Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection (Announced)

Tynewydd Dental Care, Cardiff and Vale University Health Board

Inspection date: 13 May 2019

Publication date: 14 August 2019

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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

Digital ISBN 978-1-83876-974-1

Contents

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

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

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Tynewydd Dental Care at 75 Tynewydd Road, Barry CF62 8BA, within Cardiff and Vale University Health Board on the 13 May 2019.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations (PDR) 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 Tynewydd Dental Care provide a friendly and professional service to their patients.

The practice was patient focussed. We saw evidence of strong leadership and the practice had the required policies and procedures in place to support both patients and staff.

Clinical areas were maintained to a good standard, and staff delivered good care to patients.

However, we found some evidence that the practice was not fully compliant with Private Dentistry Regulations and all Health and Care Standards

This is what we found the service did well:

- All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent, or very good.
- The practice had a range of information to support patients in making effective choices about good oral health and treatment
- Clinical facilities were well equipped, and there were arrangements in place for the safe treatment of patients.
- Good management and leadership in the practice.

This is what we recommend the service could improve:

- Inform patients of the outcomes and any changes made as a result of the feedback they provide.
- Put in place a programme of peer review for clinical staff and a broader range of audits to promote continuous improvement.
- Engaging further with all staff through regular monthly meetings.

We identified two areas of non-compliance with the regulations as follows:

- Regulation 13 (6)(c)(ii) of the Private Dentistry (Wales) Regulations (PDR) 2017 regarding immunisation records. HIW could not be assured that a member of the clinical staff had sufficient protection against contracting Hepatitis B, posing a potential risk to patient safety.

- Regulations22 (4)(c) to (f) of PDR 2017 regarding fire safety. HIW could not be assured that the registered managers were ensuring that adequate precautions have been taken to ensure the safety of staff and patients in the event of fire.

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 has received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

We also made other recommendations for improvement and these are included in the body of the report and listed in Appendix C.

3. What we found

Background of the service

Tynewydd Dental Care provides services to patients in the Barry 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 3 dentists, 3 nurses and 2 receptionist.

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 Tynewydd Dental Care was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent, or very good. Patients also told us that they were treated with dignity and respect by staff at the dental practice.

The practice had a range of information to support patients in making effective choices about good oral health and treatment options when necessary. There was a welcoming atmosphere and staff made a visible effort to make patients feel relaxed and at ease from the moment they arrived.

Further improvements were required to ensure that patients are informed of the outcomes and any changes made as a result of the feedback they provide and to the complaints recording system.

Prior to the inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 22 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; all of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

> *"The service I receive is excellent. My teeth have always been a challenge to me, and my dentist. I have always had exemplary service"*
>
> *"Wouldn't go anywhere else. Outstanding care and treatment"*
>
> *"Overall a very friendly team with excellent service"*

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

"Perhaps I could arrange appointments on the web or through a website"

Staying healthy

Health promotion protection and improvement

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

We saw a wide range of information available to patients within the waiting area, covering private and NHS treatments as well as general information around oral health. This was a good example of the practice supporting patients to maintain their own oral health and hygiene.

A sign displaying 'No Smoking' was displayed by the main entrance which confirmed the emphasis being placed on compliance with smoke free premises legislation[1].

Dignified care

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

We noted there was a good relationship between staff and patients as well as within the small staff team.

Staff told us that if there was a need to hold a private conversation with a patient, they would take them to a spare surgery to ensure discussions upheld patient confidentiality. We noted that the practice had a privacy, dignity and confidentiality policy.

The practice also had appropriate policies to ensure they treat patients with dignity and respect. We noted that the 9 Principles as set out by the General

[1] The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

Dental Council (GDC)[2] was available to patients upon request in the reception area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

The practice operated a chaperone policy, that aims to protect both the healthcare professional and patient when the patient is being examined. However, there was no posted displayed to inform patients that this was available to them.

Improvement needed

A poster to be displayed informing patients of their right to have a chaperone present when seen by healthcare staff.

