



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

Bay House Dental Practice Ltd,  
Cardiff and Vale University Health  
Board

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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 Bay House Dental Practice Ltd at 59 Cathedral Road, Cardiff CF11 9HE, within Cardiff and Vale University Health Board on the 6 August 2018.

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

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

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

## 2. Summary of our inspection

Overall we found evidence that Bay House Dental Practice provided a friendly and professional service to their patients.

The practice was patient focussed, actively seeking feedback. We saw evidence of strong leadership and the practice had the necessary policies and procedures in place to support the practice, patients and staff.

Clinical records were maintained to a high standard as were staff files and practice information.

Whilst the practice had all the appropriate emergency drugs and equipment we recommend they are kept together for ease of access if an emergency arose.

The practice needs to ensure all clinical staff receive up to date training relevant to their role

This is what we found the service did well:

- All the patients who completed the HIW questionnaire told us they were treated with dignity and respect.
- There was evidence of clear lines of responsibility and strong management and leadership from the practice owner and practice manager.
- 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 practice is to ensure all surgery doors are closed whilst patients are receiving treatment.

- The practice is to ensure that all medication is fit for purpose, i.e. in date and packing is undamaged.
- The practice to develop a patient information leaflet setting out risks, benefits, describing treatment and side effects of receiving treatment from the surgical laser.
- The practice was unable to provide evidence that a Laser Protection Adviser (LPA) had reviewed the equipment or environment in person or reviewed the environmental risk assessment.

We identified the service was not compliant with:

- The suitability and availability of protective eyewear.
- The laser machine was not located within a suitably secure environment when not in use.
- There was no service, maintenance and calibration agreement in place for the laser.

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**

Bay House Dental Practice Ltd provides services to patients in the Cardiff 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 five dentists, two hygienists, three dental nurses, one decontamination technician, one receptionist and one practice manager.

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

The practice also has a surgical laser, and is registered to provide the following treatments:

- Soft tissue removal treatment and therapy
- Temporomandibular Joint treatment
- Periodontal treatment and therapy
- Pain therapy



## 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 complete a feedback form or survey. We advise the practice to put in place a process for feeding back responses to patient suggestions or comments.

We found that the practice needs to improve its patient documentation relating to treatment provided with the surgical laser.

Prior to the inspection, we invited the practice to distribute questionnaires to patients to obtain views on the dental services provided. A total of 20 questionnaires were completed. Patient comments included the following:

*"As a family we have always received the best care and service we could have hoped for. The staff are very professional and dedicated. Thank you"*

*"I have not been with the practice long but have required lots of treatment and many appointments. Staff have always been friendly, taken my concerns and worries into account and been sensitive when giving treatment. I cannot fault the service I have received so far."*

*"I have always received excellent care from my dental practice. They always discuss all treatment options with me and involve me in the decision process. When I have needed an emergency appointment they always go the "extra mile" to accommodate me. Superb service!"*

Patients were asked on the questionnaires how the dental practice could improve the service it provides; comments included:

*“Always fit me in if there’s a problem with my teeth and this has happened many times, but to get general appointments, especially for crowns, I feel is far too long.”*

*“Only more Welsh provision”*

## **Staying healthy**

### **Health promotion protection and improvement**

We saw a small selection of information was available about private treatments e.g. tooth whitening. There was one leaflet about oral health available in the main waiting area and both dental surgeries however it was not available in the waiting area for the hygienist’s surgery or the surgery itself. We recommend that additional health promotion information, including leaflets about treatments and preventative advice, 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.

#### **Improvement needed**

The practice to make available for patients a selection of health promotion information, including leaflets about treatments and preventative advice.

## **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. We observed staff treat patients courteously and professionally.

Staff told us that if there was a need to hold a private conversation in person or on the telephone with a patient they would use a small consultation room to the side of the reception area. The practice had a confidentiality policy in place.

We found that both handwritten and electronic patient information was stored securely, ensuring that personal and sensitive information was protected. We observed that during the lunch hour the computer in one of the surgeries had

not been locked and we were able to see patient information. We recommend all staff ensure that before leaving a surgery unattended the computers are locked and patient information cannot be accessed. We noted the practice had a records management policy and a data security policy.

