

General Dental Practice Inspection (Announced)

St Giles Dental/Powys Teaching
Health Board

Inspection date: 29 May 2019

Publication date: 30 August 2019

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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 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 St Giles Dental at 3 St Giles Business Park, Pool Road, Newtown, Powys SY16 3AJ, within Powys Teaching health board on the 29 May 2019.

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, 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 St Giles Dental was working hard to provide a high quality experience to their patient population.

The environment was bright, clean and tidy and the dental surgeries were modern and well equipped.

Feedback received from HIW questionnaires confirmed that the majority of patients rated the service provided at the practice as excellent or very good.

The patient records we reviewed were detailed and there was a good standard of record keeping.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas and this ensured they had up to date skills and knowledge to assist them with their work.

This is what we found the service did well:

- The staff team appeared happy in their roles and had a strong commitment to providing a high quality service
- Appropriate arrangements were in place for the safe use of X-rays
- Clinical facilities were well-equipped and visibly clean
- All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good
- Waste was seen to be stored appropriately and locked to prevent unauthorised access
- Patients were provided with relevant information to make informed decisions about their treatment and they were satisfied with the service they received
- There were provisions at the practice for patient feedback.

This is what we recommend the service could improve:

- Some additional policies and procedures need to be introduced and a review of the policies and procedures is required to ensure they are appropriate and applicable for Wales; ensuring that Welsh specific regulations, standards and guidelines are adequately reflected
- Formal fire training is required so staff have up to date skills and knowledge
- See Appendix C for the full improvement plan.

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

3. What we found

Background of the service

St Giles Dental provides services to patients in the Newtown and surrounding area. The practice has a staff team which includes two dentists, one hygienist, five dental nurses and one practice manager/receptionist.

The practice provides a range of 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.

Overall, we found St Giles Dental was committed to providing a positive experience for patients. All of the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

The practice had two surgeries located on the ground floor which enabled anyone with a mobility difficulty to be treated at the practice.

The practice had ways of obtaining patient feedback, via questionnaires and different social media platforms, all with a means of identifying themes with a view to making improvements to the service.

A patient information booklet was available in the waiting area alongside various information leaflets.

Prior to our inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 39 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for less than one year.

Overall, patient feedback was positive; the majority of the patients that 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:

"very good service"

"100% better than dentist service I moved from"

"I was a nervous about coming to a dentist, but I was put at ease very quickly"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. One comment made was regarding the practice having payment options/plans and the other was regarding having more discussions with patients about the cost of treatment.

Staying healthy

Health promotion protection and improvement

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.

Staff told us that the dentists would provide specific dental information to patients and there was also patient information leaflets available in the waiting room regarding various health and cosmetic treatments.

Posters displayed in the window by the main entrance included the names of the dentists and hygienist, the practice's telephone number, opening hours and an emergency out of hours telephone number. These were also included in the patient information booklet, located in the waiting room.

Despite no visual sign available displaying 'No Smoking', staff confirmed the practice adhered to the smoke free premises legislation¹.

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner and we heard staff speaking to patients in a friendly and professional way. All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff were able to have private conversations with patients within the dental surgeries and there was also space available, away from the reception/waiting area, if required.

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.

The General Dental Council's (GDC) 9 principles² were displayed in the staff office and therefore in line with the Private Dentistry (Wales) Regulations 2017.

We found that there were sufficient systems in place to ensure the security of patient information. Electronic records were backed up daily and paper files were kept securely in a locked cabinet.

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, and said that they had received clear information about available treatment options.

The majority of patients also said that the cost of any treatment was always made clear to them before they received any treatment. A price list for treatments was displayed in the patient information booklet and in the window by the main entrance.

The practice had its own patient information leaflet which was available in the waiting area. A review of the patient information leaflet showed it to contain all the information required by the Private Dentistry (Wales) Regulations 2017.

The statement of purpose³ needs to be updated to include the date it was written, but contained all the other areas required by the Private Dentistry (Wales) Regulations 2017 and is available to patients upon request.

We found policies and procedures in place detailing the arrangements for consent.

² The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom. This means that the principles apply to all the dental team members and sets out what patients can expect from a dental professional.

³ Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. For more information visit hiw.org.uk

Improvement needed

The registered provider needs to add the date the statement of purpose was written and any revision dates

Communicating effectively

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

Information was displayed in English and staff told us that they did not have any patients requiring services in an alternative language. Where this had occurred in the past the patient had been accompanied by someone who could translate for them.

Of the patient records we reviewed, we saw evidence of written treatment plans on file. This ensures that patients are provided with information to make informed choices about their treatment.

