the questionnaires how the dental practice could improve the service it provides; one patient commented:

Have late night sessions as it's sometimes difficult to leave work before 4pm for the last appointment of the day

Staying healthy

Health promotion protection and improvement

We saw a selection of health promotion information, including leaflets about treatments and preventative advice leaflets in both dentists' surgeries, but not in the waiting area or hygienist's surgery. We would suggest that additional leaflets are made available in the waiting area for ease of patient access.

All but one of the 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

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

The reception and waiting areas were on the ground floor. Staff told us that if there was a need to hold a private conversation in person or on the telephone with a patient they would use the Practice Manager's office.

We found that both handwritten and electronic patient information was stored securely, ensuring that personal and sensitive information was protected.

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

The practice had in place a code of conduct for staff and a dignity and respect policy. We noted that its Statement of Purpose contained the 9 Principles as set out by the GDC¹. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

Patient information

All of the patients that completed a questionnaire told us that they felt involved (as much as they wanted to be) in any decisions made about their treatment,

¹ <https://standards.gdc-uk.org/>

and all patients felt that they had received clear information about available treatment options.

Where appropriate, all of the patients that completed a questionnaire said the cost of any treatment was always made clear to them before they received any treatment.

There were leaflets setting out private treatment costs in the waiting area. We were told that the practice only treats NHS patients who are exempt from treatment charges which negated the need for a NHS price list.

In accordance with the Private Dental Regulations 2017 the practice had a Patient Information Leaflet which is available in the practice and on the practice's website. This needs to be amended to include arrangements for dealing with patients who are violent or abusive to staff and to provide additional information on the practice's complaints process.

We saw that the practice's opening hours and the emergency contact telephone number were displayed externally but we only saw the names and qualifications of two of the three dentists. We recommend the practice amend the information provided externally to include details of all resident dentists.

We noted there were policies in place relating to the protection of data, and records management. But, in accordance with the 2017 Private Dentistry Regulations the practice needs to put in place a policy setting out the arrangements for the assessment, diagnosis and treatment of patients.

Improvement needed

The practice to amend the Practice Information Leaflet to ensure it complies with current guidance.

In accordance with the Private Dentistry Regulations 8 (1)(b) the practice to develop a policy setting out the arrangements for the assessment, diagnosis and treatment of patients

The practice to ensure the names and qualifications of all resident dentists are displayed externally

Communicating effectively

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

The practice has a website, which was in line with General Dental Council (GDC) ethical advertising guidance and contained details of the private dental treatments that it provides, together with a price list. It also provided guidance on making a complaint, details of the practice team and opening hours. The out of hours contact telephone number was accessible via the Patient Information Leaflet and we would advise this information is included on the “Contact Us” page.

Timely care

All of the patients that completed the questionnaire said they found it ‘very easy’ or ‘fairly easy’ to get an appointment when they needed it. Almost half of the patients also said they would not know how to access the out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were displayed on the front window of the practice and provided on the practice's answerphone message.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay. If that patient had not arrived, the practice would contact them by telephone to advise them.

Individual care

Planning care to promote independence

The practice provides treatments as set out in their Statement of Purpose.

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

All but two of the patients who completed a questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment.

People's rights

Access to the practice was via a set of steps with handrails that were on a curve. This meant that wheelchair access was not possible as portable ramps could not be used. We were told that patients with some mobility issues, i.e. using a walking frame or sticks, could access the practice. There was a surgery on the ground floor that was accessible to all, with the exception of those using wheelchairs. One patient that completed a patient questionnaire commented:

“No access for prams or wheelchairs”

The patient toilet was situated on the mezzanine level and could only be accessed by patients who could negotiate the stairs. We noted the placement of the hand dryer was such that someone, pulling themselves off the toilet, could pull on it and advise the practice to put in place a secure hand rail for a patient to take hold of.

The practice had in place appropriate equal opportunities, privacy, and dignity and confidentiality policies and confirms in its Statement of Purpose that its staff will not discriminate and that will uphold the GDC’s 9 Principles.

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 complaints process "Putting Things Right"² and with regard to private dental treatment to the Private Dentistry Wales 2017³ Regulations. The policy was displayed in the reception area. We would advise the practice to display "Putting Things Right" posters and have "Putting Things Right" leaflets available.

The practice maintained a folder for the filing of complaints containing a pro forma for completion. We were told that to date the practice has not received any formal complaints.