Patient information

Where applicable, all of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. They also said that they had received clear information about available treatment options and all but one of the patients said the cost was always made clear to them before they received any treatment.

We found that the patient information leaflet was available to patients in reception, and gave good, comprehensive information about the practice in line with regulations. We saw posters displaying private treatment costs and NHS treatment fees displayed in the waiting area. There were a number of leaflets about dental treatments and issues to help patients to make informed decisions about their oral health and treatment options.

Communicating effectively

All but one of the patients who completed a questionnaire told us that they were ‘always’ able to speak to staff in their preferred language.

[2] https://standards.gdc-uk.org/

Whilst written information was available, this was predominantly presented in English. One of the dentists is a first language Welsh speaker and is able to speak to patients in Welsh. However, arrangements should be made to provide further information in Welsh and to help staff make an 'Active Offer'[3]. Additionally, staff were not aware of a service similar to the Language Line[4] being available for translation for other languages.

Improvement needed

The practice should make arrangements to enable staff to be able to access a translation service similar to language line, should the need arise to communicate with patients who are unable to communicate in English or Welsh.

Timely care

The majority of the patients who completed a questionnaire said they would know how to access the out of hour's 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 at the entrance to the practice, on the patient information leaflet and on the practice's answerphone message. We were told that the practice block off some appointments during the day to deal with emergency dental treatments.

All of the patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it.

The practice made efforts to ensure patients were seen in a timely manner and the dentists can contact reception using the internal telephone network if an

[3] An 'Active Offer' means providing a service in Welsh without someone having to ask for it. http://gov.wales/topics/health/publications/health/guidance/words/?lang=en

[4] Language Line is a UK language translation service agency that provides a wide range of interpreting, translation and localisation agency services.

appointment is over-running. Staff also told us that they would advise the patient waiting of any delay and allow them to reschedule if required.

Individual care

Planning care to promote independence

Where applicable, all but one of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

We viewed a sample of patient records and found that they were detailed and of good quality. Whilst treatment options were recorded and we were told that informed consent is obtained this is not always recorded. In order to show that patients are supported to make informed choices about their treatment options, their consent must be recorded.

The treatments and services offered by the practice were in accordance with the statement of purpose.

Improvement needed

Recording evidence of informed consent within patient records.

People's rights

The practice was not accessible for wheelchair users as the practice was located in a semi-detached property, on a fairly steep hill, with several steps leading to the main entrance. One surgery was on the ground floor and would be used for patients unable to use the internal stairs to the first floor. The practice stated that if a patient could not access the property they would make alternative arrangements with another dentist in the area.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy, care and treatment of patients who lack capacity, patient privacy, dignity and confidentiality policy and equal opportunities policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

Listening and learning from feedback

The practice had a process in place for obtaining feedback from patients through regular surveys. The practice stated that they communicate the outcome to the

staff concerned but do not inform the patients of any outcome or changes as a result of these surveys. We recommend that this should be in place.

There was a complaints policy on display that was compliant with NHS Putting Things Right[5] and the Private Dentistry Regulations and included reference to the relevant agencies. A nominated member of the team is responsible for complaints and is named on the policy displayed.

Complaints are entered into a complaints book in reception that provides an account of the complaint and action taken. There were two complaints in the book dated 2017 and March 2018. The complaints recording system could be improved by including a log of complaints showing, date, nature of complaint, action taken and the outcome of the complaint, including supporting information.

Improvement needed

Patients are informed of the outcomes and any changes made as a result of the feedback they provide.

The complaints recording system to include a log of complaints showing, date, nature of complaint, action taken and the outcome of the complaint, including supporting information.

[5] http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf

Delivery of safe and effective care

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

We found evidence that showed in most areas patients were provided with safe and effective dental care.

We found that the clinical facilities were well equipped, and there were arrangements in place for the safe treatment of patients.