Timely care

The practice endeavours to provide dental care in a timely manner and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. The majority of patients that completed a questionnaire felt that it was very easy or fairly easy to get an appointment when they needed it.

The majority of patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. An out of hours telephone number was displayed outside the dental practice, within the patient information booklet and was also on the answer phone machine.

Individual care

Planning care to promote independence

We reviewed a sample of patient records and found that treatment options and planning and consent to treatment were recorded appropriately for each patient.

Within the patient records, each patient's medical history was reviewed and updated at each visit. All of the patients that completed a questionnaire

confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

The practice had all the patient facilities located on the ground floor. Doorways were wide enough to accommodate mobility aids and/or pushchairs.

The patient toilet was clearly signposted. The toilet provided hand washing and drying facilities and handrails were fitted to provide additional support.

Listening and learning from feedback

The practice had a complaints policy and procedure in place. Information on how to raise a concern was displayed for patients in the waiting area and in the patient information booklet.

The complaint information included response timescales and details of organisations that could be contacted to assist patients with their concerns regarding private treatments.

The practice had a complaints file which was used to record, monitor and respond to any complaints received. Staff told us that they would review any complaints to identify any themes with a view to making improvements to the services provided. Staff told us that they had received one complaint, however this was not on file at the time of the visit. We also suggested that the practice maintain a complaint log to help with tracking and identifying any themes.

The practice obtained patient feedback via questionnaires. Results are analysed and where applicable, discussed amongst the team to identify any themes arising. Some feedback had been provided by patients using online feedback platforms. Staff said this would also be used to help identify themes for improvement.

There was no system for capturing verbal comments or general feedback from patients and we suggested the practice consider ways of capturing this. Staff told us that all verbal comments/concerns would be dealt with at the time and used as an additional means of identifying improvements to the service.

Delivery of safe and effective care

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

We found that the practice was being run with the intention of meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice provided a clean and tidy environment and facilities for staff and visitors. There were contracts in place to ensure the environment and facilities were safe and well maintained.

The patient records we reviewed were detailed, of good quality and clear.

We have recommended policies are implemented for medical emergencies/resuscitation and building maintenance.

Safe care

There were no immediate patient safety issues identified during this inspection visit.

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.

The practice occupied a unit on a business park, with all staff and patient areas occupying the ground floor, making it accessible to anyone using a mobility aid and/or pushchair. The reception desk was located by the main entrance and there was a large waiting room, which was bright, clean and tidy. There were two dental surgeries which were modern and well equipped.

The building was visibly well maintained both internally and externally. All areas within the practice were clean, tidy and free from trip hazards. Free parking was available outside the practice.

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

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months. We recommended that staff complete a formal fire training course to gain up to date knowledge and skills. All staff must also sign the fire risk assessment checklist to evidence they have read and understood their role in the event of an emergency. Emergency exits were visible.

The practice had various policies and procedures, as well as risk assessments in place, which were current for ensuring the premises were fit for purpose. However, there was no specific maintenance policy in place, which we recommended the practice have to ensure the premises are kept safe and in a good state of repair.

We were informed after the visit that the practice does have the Welsh Deanery resuscitation procedures document/checklist available and this is kept with the emergency drugs in the decontamination room. However, at the time of our visit, the practice did not have a resuscitation/managing medical emergencies policy in place, but all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had a named, appointed first aider. The practice also held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁴.

Improvement needed

The registered provider must ensure staff undertake formal fire training to ensure they have up to date skills and knowledge.

All staff read and sign the fire risk assessment checklist to confirm that they understand their role/s

The registered provider must ensure a maintenance policy is put in place to ensure the premises are kept safe and in a good state of repair

⁴ 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.

The registered provider must ensure a medical emergency/resuscitation policy and procedures are put in place to ensure all staff have clear instructions to follow in the event of an emergency

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁵. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place. Staff had access to and used personal protective equipment (PPE).

We saw evidence that an infection control audit took place using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately in secure bins outside of the practice. Collections by the local council were in place for the disposal of non-hazardous (household) waste.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all

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

clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Medicines management

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK).

The practice had a policy in place relating to the ordering, recording, administration and supply of medicines to patients.

Despite the practice having no medical emergencies policy in place, the staff we spoke to were able to evidence their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There was a safeguarding policy for the protection of children and vulnerable adults in place. A flowchart was available which contained details of who to contact and the actions required by staff should a safeguarding issue arise.