Whilst all surgeries had doors we did note during the inspection that one was not closed whilst a patient was receiving treatment. We would recommend that surgery doors are closed when a patient receives treatment to afford them privacy and dignity.

The practice had in place appropriate policies to ensure patients are treated with dignity and respect. In addition, we noted that the 9 Principles as set out by the GDC<sup>1</sup> was displayed in the reception and waiting area. 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.

#### Patient information

Where applicable, all 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.

All of the patients that completed a questionnaire also said that they had received clear information about available treatment options, and that the cost of any treatment was always made clear to them before they received any treatment.

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

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.

For those patients who are treated with surgical laser, we noted that there was no written information about possible risks, benefits and side effects. We recommend the practice provide a patient information leaflet setting out risks, benefits, describing treatment and side effects.

We noted a number of relevant policies including the recording of the assessment and diagnosis of patients policy, provision of treatment plans policy, and a records management policy.

The practice had a Patient Information Leaflet that was readily available to patients and visitors to the practice. This leaflet needed to be updated to meet the requirements of the Private Dental Regulations 2017.

Outside the practice we saw that the practice's opening hours and the emergency contact telephone number were displayed, together with the names and qualifications for all of the dentists.

#### Improvement needed

The practice to provide a patient information leaflet setting out risks, benefits, describing treatment and side effects of receiving treatment from the surgical laser and records patient consent to treatment.

The practice to ensure its Patient Information Leaflet meets the requirements of Schedule 2 of the Private Dental Regulations 2017

#### Communicating effectively

The majority of 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, opening hours and how to obtain emergency dental treatment. We recommend the website is updated to include details of all clinical staff, and the practice's current complaints policy.

### Improvement needed

The practice to update its website to include details of all clinical staff and the practice's current complaints policy

## Timely care

The majority of the patients that completed the questionnaire said they found it 'very easy' or 'fairly easy' to get an appointment when they needed it. Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice and provided on the practice's answerphone message. All but two of the patients that completed the questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

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.

## Individual care

### Planning care to promote independence

The practice provides treatments as set out in their Statement of Purpose<sup>2</sup>.

A review of patient dental records showed that patients are asked about their medical history at the time of their visit. A review of patient records relating to treatment received using the surgical laser did not evidence that patients are asked about any changes to their medical history. We recommend the laser operator records that the patient has been asked and any changes.

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

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

### Improvement needed

The practice ensures that patients receiving laser treatment are asked about any changes to their medical histories and that this is recorded in the patient notes.

### People's rights

There was a small step leading to the entrance to the practice. The reception and waiting areas were situated on the ground floor. There was a step leading to the ground floor surgeries. Additional surgeries were situated on the first floor. To accommodate patients in wheelchairs, one of the ground floor surgeries could be accessed directly from the rear car park.

There was a female patient toilet on the ground floor which would be accessible to wheelchair users who access the practice using the rear entrance. The male patient toilet was situated on the first floor and would therefore not be accessible to a wheelchair user.

The practice had in place appropriate policies to protect people's rights, including an equality 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 complaints process "Putting Things Right"<sup>3</sup> and with regard to private dental treatment to the Private Dentistry Wales 2017 Regulations<sup>4</sup>. The policy was displayed in both English and Welsh in the reception area. During the course of the inspection the policy was amended to include the contact details for the local health board.

The practice manager was the nominated lead for patient complaints and we noted there was a folder for the filing of complaints containing a pro forma (the

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

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

nature of the complaint, action taken and outcome) for completion. We were told that to date no complaints had been received.

The practice has 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. Whilst all comments are reviewed by the practice feedback is only provided to patients if requested. We would advise the practice consider including a “you said: we did” style of feedback to patients’ comments and suggestions in its newsletter that is being developed.

## 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 found the clinical facilities to be well equipped and there were arrangements in place for the safe use of X-ray equipment including evidence of ongoing and regular maintenance. We found that there was no servicing or calibration agreement in place for the surgical laser and recommended that this is rectified. The practice has been asked to provide HIW with a copy of the LPA's report following a physical inspection of the equipment and treatment room.