To promote continuous improvement the practice would benefit from a programme of peer review for clinical staff and a broader range of audits.

We identified concerns with regard to fire safety precautions and documentary evidence to support the immunisation against Hepatitis B of one member of staff.

Safe care

Our concerns regarding appropriate fire safety precautions were dealt with under our non-compliance process. We could not be assured that the registered managers were ensuring that adequate precautions had been taken to ensure the safety of staff and patients in the event of fire as required by PDR. This is because;

- Staff had not received annual training in fire safety since induction, as required by the practice's own fire plan
- Fire drills had not been carried out at suitable intervals
- The fire prevention plan is dated 2011 and there was no evidence of any review since that date
- The fire safety risk assessment is dated 2011 and is not considered to be adequate. Additionally, this has not been reviewed or updated since that date.

Our concerns regarding the lack of documentation on file to prove that one dentist had adequate cover against Hepatitis B were also dealt with under our immediate

non-compliance process. Details of the immediate improvements we identified, together with the action plan from the practice, are provided in Appendix B.

Managing risk and promoting health and safety

There were no concerns given by patients over the cleanliness of the dental practice; every patient that completed a questionnaire felt that, in their opinion, the dental practice was “very clean”.

The building appeared to be generally well maintained internally and externally. During a tour of the building we saw that all areas were clean and tidy.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months. Emergency exits were visible and a Health and Safety poster was displayed within the practice.

We checked the documentation relating to fire safety precautions and believed these to be inadequate. Fire safety training had not been given to staff since induction; the practice fire plan states this should be carried out annually. There was no record of any fire drills having taken place and staff could not recall one having taken place. The fire prevention plan and fire safety risk assessment is dated 2011 and there is no evidence of any review since that date. Additionally, we consider that the fire safety risk assessment is not adequate and should be completed by a competent outside organisation. These concerns were dealt with under our non-compliance process. Details of the immediate improvements we identified are at Appendix B.

Infection prevention and control

The practice had a process for the cleaning and sterilisation (decontamination) of dental instruments within a dedicated decontamination room as recommended in the Welsh Health Technical Memorandum (WHTM) 01-05[6]. There was not any visual identification of designated clean and dirty areas in the decontamination room and we suggest that appropriate signs are used to ensure effective infection control.

---

[6] www.wales.nhs.uk/sites3/documents/254/**WHTM 01-05** Revision 1.pdf

We saw evidence that the protocol for checking the sterilisation equipment was available and up to date, and there was an infection control policy and a sharps safety policy for staff. Staff were also observed using the re-sheathing devices available. This meant that both staff and patients were being sufficiently protected from needle stick injuries and infection. Staff also had access to, and used, personal protective equipment (PPE) when undertaking decontamination activities.

The surgeries were visibly very clean, safe and tidy, there was a daily maintenance programme in operation but there was not a daily surgery cleaning checklist in place. We recommend that the practice put one in place to ensure that they are fully compliant with WHTM 01-05.

There was no evidence on file to show that two members of staff had received infection control training, the principal dentists stated they had been trained but the evidence was not on file. We recommended that proof of this should be obtained and filed. We were told that the practice is due to undertake the audit run by Health Education and Improvement Wales (HEIW) of infection control (in line with WHTM 01-05). This should be carried out annually as required by the WHTM 01-05.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

A new mercury spillage kit was ordered whilst we were at the practice. Staff need to be re-trained on the use of this kit, when it arrives.

There was not a proof of immunity for one member of the clinical staff against Hepatitis B. Our concerns regarding the lack of documentation on file to prove that this dentist had adequate cover against Hepatitis B were also dealt with under our immediate non-compliance process. Details of the immediate improvements we identified are provided in Appendix B.

Improvement needed

Documentary proof of training completed should be maintained on file at the practice.

Train staff on the use of the mercury spillage kit.

In order to be fully compliant with WHTM 01-05 the practice should:

- Put in place a daily surgery checklist and keep this on file to prove the checks have been completed
- At least annually, audit the infection control process.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a Medical Emergency Policy. All staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation.