The practice does not record any informal feedback and we would advise that it puts a process in place to record any informal patient feedback.

We were told that before the introduction of the General Data Protection Regulations⁴ (GDPR) the practice undertook patient surveys. Also, following

² "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

³ <http://www.legislation.gov.uk/wsi/2017/202/made>

⁴ <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

treatment, they would seek patient feedback by email or text message. It is the intention to continue these once they are confident they have met the GDPR requirements.

On the day of the inspection there was a book in reception for patients to enter comments, all of which were positive. Patient feedback is also found on the practice website. We would advise the practice include in its patient information folder a “you said: we did” style of feedback to patients’ comments and suggestions.

Delivery of safe and effective care

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

Overall, we found evidence that patients were provided with safe and effective dental care. We noted that clinical facilities were well equipped and, in the main, were visibly clean and tidy, although there were some signs of wear and tear which needed addressing.

There were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance of all practice equipment.

Medical records were maintained to a high standard.

Safe care

Managing risk and promoting health and safety

Overall we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. We noted there were a number of relevant policies in place, including, a health and safety policy, fire drill policy and procedures. A fire risk assessment had also been undertaken.

There were no concerns given by patients over the cleanliness of the dental practice; all patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean. Externally, the building appeared to be well maintained. Internally we noted the following:

- Areas of the flooring in Surgery 1 were unsealed
- In Surgery 1 there was an area of carpet and we would advise the practice to replace this with tiles to improve infection control
- There was a fabric sofa in Surgery 1 and we advise that this is replaced with one that is washable or as a minimum, the practice develop a disinfection protocol for this
- We saw evidence of dust on the skirting board in Surgery 2

- In Surgery 2 there was a gap between the unit work-surface and the panel which housed the electrical sockets and cannot be thoroughly cleaned. This needs to be sealed or rectified.
- In the hygienist's surgery the network cable box was fixed to the wall with "sellotape".
- In the hygienist's surgery the gap between the flooring needed to be sealed.
- Sharps bins in the surgeries should be wall mounted.
- The external door into the basement was unlocked and therefore staff only areas of the practice could be accessed by members of the public.
- On the day of the inspection the internal door was unlocked and the key was in the door. We would recommend this door is kept locked.
- In the decontamination room the work surface was chipped and the linoleum flooring was broken.
- At the time of the inspection there was a considerable amount of rubbish, a two-drawer unit and a shelving unit that was not secured to the wall, in the basement corridor, leading to one of the fire exits. The corridor needs to be clear of all clutter and potential hazards.
- Portable fans are to be removed from the surgeries.

We observed all public access areas to be clean and uncluttered.

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice. We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. We noted that in the entrance to the practice the extinguisher was hidden by a large indoor plant. When this was brought to the practice manager's attention the plant was immediately moved. Not all fire exits were signposted and we recommend that this is rectified.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical), non-hazardous (household) and amalgam waste. Clinical waste awaiting collection was stored in a cupboard outside the basement entrance to the building. This storage area was unlocked and was extremely dirty with clearly very old rubbish in there. We recommend that this area is thoroughly cleaned and a lock put on the door.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist and relevant safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice. We were told that this was reviewed regularly by the dental nurses whenever they had free time.

The practice had an accident reporting policy and a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book which was completed when an accident occurred. We also noted an inoculation injury policy and mercury spillage policy.

Improvement needed

The practice to ensure the following faults are remedied:

- Areas of the flooring in Surgery 1 and in the hygienist's room to be sealed
- The damaged flooring in the decontamination room to be replaced
- The chipped work surface in the decontamination room to be addressed
- The gap between the electrical housing and work surfaces in Surgery 2 to be sealed or eliminated
- The carpet in Surgery 1 to be replaced with appropriate flooring
- The fabric sofa in Surgery to be replaced with one that is washable or as a minimum, the practice develop a disinfection protocol
- The network cable box in the hygienist's room to be securely fixed
- Sharps bins in the surgeries should be wall mounted.

The practice to ensure that all areas of the clinical areas are dust free

The external door into the basement to be kept locked

The internal door to the basement to be kept secure

The practice to ensure that the corridor in the basement that is one of its fire exit routes, is clear of rubbish and potential hazards

The practice to remove all portable fans from the surgeries.

Then practice to undertake an environmental risk assessment.

The practice to ensure that all fire exits are signposted.