Resuscitation equipment and emergency drugs were available at the practice. The practice needs to ensure they are kept together for ease of access.

### Safe care

Our concerns regarding the lack of a service, maintenance and calibration agreement, suitability and availability of protective eyewear and the laser machine not being stored in a secure location, were dealt with under our non compliance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

### 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 practice premises policy, general risk assessment policy and a health and safety policy. We noted there was a health and safety poster in the staff room. We also noted that environmental and fire risk assessments had been undertaken this year.



There were no concerns given by patients over the cleanliness of the dental practice; all patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean. The building appeared to be well maintained both internally and externally. We observed all public access areas to be clean and uncluttered.

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 also noted the appropriate signposting of the fire exits.

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

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.

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 a medical emergency and collapse policy, a business continuity policy and a disaster recovery strategy.

### **Infection prevention and control**

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health

Technical Memorandum (WHTM) 01-05<sup>5</sup>. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place. The practice had a dedicated member of staff responsible for the decontamination of instruments.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place. There was also a sharps/inoculation injury protocol displayed on the wall.

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

We saw evidence that the practice undertakes regular infection control audits in accordance with WHTM 01-05. In addition, it had recently undertaken its own infection prevention audit.

We saw evidence that the decontamination technician had completed appropriate infection control training but of the clinical staff, one dentist and two of the dental nurses need to undertake appropriate training.

#### Improvement needed

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

#### Medicines management

The practice had in place procedures to deal with patient emergencies including a medical emergency and collapse policy. We suggest the policy is amended to include staff roles at the time of an emergency. 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 two appointed first aiders.

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<sup>5</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>6</sup>. 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, in a different area to the emergency kit. In response to our advice, they were sited together. We also recommend that the oxygen and related equipment, e.g. masks, are stored together, again for ease of access. We recommend that all staff are advised of the new locations for both. We also recommend that the practice store the drugs and their respective algorithms in clearly labelled wallets for ease of identification and access.

The practice had in place a drugs update policy, prescribing policy and safe use of medicines policy. Prescription pads were kept securely.

When reviewing the surgeries, we asked for two medications to be removed from one surgery. The first was identified as being out of date and the packaging of the second was damaged, exposing the medication. This was done before the end of the inspection. We recommend regular checks are undertaken to ensure all medication and equipment is in date. We also recommend a log book is maintained for this purpose and it is reviewed by the practice manager.

#### Improvement needed

The practice to store the oxygen and related equipment together.

The practice to ensure that all staff know where the emergency kit, emergency drugs and oxygen are located.

The practice to store the drugs and their respective algorithms in clearly labelled wallets for ease of identification and access.

The practice to ensure regular checks are undertaken of all medication and

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<sup>6</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration

equipment to make sure they are in date and that these checks are recorded in a log book that is reviewed by the practice manager.

### **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. Both the child protection policy and safeguarding vulnerable adults policy need to be amended to include contact details of the relevant local safeguarding agencies. In addition, we would suggest that the safeguarding adults policy is expanded to identify and include information on the different types of abuse that can be experienced. All staff had completed training in the protection of children and protection of vulnerable adults.

There were arrangements in place for staff to raise any concerns, and we were told they were encouraged to do this in the practice. The practice had an identified safeguarding lead.

At the time of the inspection we were provided with Disclosure and Barring Service (DBS) certificates for all but one member of staff as this had been recently applied for. We recommend a copy of the certificate is forwarded to HIW once received.

### **Improvement needed**

The practice to amend the child protection policy and the safeguarding vulnerable adults policy to include contact details of the relevant local safeguarding agencies

The practice to forward to HIW a copy of the DBS certificate for one member of staff.

### **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.

In accordance with the regulations, the practice had a practice equipment policy that included the testing of equipment, the undertaking of appropriate risk assessments and the reporting of incidents.

In accordance with the requirements of the General Dental Council<sup>7</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>8</sup> all clinical staff had completed the required training.

We did not see evidence that the surgical laser machine had been regularly calibrated<sup>9</sup> and serviced in line with the manufacturer's guidelines. This was dealt with via a non-compliance notice. Following the inspection, the registered manager arranged for the laser to be serviced and calibrated by a suitably qualified engineer.