The practice had two appointed first aiders, ensuring staff and patients had appropriate access to first aid care in the event of an accident or injury.

The practice's first aid kit was complete and in date. The practice had policies and procedures in place which had been seen and agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency at the practice. We saw evidence that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK)[7].

[7] https://www.resus.org.uk/about-us/ 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.

We were told that all drug-related adverse incidents are recorded via the Medicines and Healthcare products Regulatory Authority (MHRA) Yellow Card[8] scheme. The practice were advised to sign up with the British National Formulary[9] (BNF) online in order to report adverse reactions if necessary.

Safeguarding children and adults at risk

We saw that the practice had comprehensive 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.

At the time of the inspection, all staff had appropriate safeguarding training for child protection and protection of vulnerable adults. A safeguarding lead was also in place who took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and guidance to staff on safeguarding issues. Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the safeguarding lead and were confident those concerns would be acted upon.

There was not a Disclosure and Barring Service (DBS) certificate on file for one member of staff. An application had been sent to the DBS but the certificate had not been received at the time of the inspection. The safeguarding lead stated that the member of staff concerned had come from another local dental practice, but they could not provide a copy of the certificate.

All the relevant staff were registered with the General Dental Council.

Improvement needed

Staff should not commence employment until evidence is obtained of a satisfactory DBS check.

[8] https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/ The Scheme collects information on suspected problems or incidents

[9] https://www.bnf.org/products/bnf-online/

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients. The surgeries were well organised, clean and tidy. Arrangements were in place, detailed in the radiology file and signed as seen and understood by staff, to promptly deal with any device or system failure.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and regular radiographic audits were noted to quality assure the use of equipment. The practice should complete the Welsh Deanery Quality Improvement Tool[10] for ionising radiation in the future.

We saw evidence of up-to-date ionising radiation training for all clinical staff in accordance with the requirements of the General Dental Council[11] and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017[12].

Improvement needed

The practice complete the Welsh Deanery Quality Improvement Tool for ionising radiation in the future.

Effective care

Safe and clinically effective care

The practice had appropriate arrangements set out within the Statement of Purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had policies available to support these functions.

[10] https://dental.walesdeanery.org/quality-improvement-2

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

[12] http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Whilst we found evidence throughout the course of the day that professional, regulatory and statutory guidance, such as National Institute for Care and Excellence (NICE) guidelines[13], were given due consideration. However, this was not the case for recalls which were not being recorded on clinical records as required by NICE guidelines.

The patients were treated in a clean and safe environment.

We were informed that staff are able to access advice from the dentists at the practice and from the General Dental Council.

Improvement needed

The practice should ensure that recalls are completed in accordance with NICE guidelines and included in the clinical records.

Quality improvement, research and innovation

The practice has a policy on clinical audit and peer review, but there was no evidence of peer review taking place. The practice has undertaken a limited number of clinical audits to help demonstrate keeping up to date with professional standards. We recommend that in order to promote continuous improvement, a broad range of audits should be regularly undertaken. Specifically, the practice should undertake a smoking cessation audit.

In the one surgery that we viewed, we noted it was equipped with a television screen above the dental chair for the patient to view, to detract their attention away from any treatment being received.

Improvement needed

The practice should implement:

- A programme of peer review for clinical staff

1. [13] https://www.**nice**.org.uk/.../**oral-and-dental-health**

- A broader range of audits.

Information governance and communications technology

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. The practice also had a records management policy covering the creation, management, handling and storage of records and other information. Electronic records were regularly backed up to protect patient information and help prevent loss.

Record keeping

We reviewed a sample of patient records. We found that generally the records were of a good standard. However, we found in a number of cases there were omissions in recording, namely in the following areas:

- Smoking cessation advice
- Basis of recall intervals
- Recording whether a patient is a smoker and how much they smoke
- Alcohol consumption and the number of units.