We recommend that the clinical waste storage area is thoroughly cleaned and kept secure

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) 01-05⁵. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place. Whilst we saw evidence that they had been seen and signed by staff sharps/inoculation injury protocols were not displayed in all clinical areas and we would advise that this is remedied.

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

We saw evidence that the practice had undertaken an infection control audit in accordance with WHTM 01-05.

Medicines management

The practice had in place procedures to deal with patient emergencies. All staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had an appointed first aider.

⁵ 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

The staff held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁶. We noted that the practice had in place a system to check that emergency drugs and equipment were ready for use.

The emergency drugs were initially stored, unsecured, in the decontamination room with the emergency kit. In response to our advice, the emergency drugs were moved to a fridge situated in surgery 1, to ensure they were secure and being stored at the correct temperature. We also recommend the emergency kit is also stored in surgery 1 where they can both be accessed easily and to avoid confusion at the time of a medical emergency. Stocks of local anaesthetic that was also stored in the decontamination room was also moved to the fridge with the emergency drugs.

The practice had in place a policy relating to the ordering, recording, administration and supply of medicines to patients. Prescription pads were kept securely. Staff evidenced their knowledge of the procedures to follow if there was a medical emergency or had to report an untoward drug related incident.

Improvement needed

The practice to ensure that the emergency equipment and emergency drugs are stored together and securely.

Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies. With the exception of the practice manager, all staff had completed training in the protection of children and protection of vulnerable adults. On the day following the inspection, the

⁶ 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

practice manager completed the appropriate training and provided us with a copy of the certificate. The practice manager also confirmed that she was the nominated safeguarding lead.

There were arrangements in place for staff to raise any concerns, and staff told us they felt able to do this in the practice. Both clinical and permanent non-clinical staff held Disclosure and Barring Service (DBS) certificates.

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. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information.

We recommend that in accordance with the Regulations the practice put in place a policy for monitoring the quality and suitability of facilities and equipment including maintenance of such equipment.

In accordance with the requirements of the General Dental Council⁷ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000⁸ all clinical staff had completed the required training.

Improvement needed

The practice is to put in place a policy for monitoring the quality and suitability of facilities and equipment including maintenance of such equipment.

⁷ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁸ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We did not see any evidence that the practice had undertaken any audits. We recommend the practice put in place a programme for undertaking a wide range of clinical audits, including image quality assurance, medical records and peer reviews, with the aim of identifying areas for improvement. We also recommend the practice develop a clinical audit policy.

We noted the practice had policies in place for **arrangements to accept patients and assessment, diagnosis and treatment of patients.**

Improvement needed

The practice put in place a programme of clinical audits.

The practice to develop a clinical audit policy.

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 noted that the dental nurses were in the process of arranging regular meetings for the purposes discussing clinical issues.

The practice might wish to consider applying for the Welsh Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

Improvement needed

The dentists 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 these was appropriate to ensure the safety and security of personal data. Electronic files were regularly backed up.

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

Record keeping

We reviewed a sample of patients' records. Overall, we found there was a very good quality of record keeping that indicated good patient care had been provided. No improvements were noted in this area and therefore the quality of clinical record keeping is to be commended

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 manager was responsible for the day to day management of the practice and we found evidence of good leadership and lines of accountability.

The practice had in place a comprehensive range of relevant policies and procedures that were reviewed annually.

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

All staff had received the necessary training for their roles and responsibilities

Governance, leadership and accountability

Smile Studio is owned by the principal dentist who is also the registered manager. The practice manager, who provides day to day management, is the nominated responsible individual⁹. We found the practice to have good leadership and all staff understood their roles and responsibilities.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. We saw evidence that the policies

⁹ “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 (Private Dentistry regulations 2017)

had version numbers and were reviewed annually by the practice manager. We recommend the practice make provision for staff to evidence that they had read and understood the policies. We noted that the practice did not have an emergency contingency procedure and recommend they put one in place.

We were provided with a copy of the Statement of Purpose which conformed to the Private Dentistry Regulations.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. In the reception area we saw the practice's registration certificate clearly displayed as required by the Private Dentistry (Wales) Regulations 2017. The practice's public liability insurance certificate was also on display.

Improvement needed

The practice to make provision for staff to evidence that they had read and understood the policies.