We saw that staff had up to date training in adult and child safeguarding. The practice had a member of staff who was the nominated safeguarding lead. They take responsibility for ensuring that the safeguarding policy is adhered to and can provide some guidance on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the principal dentist and/or practice manager and were confident those concerns would be acted upon.

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included undertaking

Disclosure and Barring Service⁶ (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

Medical devices, equipment and diagnostic systems

We saw that the surgery contained appropriate equipment for the safety of patients and the dental team. Staff told us that the clinical team were adequately trained to use the equipment.

The surgery was clean and organised. Floors and surfaces within the surgery was easily cleanable to reduce the risk of cross infection. We found that the dental instruments were in excellent condition and sufficient in number.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw the local rules⁷ displayed by the X-ray equipment to identify the key working instructions to ensure that exposure to staff is restricted.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training and was therefore meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

We saw that image quality audits of X-rays had been completed as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made, if required.

Effective care

⁶ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

⁷ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry. They are intended to identify the key working instructions to ensure that exposure to staff is restricted.

Safe and clinically effective care

The practice carried out a number of audits to monitor the quality and safety of the care and treatment provided to patients. However, we suggested that the practice introduce a rolling programme of their audits to involve all staff. We also recommended undertaking smoking cessation and an antibiotic prescribing audits. The results of these audits will help to identify areas for improvement and support any changes to dental team practises.

Staff told us they obtain up to date guidance via circulars from external bodies and from staff attending conferences and training.

Improvement needed

The registered provider should introduce a rolling programme of audits so all staff can be involved and results from the audits can be used as a guide to make changes where necessary

Quality improvement, research and innovation

The practice had a programme of internal audits which they undertake to enable themselves to demonstrate best practice in providing dental care. Staff told us that general peer reviews were ongoing between staff, local practices and dental online forums. This will contribute to the quality and safety of the care provided to patients.

The practice does not undertake any research.

Staff said the practice has used some of the quality improvement tools provided by Health Education and Improvement Wales (formally the Wales Deanery), but would consider using them more. These tools can help teams to focus on best practice and legislative requirements and on how they work.

As the practice had only recently registered with HIW, we reminded staff that visits by the registered provider need to be undertaken in accordance with the regulations.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly.

The practice had a number of appropriate policies and procedures in place including a data protection and data security policy. This meant that staff had access to suitable guidance with regard to their day to day work.

Record keeping

There was evidence that the practice was keeping their clinical records to a high standard. This demonstrated that care was planned and delivered to a high standard, maintaining patients' safety and dental wellbeing.

We found the records contained sufficient information regarding discussions held about treatment options, costs and how patient consent was obtained. There was also evidence of treatment planning and treatment plans were given to patients for consideration.

Of the records we reviewed, we noted that X-rays were timely and good quality. Justification for X-rays was clearly documented and where applicable, reasons for not taking X-rays were made clear in the notes.

The notes were appropriately stored and record entries were clear, legible and good quality.

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.

This is a well established practice owned and led by the principal dentist and practice manager. There was strong evidence that this was a patient focussed dental practice.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The policies and procedures were reviewed annually, or when required, to ensure practises remained current.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas.

We have recommended that references to English regulations and/or bodies that are not applicable in Wales are removed and that the current practise of removing references after 12 months is reviewed in line with the Private Dentistry (Wales) Regulations 2017.

Governance, leadership and accountability

The practice is owned and managed by the principal dentist and practice manager who are supported by a wider team of clinical staff. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

The staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with the dentist or practice manager, or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures.

We saw that staff had signed to evidence they had read and understood the policies and procedures and that they were reviewed regularly. In reviewing the policies, we noticed some included references to organisations applicable in England and needed to be updated to apply in Wales.

The practice's statement of purpose and patient guide are documented under the patient information section in the quality of patient experience part of this report.

All clinical staff were registered to practice with the General Dental Council. The practice also had a current public liability insurance certificate.

To adhere to the Private Dentistry (Wales) Regulations 2017, we reminded the responsible individual of the requirement to complete visits in accordance with regulation 23 as part of their overall responsibility for supervising the management of the regulated service and for ensuring the quality of the services provided.

Improvement needed

The registered provider must ensure all policies and procedures are updated to ensure Welsh specific regulations, standards and guidelines are adequately reflected

Staff and resources

Workforce

The practice had a number of human resources (HR) related policies in place. These include the recruitment, disciplinary and grievance policy, equality and diversity policy, and whistleblowing policy.

We saw the induction programme in place for all new starters and this was evidenced on the new starters file we looked at. As the practice was going to be using an agency nurse in the near future we suggested an induction is also completed. Staff files contained pre-employment information which included a contract. We saw that references had been obtained for new starters, however, we were told that these are removed after 12 months based on advice sought by the practice. We recommended that this process is reviewed in line with the

requirements of the Private (Wales) Dentistry Regulations 2017 regarding evidence of obtaining full employment information.