We noted that radiographs were being taken in line with relevant guidelines, of a high quality and the reason for taking X-rays was recorded as required by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

Improvement needed

The practice must ensure patient records are completed in keeping with professional standards for record keeping.

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.

We found evidence of good management and leadership in the practice.

The practice had a comprehensive range of relevant policies and procedures in place that were reviewed annually, and we saw evidence that they had been read by all staff.

The management of the practice would benefit from engaging further with all staff through regular monthly meetings.

Governance, leadership and accountability

Tynewydd Dental Care comprises two companies each owned by one of the two Registered Managers[14], who also act as the Responsible Individuals[15]. The daily running of the two practices is managed by one of the Register Managers. The Registered Managers were also the principal dentists.

We found there was a wide range of policies and procedures in place to ensure the safety of both staff and patients. The Statement of Purpose and Patient Information Leaflet contained all the relevant information required by the regulations. Staff were aware of the policies and had signed and agreed to each.

[14] "registered manager" means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

[15] "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;

This meant that staff were kept up to date with policies and procedures in place to support them in their roles.

The Registered Managers confirmed that they were aware of their duties regarding notifications, including serious injury to patients and absence or changes to the Registered Manager that must be sent to HIW[16].

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

Staff and resources

Workforce

The practice had a number of human resources related policies and procedures in place including a recruitment policy that set out the pre-employment checks required before new staff could be employed. The policy for recruitment only required "subject to satisfactory references, preferably one at least being from the immediate, previous employer." For one member of staff only one verbal reference was obtained. The policy needs to be amended to read "two written references, including a reference from the person's most recent employer, if any." The practice must also comply with this, when recruiting staff.

Staff completed regular appraisals and all had personal development plans. We also saw evidence that all staff had contracts of employment. The practice scanned copies of the appraisals and contracts, but this was prior to the signatures being obtained. We recommend that the practice scan in signed copies of these documents to ensure there is evidence that they have been agreed.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and were meeting their continuing professional development (CPD) requirements.

---

[16] Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

Based on the evidence on file the most recent staff meeting was held in November 2018. These should be held monthly, minuted and staff unable to attend to be updated by the Registered Manager. These minutes also need to be signed by all staff to confirm they had been read, understood and agreed.

The Private Dentistry (Wales) Regulations 2017 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 all but one member of staff, a recommendation around this is made earlier in the report.

Improvement needed

The recruitment policy needs to be amended to read “two written references, including a reference from the person’s most recent employer, if any.” The practice must also comply with this, when recruiting staff.

The practice should keep or scan in signed copies of contracts and appraisals to ensure there is evidence that they have been agreed.

Meetings should be held monthly, minuted and staff unable to attend to be updated by the Registered Manager. These minutes also need to be signed by all staff to confirm they had been read, understood and agreed.

Staff must not commence employment until appropriate DBS clearance has been received.

4. What next?

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

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

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

The improvement plans should:

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

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

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

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

5. How we inspect dental practices

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

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

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

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

Further detail about how HIW inspects dental practices and the NHS can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: Tynewydd Dental Care

Date of inspection: 13 May 2019

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
HIW could not be assured that a member of the clinical staff had sufficient protection against contracting Hepatitis B, posing a potential risk to patient safety. Immunisation against Hepatitis B and subsequent confirmation of immunity is required for all clinical staff to protect patients and staff against infection. Evidence of this must be maintained on file.	Regulation 13 (6)(c)(ii) of the Private Dentistry (Wales) Regulations 2017	The member of staff in question has already had a blood sample taken and is awaiting the titre results within the next few days. The results of this will be kept on file with other members of staff's details.	Dylan Jones Christiaan Jenkins	Confirmed by lab report dated 22/5/19 Hep B titre > 1000.0iu/L
HIW could not be assured that the registered managers were ensuring that adequate	Regulation 22(4)(c) to (f) of	Emergency lighting has been purchased. A fire alarm has been		Already done