The practice to put in place an emergency contingency procedure

Staff and resources

Workforce

The practice had a number of HR related policies in place. These include the recruitment of staff policy, equal opportunities policy, code of conduct for staff, underperformance and whistleblowing policy and confidentiality policy. These policies were also included in the employee handbook.

We noted that all staff had a contract of employment that were retained on staff files. We were also told that the practice had an induction programme in place. This included the employee handbook containing relevant information and ongoing feedback during a three month probationary period. There was also an induction programme in place for any agency staff working at the practice on a temporary basis.

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

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The practice manager told us that the practice holds regular team meetings for all staff. During these meetings staff discuss a number of subjects including GDPR, the updating of COSHH data, fire safety, and new decontamination procedures. We saw minutes relating to these meetings. The practice manager will discuss the agenda and agreed actions with those staff who did not attend a meeting. We advise that the minutes are circulated for all staff to sign to evidence that the minutes have been read and understood.

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

The practice does arrange for agency staff to provide clinical support on occasion and as part of its contract, the Agency will confirm pre-employment checks and qualifications. At the time of the inspection, because of ill health, a relative of the practice manager was covering reception duties. We were told that he did not hold a DBS certificate and no pre-employment checks had been undertaken. We would recommend, that the practice ensure that all temporary staff have the necessary pre-employment checks in place and have completed the required minimum training requirements, particularly safeguarding and CPR.

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

Both the registered manager and registered provider confirmed that they were aware of their duties and obligations as set out in the Private Dentistry Regulations 2017.

Improvement needed

The practice ensure that all temporary staff have the necessary pre-employment checks in place and have completed the required training

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, 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](#) 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
We noted that in the entrance to the practice the extinguisher was hidden by a large indoor plant.	This meant the fire extinguisher was not visible or easily accessible	We raised this with the practice manager and it was immediately resolved	The practice manager moved the plant to the opposite side of the entrance
The emergency drugs were stored, unsecured, in the decontamination room with the emergency kit.	All drugs should be stored in accordance with manufacturer's guidelines to ensure they are fit for use.	We raised this with the practice manager and it was immediately resolved	In response to our advice, the emergency drugs were moved to a fridge situated in surgery 1, which is locked when not in use.

Appendix B – Immediate improvement plan

Service: Smile Studio

Date of inspection: 2 July 2018

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

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No non compliance issues were identified during this inspection.				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Smile Studio

Date of inspection: 2 July 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				
The practice to amend the Practice Information Leaflet to ensure it complies with current guidance.	4.2 Patient Information, Private Dentistry Regulations 2017 Sections 6 and 8	Complete - The patient information leaflet updated on the day of inspection – copies of the changes have been forwarded to HIW in line with our practice registration requirements	Julie Johnson	2/07/18
In accordance with the Private Dentistry Regulations 8 (1)(b) the practice to develop a policy setting out the arrangements for the assessment, diagnosis and treatment of patients		Complete - This Policy was written on the day of inspection and is readily available for patients in our reception and on our Website	Julie Johnson	02/7/18 – Website Updated 21/08/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice to ensure the names and qualifications of all resident dentists are displayed externally		Two of our practicing dentists are displayed, the remaining dentist – Amy Woolley will be appropriately added	Amy Woolley / Julie Johnson	10/18
Delivery of safe and effective care				
<p>The practice to ensure the following faults are remedied:</p> <ul style="list-style-type: none"> • Areas of the flooring in surgery 1 and in the hygienist’s room to be sealed • The damaged flooring in the decontamination room to be replaced • The chipped work surface in the decontamination room to be addressed 	<p>2.1 Managing risk and promoting health and safety; Private Dentistry Regulations 2017 section 22</p>	<p>Quote to be obtained for re-sealing of flooring in both Surgery 1 and Hygiene</p> <p>Quote to be obtained for new flooring</p> <p>Complete – New work surfaces installed</p>	<p>Julie Johnson</p> <p>Julie Johnson</p> <p>Julie Johnson</p>	<p>09/18</p> <p>10/18</p> <p>11/08/18</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> • The gap between the electrical housing and work surfaces in surgery 2 to be sealed or eliminated • The carpet in surgery 1 to be replaced with appropriate flooring • The fabric sofa in surgery 1 to be replaced with one that is washable or as a minimum, the practice develop a disinfection protocol • The network cable box in the hygienist's room to be securely fixed • Sharps bins in the surgeries should be wall mounted. 		Complete - In line with Regulatory requirements – All gaps have been sealed	Julie Johnson	07/08/18
		Quote to be obtained for new flooring	Julie Johnson	10/18
		Swatches requested – Final decision to be made pending the receiving of these	Julie Johnson	11/18
		Complete – Cable has been channelled into cable boxing and secured.	Julie Johnson	07/08/18
		Complete – Sharps bins are now wall mounted	Julie Johnson	07/08/18
		The practice to ensure that all areas of the		Complete – Cleaning protocol re-