All staff are required to have a disclosure barring service (DBS) certificate prior to starting their job role and we saw evidence of these had been obtained for all of the staff group. Staff told us DBS certificates would be renewed every three years. This practise contributes to ensuring safer recruitment choices, including working with vulnerable groups such as children.

The practice had an appraisal process in place and we saw staff had received an annual appraisal.

We saw good use of continuing professional development (CPD) opportunities made available to all staff and certificates we seen to evidence that staff had attended a range of topics relevant to their roles and their meeting CPD requirements.

Staff told us that they held formal team meetings every month and we saw minutes of these meetings.

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 clinical staff.

Improvement needed

The registered provider must review the Private (Wales) Dentistry Regulations 2017 regarding obtaining full employment history to ensure that the current practice of removing references after 12 months does not breach the regulations

4. What next?

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

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

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

The improvement plans should:

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

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

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

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

5. How we inspect dental practices

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

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: St Giles Dental

Date of inspection: 29 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
No immediate non compliance issues were identified on this inspection				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: St Giles Dental

Date of inspection: 29 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				
The registered provider needs to add the date the statement of purpose was written and any revision dates	Private Dentistry (Wales) Regulations 2017 Regulation 5(1)	The date of the original SoP has been confirmed together with the latest revision date and both have been added to the patient information booklet in the patient lounge	Sandra Morris	Immediate
Delivery of safe and effective care				
The registered provider must ensure staff undertake formal fire training to ensure they	Private Dentistry (Wales)	All staff will complete fire awareness training using the Isopharm online	Sandra Morris	31.07.2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
have up to date skills and knowledge	Regulations 2017 Regulation 22 (4) (c)	training package		
All staff must read and sign the fire risk assessment checklist so they know and understand their role/s	Private Dentistry (Wales) Regulations 2017 Regulation 22 (4) (c)	The fire risk assessment checklist will be amended so that staff can sign it. This will be brought up at the next staff meeting planned for 02.07.2019	Vera Morris	02.07.2019
The registered provider must ensure a maintenance policy is put in place to ensure the premises are kept safe and in a good state of repair	Private Dentistry (Wales) Regulations 2017 Regulation 8 (1) (c) (d) (e)	A suitable maintenance policy will be put in place building on the existing schedule for equipment and premises maintenance already in place. A regular audit of the premises will also be put in place – see below	Sandra Morris	31.07.2019
The registered provider must ensure a medical emergency/resuscitation policy and procedures are put in place to ensure all staff have clear instructions to follow in the event of an	Private Dentistry (Wales) Regulations 2017	The existing resuscitation procedures from the Welsh Deanery (kept with the emergency drugs) will be copied and placed in the practice policy folder. A new resuscitation policy will be	Sandra Morris	31.07.2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
emergency	Regulation 8 (o) (q)	constructed to accompany the procedures		
The registered provider should introduce a rolling programme of audits so all staff can be involved and results from the audits can be used as a guide to make changes where necessary	Private Dentistry (Wales) Regulations 2017 Regulation 16 (1)(a) & (2) (d)(ii)	A programme of additional audits will be introduced to add to the existing WHTM 01-05 and radiography audits in place. Antimicrobial prescribing, patient records and a premises audit are planned. Results will be discussed at staff meetings and this will inform further improvements to the service provided	Sandra Morris	Audit plan 31.07.2019 All audits by end December 2019
Quality of management and leadership				
The registered provider must ensure all policies and procedures are updated to ensure Welsh specific regulations, standards and guidelines are adequately reflected	Private Dentistry (Wales) Regulations 2017 - Regulation 8 (6) & (8)	The policies and procedures will be reviewed to ensure that all English references are removed and replaced with the appropriate Welsh regulations, standards and guidance	Sandra Morris	31.07.2019
The registered provider must review the Private (Wales) Dentistry Regulations 2017 regarding obtaining full employment history to ensure that the current practice of removing references after	Private Dentistry (Wales) Regulations	The current policy of deleting employment references after 12 months will be discontinued with immediate effect and all existing employee files	Sandra Morris	Policy change: immediate

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
12 months does not breach the regulations	2017 - Regulation 18 (2) (e)	noted up where necessary to say that references were obtained but have now been removed		Noting up: 30.06.2019

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 (print): Sandra Morris

Job role: Clinical Director and Registered Manager

Date: 26.06.2016