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
precautions have been taken to ensure the safety of staff and patients in the event of fire. The following actions should be taken to ensure compliance: • Providing staff with access to and taking annual training in fire safety • Carrying out fire drills and practices ideally at six monthly intervals. • Updating the fire prevention plan and ensuring annual updates of this plan. • A written fire safety risk assessment is put in place, ideally by a qualified individual, that is also updated annually. Evidence of the training, fire drills, fire prevention plan and fire risk assessment should be kept in a dedicated file to ensure compliance with the regulations.	the Private Dentistry (Wales) Regulations 2017	purchased and fitted behind reception – photos attached. • All staff members have already completed Fire Awareness Training. Both Registered managers have, in addition, completed a Fire Marshal course to ensure adequate cover in the event of one or the other being absent. • Fire drills will be undertaken, the first of which being scheduled in the next month and subsequently repeated every six months. • The Fire Prevention Plan will be updated in the next 2 months and will then be reviewed annually. • A Fire Risk Assessment has been done by Shaun	Dylan Jones Christiaan Jenkins	Already done Imminent on completion of the fire risk assessment. July 2019 June 7th 2019

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		Doyle 'Ivor Fire Ltd', a Fire Risk Assessor from the Institute of Fire Engineers approved list. This will be updated annually. • All documentation for Fire Training, fire prevention plan and fire risk assessment will be kept in a dedicated file for this.		July 2019