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
clinical areas are dust free		enforced		
The external door into the basement to be kept locked		Complete - As discussed on the day of inspection this door is only open whilst the laboratory working during the day. Patients can be seen visibly entering by the Lab technicians. The staff room in the basement has a secure keypad entrance.	Julie Johnson / Sarah Cuffin	03/07/18
The internal door to the basement to be kept secure		Complete - During the day whilst not in use this door is being kept locked	ALL	02/07/18
The practice to ensure that the corridor in the basement that is one of its fire exit routes, is clear of rubbish and potential hazards		Complete – The Fire exit door is clearly signed and access is in line with fire & safety regulations	Julie Johnson	06/07/18
The practice to remove all portable fans from the surgeries.		All portable fans removed from surgeries	ALL	10/18
Then practice to undertake an environmental risk assessment.		An environmental Risk Assessment will be completed	Julie Johnson	09/18
The practice to ensure that all fire exits are signposted.		Complete - As required and in line with Fire Policy Procedure	Julie Johnson	06/07/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
We recommend that the clinical waste storage area is thoroughly cleaned and kept secure		Quote obtained, pursuing other options relating to pricing / availability	Julie Johnson	10/18
The practice to ensure that the emergency equipment and emergency drugs are stored together and securely.	2.6 Medicines Management; Private Dentistry Regulations 2017 section 31	Complete - All emergency drugs and equipment are now stored in a lockable cupboard and stored together	Julie Johnson	09/07/18
The practice is to put in place a policy for monitoring the quality and suitability of facilities and equipment including maintenance of such equipment.	2.9 Medical devices, equipment and diagnostic systems; Private Dentistry Regulations 2017 section 8	Complete – All staff to review and sign. Maintenance and regular servicing of equipment / building (PAT Testing, Electrical, H&S, Fire, x-Ray, Boilers, Autoclaves, compressors etc.. is already in place and adhered too monthly and has been for several years	Julie Johnson / Sarah Cuffin	08/18
The practice put in place a programme of clinical audits.	3.1 Safe and Clinically Effective care; Private Dentistry regulations 2017	Complete - A Programme of clinical audits agreed in line with the Clinical Audit Policy	Julie Johnson	Ongoing
The practice to develop a clinical audit policy.		Complete - Policy in place – All staff to	Julie Johnson	08/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	section 8	review and sign		
The dentists to arrange formal and regular meetings for the purpose of peer review.	3.3 Quality Improvement, Research and Innovation; Private Dentistry Regulations 2017 section 16	Complete - The Dentists have set aside time bi-monthly to have formal documented meetings to discuss quality improvements, i.e patient wait times, record reviews (In line with our clinical audit requirements).	Sarah Cuffin (Principal)	09/18
Quality of management and leadership				
The practice to make provision for staff to evidence that they had read and understood the policies.	Governance, Leadership and Accountability; Private Dentistry Regulations 2017 section 8	Complete - The Employee handbook is updated in line with Employment law and forms a part of the employees contract of employment (Induction) to read and sign each individual section this has been in place for a number of years. The Practice Quality Manual whilst is read and understood again as part of the employees Induction (and where	Julie Johnson / Sarah Cuffin	21/08/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		policies change it is discussed during staff monthly meetings. Again a process that is already in place – Noted that a signed cover sheet is to be inserted to this file to ensure it is certain that all staff members are familiar with all policies / changes in policy		
The practice to put in place an emergency contingency procedure		Complete – Policy written and included on our Website	Julie Johnson	21/08/18
The practice ensure that all temporary staff have the necessary pre-employment checks in place and have completed the required training	7.1 Workforce; Private Dentistry Regulations 2017 section 18	Complete – The temporary staff member referred to on the day of inspection will not be working at the practice until he has had a Enhanced CRB check carried out	Julie Johnson	20/08/18

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): Julie Johnson

Job role: Practice Manager

Date: 22nd August, 2018