We saw that there was a treatment protocol in place for the laser machine.

We saw that there was a contract in place with a named Laser Protection Adviser (LPA). We were told that the LPA had never physically visited the practice or treatment room. We would recommend this is rectified in order for the LPA to be reassured that the room and equipment are suitable, in working order and all appropriate documentation is in place.

We saw the local rules<sup>10</sup>, detailing the safe operation of the machine, but noted that they did not specify the treatment room in which the surgical laser would be used. This is to be rectified.

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

<sup>8</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)

<sup>9</sup> Regular calibration can help insure the laser machine's performance stays consistent over time, ensuring top performance and output quality.

<sup>10</sup> Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs.

We examined the protective eyewear that the operator and patient must wear when the laser is in use and found that they were damaged. In addition, under the terms of its registration the practice is able to treat patients under 18 years of age and at the time of the inspection a parent or chaperone would not be able to be present when a person under the age of 18 received treatment using the surgical laser because there was only the one pair of protective eyewear. These two issues were dealt with via a non-compliance notice. Following the inspection, the registered manager placed an order for new protective eyewear.

The surgical laser was not immediately available for us to inspect on the day of the inspection as it was kept in the registered manager's home. The equipment must be kept in a secure place and we recommend this is rectified.

#### Improvement needed

The practice to arrange for the LPA to inspect the treatment room, equipment and documentation and produce a report of that visit. The practice to forward a copy of that report to HIW.

The practice to ensure the surgical laser is kept in a secure location in the practice.

## Effective care

### Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence that the practice had in place a comprehensive programme of clinical audits, supported by a clinical audit policy. The programme included radiograph audit, infection control audit and record keeping audit. In addition, the practice undertook annual patient surveys.

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

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/474136/Laser\\_guidance\\_Oct\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

## 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. The practice might also wish to consider arranging regular meetings for the dental nurses for the purposes discussing clinical issues.

The practice might wish to consider applying for the Welsh Deanery Maturity Matrix Dentistry practice development tool<sup>11</sup>. 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.

## Record keeping

We reviewed a sample of patients' records. Overall, we found there was a very good quality of dental 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.

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<sup>11</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

## Quality of management and leadership

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

The principal dentist/owner was both the responsible individual and registered manager. He was supported by the practice manager who was responsible for the day to day management of the practice. 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. We recommend provision is made for the staff to evidence that they have read and understood these.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

## Governance, leadership and accountability

Bay House Dental Surgery Ltd is owned by the principal dentist, who is both the responsible individual<sup>12</sup> and registered manager<sup>13</sup>. Day to day management is

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<sup>12</sup> "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice

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



provided by the practice manager. 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 recommend the practice make provision for staff to evidence that they had read and understood the policies.

We were provided with a copy of the Statement of Purpose which contained all the relevant information but needed to provide HIW's contact details in the section covering the practice's arrangements for dealing with complaints.

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

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

#### Improvement needed

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

The practice to amend its Statement of Purpose to include reference to HIW in the section providing information on the process for dealing with patient complaints.

## Staff and resources

### Workforce

The practice had a number of HR related policies and procedures in place including a recruitment and selection policy and an appraisal policy. Again we recommend that these are signed by staff to evidence that they have been read and understood.

We noted that all staff had a contract of employment that was retained on staff files. We also noted that the practice had an induction policy programme and a staff training policy in place. Temporary staff were booked via an agency which would confirm that person's fitness to work.

We saw evidence that regular staff appraisals take place which are documented. We noted that all dentists have Personal Development Plans.

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. This was supported by the practice's CPD policy.

The practice holds regular team meetings for all staff. A number of topics are discussed at these meetings, including training, practice related issues, any policy changes and patient feedback. We saw minutes relating to these meetings. Staff unable to attend are updated by the practice manager verbally, on discussions and action points. We advise that the minutes are circulated for all to staff sign to evidence that they have been read and understood.