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: **DYLAN GWYN JONES & JAMES CHRISTIAAN JENKINS**

Role: **REGISTERED MANAGERS**

Date: **21 MAY 2019**

Appendix C – Improvement plan

Service: Tynewydd Dental Care

Date of inspection: 13 May 2019

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				
A poster to be displayed informing patients of their right to have a chaperone present when seen by healthcare staff.	4.1 Dignified Care; PDR section (s)15	A poster was created and installed in the reception area the day after the inspection.	Dylan Jones Christiaan Jenkins	Completed
The practice should make arrangements to enable staff to be able to access a translation service similar to language line, should the need arise to communicate with patients who are unable to communicate in English or Welsh.	3.2 Communicating effectively	Staff will be made aware of and be familiarised with the LanguageLine website and contact telephone number to enable those patients who cannot communicate in English or Welsh to be catered for by this service.	Dylan Jones Christiaan Jenkins	End of August 2019.
Recording evidence of informed consent within patient records.	6.1 Planning Care to promote	Recording evidence of informed consent within the patient records will form part of the template available to clinicians in the	Dylan Jones Christiaan Jenkins	End of August 2019.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	independence; PDR (s)13	clinical software. This will act as a prompt to the clinician to record the event and confirm it took place.		
Patients are informed of the outcomes and any changes made as a result of the feedback they provide. The complaints recording system to include a log of complaints showing, date, nature of complaint, action taken and the outcome of the complaint, including supporting information.	6.3 Listening and Learning from feedback, PDR s16 (2b) and 21	As a result of the feedback gathered in our patient questionnaires, we are looking at the possibility of creating a periodic newsletter that will publish some of the comments we receive from patients with suggestions for any improvements or changes to the services we provide. The complaints log will be amended to show date, nature of complaint, action taken and the outcome, with supporting information.	Dylan Jones Christiaan Jenkins Dylan Jones Christiaan Jenkins	End of September 2019. End of August 2019.
Delivery of safe and effective care				
Documentary proof of training completed should be maintained on file at the practice.	2.4 Infection Prevention and Control (IPC) and Decontamination, PDR s13, s16 and Schedule 3 Part 1	Proof of training (for Infection Prevention and Control) in the case of two members of staff was available and provided to us immediately after the inspection and is now maintained on file at the practice.	Dylan Jones Christiaan Jenkins	Completed and will be ongoing.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Train staff on the use of the mercury spillage kit. In order to be fully compliant with WHTM 01-05 the practice should: • Put in place a daily surgery checklist and keep this on file to prove the checks have been completed • At least annually, audit the infection control process.		Staff will be trained in the use of the mercury spillage kit A daily surgery checklist will be created and actioned with documentary evidence to verify their completion An Infection Control Audit had been registered with HEIW (Health Education Improvement Wales) prior to notification of the inspection and was planned to be undertaken after we complete another audit (which is currently in progress). It will be updated from then on annually.	Dylan Jones Christiaan Jenkins Dylan Jones Christiaan Jenkins	End of August 2019 End of August 2019 December 2019 and ongoing.
Staff should not commence employment until evidence is obtained of a satisfactory DBS check.	2.7 Safeguarding children and adults at risk; PDR Schedule 3 Part 1	All staff have current satisfactory DBS checks. Any future employees will not commence work until a satisfactory DBS check is in place.	Dylan Jones Christiaan Jenkins	Completed and ongoing.
The practice complete the Welsh Deanery Quality Improvement Tool for ionising radiation in the future.	2.9 Medical devices, equipment and diagnostic	The practice will complete the Welsh Deanery Quality Improvement Tool for ionising radiation.	Dylan Jones Christiaan Jenkins	End of December 2019.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	systems; PDR s13 (2)(3)			
The practice should ensure that recalls are completed in accordance with NICE guidelines and included in the clinical records.	3.1 Safe and Clinically Effectice Care; PDR s13 (9)	Recall intervals in accordance with NICE guidelines were always being completed by the clinicians in the form of a dropdown list in the clinical software. This would be tailored for the individual in accordance with NICE guidelines. It did not however, reflect this in the patient's clinical records. This will now be added to a template in the software which will prompt the clinician to record the event.	Dylan Jones Christiaan Jenkins	End of August 2019.
The practice should consider: • A programme of peer review for clinical staff • A broader range of audits.	3.3 Quality Improvement, Research and Innovation; PDR s16	As a practice, we will consider peer review projects for the future. At the time of the inspection, we were at the midpoint of an HEIW (Antimicrobial Prescribing) audit and had also registered for an Infection Prevention and Control audit with a view to commencing that a little later in the year.	Dylan Jones Christiaan Jenkins	Ongoing. In progress currently and ongoing.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must ensure patient records are completed in keeping with professional standards for record keeping.	3.5 Record keeping; PDR s20	Smoking cessation and enquiring about alcohol intake were always being undertaken but the details were being recorded in the medical history section of the clinical records and not in the main body of the patient's notes. These details will be added to the clinical software template so they will now appear in the main section of the notes.	Dylan Jones Christiaan Jenkins	End of August 2019.
Quality of management and leadership				
The recruitment policy needs to be amended to read "two written references, including a reference from the person's most recent employer, if any." The practice must also comply with this, when recruiting staff. The practice should keep or scan in signed copies of contracts and appraisals to ensure there is evidence that they have been agreed. Meetings should be held monthly, minuted and staff unable to attend to be updated by the Registered Manager. These minutes also need to	7.1 Workforce; Schedule 3, Part 1 and 2	The policy will be amended to include the suggested alteration and will be followed for any future recruitment of staff. Hard copies of all signed contracts, job descriptions and appraisals were always available. They will be scanned and stored as digital copies also. Monthly meetings will be reinstated and staff members unable to attend will be encouraged to read the minutes, confirm	Dylan Jones Christiaan Jenkins Dylan Jones	End of August 2019. End of August 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
be signed by all staff to confirm they had been read, understood and agreed. Staff must not commence employment until appropriate DBS clearance has been received.		that they have, understood and agreed to them, by signing retrospectively. At the time of the inspection, one member of staff (who had very recently joined the practice) had an existing, clear DBS from her previous dental practice employer-we applied for a new one, which arrived the day after the inspection. All future new staff will not commence work until an appropriate DBS clearance is in place	Christiaan Jenkins	

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): Dylan Gwyn Jones & Christiaan Jenkins

Job role: Principal Dentists and Registered managers

Date: 30 June 2019