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

All authorised operators of the surgical laser should hold a current DBS Certificate. One of the operators did not have a current certificate. We recommend that DBS checks (at an Enhanced level) are renewed every 3 years for all staff that have direct unsupervised access to patients in order to satisfy Regulation 19 which requires that patients must be protected against the risks of inappropriate or unsafe care and treatment.

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 its permanent clinical staff. One of the dentists when working at the practice would be assisted by a nurse from his main place of employment and we did not see proof of immunity for this dental nurse. This needs to be rectified.

The principal dentist in his role as joint registered managers and responsible individuals confirmed that they were aware of their duties and obligations as set out in the Private Dentistry Regulations 2017.

### Improvement needed

The practice to ensure all authorised users of the surgical laser undertake a disclosure barring check and provide HIW with evidence of a current certificate.

The practice to provide HIW with proof of immunity from Hepatitis B in respect of the temporary dental nurse.

## 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
The complaints policy did not include contact details for the local health board	Not knowing who to contact may stop a patient from submitting a complaint regarding the practice to the local health board.	We pointed out the omission during the inspection with the practice manager	During the inspection the practice manager amended the complaints policy to include the relevant contact information.

## Appendix B – Immediate improvement plan

**Service:** Bay House Dental Practice Ltd

**Date of inspection:** 6 August 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 service is non compliant with Regulations 13(2) (a). This is because one set of protective eyewear was damaged and unsuitable for use, meaning that there was not sufficient eyewear for a parent or chaperone. The machine was also not located within a suitably secure environment when not in use.	Regulation 13(2)(a)	We have ordered 2 new pairs of patient safety glasses from Laser Support, one for the patient and one for any chaperone needed.  We have a secure key locked fixed cabinet that the laser will be kept in at all times when not in use	Simon Spiller	We have been advised that the lead time for the glasses is 10-14 days.  Immediately
The service is non compliant with Regulation 13(2) (a). This is because there is no service, maintenance and calibration agreement in place	Regulation 13(2)(a)	A service and calibration has been booked by providing agent on 30 August 2018	Simon Spiller	30 August 2018

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
for the dental laser.				

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): Simon Spiller**

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

**Date: 14 August 2018**



## Appendix C – Improvement plan

**Service:** Bay House Dental Practice Ltd

**Date of inspection:** 6 August 2018

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The practice make available for patients a selection of health promotion information, including leaflets about treatments and preventative advice leaflets	1.1 Health promotion, protection and improvement;	Health Promotion leaflets available in surgeries on Dental Software already. To print some leaflets immediately and leave in waiting room	Mrs Sian Dugdale	Immediate
Staff ensure that all computers are locked to ensure no unauthorised access to patient information	4.1 Dignified Care; Private Dentistry Regulations 2017 Section 13 (9)(c)	All computers now locked when not in use	Mrs Sian Dugdale	Immediate

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Clinical staff to ensure that surgery doors are closed whilst patients are receiving treatment.	Private Dentistry Regulations 2017 Section 15 (1)	All doors are always closed during treatment	All Staff	Immediate
The practice to provide a patient information leaflet setting out risks, benefits, describing treatment and side effects of receiving treatment from the surgical laser and records patient consent to treatment.	4.2 Patient Information, Private Dentistry Regulations 2017 Sections 6 and 8	To produce patient information with regards to undergoing treatment and plans including laser treatment. All treatment consents are recorded on patient notes but to specifically draw up laser consent form	Dr Simon Spiller	2 months
The practice to ensure its Patient Information Leaflet meets the requirements of Schedule 2 of the Private Dental Regulations 2017	Private Dentistry Regulations 2017 Sections 6 and 8	To amend Patient Information Leaflet to meet requirements of Regulation	Mrs Sian Dugdale	1 month
The practice to update its website to include details of all clinical staff, the relevant contact numbers for obtaining emergency dental treatment, and the practice's current complaints policy	3.2 Communicating effectively; Private Dentistry	New practice website being designed at present. To amend existing website ASAP	Mrs Sian Dugdale	1 month

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulations 2017 Section 6(2)			
The practice ensures that patients receiving laser treatment are asked about any changes to their medical histories and that this is recorded in the patient notes.	6.1 Planning Care to promote independence; Private Dentistry Regulations 2017 Sections 20 (a) (ii)	All patients are already asked at every appointment regarding changes to medical history regardless of treatment and that would include laser treatment	Dr Simon Spiller	Immediate
<b>Delivery of safe and effective care</b>				
The practice to ensure that all clinical staff have undertaken training in infection control.	2.4 Infection Prevention and Control (IPC) and Decontamination, Private Dentistry Regulations 2017 Section 17 (3)(a)	All staff have received infection control training but 3 members of staff identified to attend cross infection control course on 12 November 2018	Mrs Sian Dugdale	Immediately

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice to store the oxygen and related equipment together.	2.6 Medicines Management; Private Dentistry Regulations 2017 Section 31 (3)(b) Resuscitation Council (UK)	To site all equipment in same area	Mrs Sian Dugdale	Immediately
The practice to ensure that all staff know where the emergency kit, emergency drugs and oxygen are located.	Private Dentistry Regulations 2017 Section 31 (3)(b)	All staff already know where emergency kit is	Mrs Sian Dugdale	Immediately
The practice to store the drugs and their respective algorithms in clearly labelled wallets for ease of identification and access.	Private Dentistry Regulations 2017 Section 31 (3)(b)	Emergency algorithms to be drawn up and placed with emergency drugs and equipment	Mrs Sian Dugdale & Simon Spiller	1 month
The practice to ensure regular checks are undertaken of all medication and equipment to make sure they are in date and these are	Private Dentistry Regulations	Log book of medication and equipment used in surgeries to be drawn up with	Mrs Sian Dugdale and nursing staff	2 months

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
recorded in a log book that is reviewed by the practice manager.	2017 Section 13 (4)	use by dates		
The practice to amend the child protection policy and the safeguarding vulnerable adults policy to include contact details of the relevant local safeguarding agencies	2.7 Safeguarding children and adults at risk; Private Dentistry Regulations 2017 Sections 8 and 14	Have amended both policies to include contact details of help organisations	Simon Spiller	Immediate
The practice to forward to HIW a copy of the DBS certificate for one member of staff.	Private Dentistry Regulations 2017 Section 18	Awaiting copy of DBS certificate. Will forward copy once received.	Mrs Sian Dugdale	Immediate
The practice to arrange for the LPA to inspect the treatment room, equipment and documentation and produce a report of that visit. The practice to forward a copy of that report to HIW.	2.9 Medical devices, equipment and diagnostic systems; Private Dentistry Regulations 2017 Section	To arrange physical inspection of surgery 1 and documentation where laser is to be used by LPA	Mr Simon Spiller	2 months

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	32			
The practice to ensure the surgical laser is kept in a secure location in the practice.	Private Dentistry Regulations 2017 Section 32	Laser already kept in locked storage	Simon Spiller	Immediate
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	Arrange meetings and further peer review using Dental Matrix	Simon Spiller	3 months
<b>Quality of management and leadership</b>				
The practice to make provision for staff to evidence that they had read and understood the policies.	Governance, Leadership and Accountability; Private Dentistry Regulations	To make index of policies and assure all policies are read and understood. All staff to sign that they have been read	Sian Dugdale	3 months

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	2017 section 8			
The practice to amend its Statement of Purpose to include reference to HIW in the section providing information on the process for dealing with patient complaints.	Private Dentistry Regulations 2017 sections 5 and 7 and Schedule 1	Statement of Purpose amended to include complaints process with reference to HIW	Simon Spiller	Immediate
The practice to ensure all authorised users of the surgical laser undertake a disclosure barring check and provide HIW with evidence of a current certificate.	7.1 Workforce; Private Dentistry Regulations 2017 Section 18	All user now have an up to date DBS certificate 1 certificate attached	Mrs Sian Dugdale	Immediate
The practice to provide HIW with proof of immunity from Hepatitis B in respect of the temporary dental nurse.	Private Dentistry Regulations 2017 Section 18	Check Hep B status of all temporary staff and provide evidence of mentioned temporary nurse. Evidence attached	Sian Dugdale	Immediate

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): Simon Spiller**

**Job role: Registered Manager**

**Date: 23 October 2018**