

General Dental Practice Inspection (Announced)

The Grove Dental Practice /
Aneurin Bevan 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 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 The Grove Dental Practice at 3 Ashgrove Terrace, Nelson, CF46 6LR within Aneurin Bevan University Health Board on the 18 June 2019.

Our team, for the inspection comprised of one HIW inspector 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 The Grove Dental Practice was working hard to provide a high quality experience to their patient population.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained. The environment had been renovated and provided good quality facilities for staff and patients.

The patient records we reviewed were comprehensive and current. Infection control procedures were aligned to the necessary guidance and regular checks of the equipment and decontamination processes were taking place.

The policy and procedure files were neat and easy to use, enabling staff to obtain information to help them with their day to day work.

Staff were up to date regarding their training and systems were in place to ensure staff were supported in their role.

This is what we found the service did well:

- Systems were in place to capture patient feedback, comments and complaints
- Patients who completed a HIW questionnaire rated the service provided at the practice as excellent or very good
- Staff we spoke to were happy in their roles and understood their responsibilities
- Systems were in place to ensure staff were supported and had the necessary training to deliver their roles efficiently
- The environment provided clinical facilities that were well-equipped, maintained and visibly clean and tidy
- The dental practice had facilities situated on the ground floor enabling it suitable to treat patients with mobility issues.

This is what we recommend the service could improve:

- The dental practice needs to review their safeguarding information to ensure the document is the latest version with correct contact details.

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

3. What we found

Background of the service

The Grove Dental Practice provides services to patients in the Nelson area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes three dentists, seven dental nurses, two receptionists and a practice coordinator.

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.

Overall, we found The Grove Dental Practice 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 a surgery located on the ground floor, which enabled anyone with a mobility difficulty to be treated at the practice.

Relevant patient information was displayed in the reception/waiting areas.

There were systems in place for patients to provide feedback about the service which provides the practice with a means of identifying themes for improvement from a patient perspective.

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 41 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; 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:

"First class"

"All members of staff are friendly and polite"

"Very happy with the service"

"I've been a patient at the practice for many years and the service is first class. Really helpful team, providing sound"

advice and guidance. I would happily recommend them to others"

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.

Health promotion information was available in the reception/waiting area, including practice specific information leaflets and various health and cosmetic promotion leaflets.

A sign displaying the practice name, telephone number, opening hours and names of the dentists was located on the front of the building of the dental practice.

A sign displaying 'No Smoking' was also displayed which confirmed the emphasis placed on compliance with 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 upstairs waiting room (if empty), 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 waiting area 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 but one 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.

Patients also said that the cost of any treatment was always made clear to them before they received any treatment. Price lists for NHS and private treatments were displayed in both waiting rooms.

The practice had its own information leaflet which was available in the waiting areas. A review of the patient information leaflet showed it contained the information required by the Private Dentistry (Wales) Regulations 2017. We recommend the leaflet is updated with HIW's correct contact telephone number.

The statement of purpose³ contained all the 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 must update their patient information leaflet with HIW's correct telephone number

Communicating effectively

The majority of patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language. One patient told us they were a Welsh speaker and had never been able to speak to staff in their preferred language. Staff told us that they would make every effort to ensure patients were able to speak to staff in their preferred language. To assist with this commitment we would suggest the practice review the language preferences of their patients and consider ways they could support any patient wanting to receive services in their preferred language.

Some information was displayed in both English and Welsh. In addition, staff told us that if patients required written information in Welsh or another language, they would try to arrange this.

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

Just over half 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 on a poster in the window of the dental practice and emergency appointment information was listed within the patient information leaflet. The practice may want to consider adding the health board's dental helpline telephone number to their patient information leaflet to help patients easily locate this information.

Individual care

Planning care to promote independence

All of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. However,

within the patient records we reviewed there was a lack of evidence of dentists signing each patient's medical history at each visit.

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 their waiting and reception area and one surgery located on the ground floor. Doorways were wide enough to accommodate mobility aids and/or pushchairs.

The patient toilet was located on the first floor and was clearly signposted. The toilet provided hand washing and drying facilities.

The patient information leaflet clearly describes the arrangements for access to the practice.

Listening and learning from feedback

The practice had a complaints policy and procedure in place. Information for patients on how to raise a concern was displayed for patients in the waiting areas and the patient information leaflet. The NHS Wales Putting Things Right⁴ information was located in the waiting areas and also within the patient information leaflet.

The complaint information also included private treatment complaints. Information regarding response timescales and details of organisations that could be contacted to assist patients with their concerns if required was included.

The practice had a system in place 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.

⁴ '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

The practice had systems in place to obtain patient feedback via questionnaires and a suggestion box. Some patients used a social media platform to provide feedback, which was also used by the practice as a means of identifying themes. Questionnaires were distributed approximately twice a year. The results of which are analysed and reviewed to identify any themes arising. Staff told us that some changes had been made as a result of patient feedback.

Staff had a system for capturing verbal comments or general feedback from patients. Staff showed us the file that was used to capture all verbal comments/concerns. This is an additional means of identifying any potential 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 highlighted areas where improvement must be made to ensure that all information regarding each patient is recorded.

Safe care

There were no immediate assurance 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 converted house which was located in a residential area. The building had been a dental practice for over 35 years. The staff and patient areas occupied two floors. A surgery and the reception/waiting area were located on the ground floor. Another surgery, waiting and decontamination room, patient/staff toilet and staff kitchen were on the first floor. The two surgeries were modern and well equipped.

The building was visibly well maintained both internally and externally. All areas within the practice were clean, organised and free from trip hazards.

There were no concerns given by patients over the cleanliness of the dental practice; the majority of 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. None of the staff had

completed any formal fire training and we recommended staff complete this. Fire drills were carried out and a log kept to evidence these. There were no emergency exits signposted. Staff told us that this was recommended by their fire safety advisers. However, we recommended the practice refer to the Regulatory Reform (Fire Safety) Order 2005⁵, where it is stated that "emergency routes and exits must be indicated by signs".

A Health and Safety poster was displayed within the practice.

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.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had a named, appointed first aiders. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁶.

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) 01-05⁷. The room was small, but visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

The practice undertook manual cleaning of dental instruments and we suggested that in line with best practices and decontamination guidance, consideration

⁵ The Regulatory Reform (Fire Safety) Order 2005 is a statutory instrument, applicable only in England and Wales. The Order places the responsibility on individuals within an organisation to carry out risk assessments to identify, manage and reduce the risk of fire.

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

⁷ 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

should be given to using an ultrasonic⁸ or washer disinfectant⁹ to help improve the decontamination process.

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) when working in the decontamination areas.

We recommended that the scaler¹⁰ hand piece is autoclaved between patients rather than wiped down to ensure saliva and blood is removed and the risk of infection is removed.

We saw evidence that an infection control audit took place in 2019 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. Collections by the local council were in place for the disposal of non-hazardous (household) waste.

The practice's decontamination manual had policies covering infection control, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had made appropriate arrangements with the local occupational health service to deal with any sharps injuries and/or vaccinations. We saw records relating to Hepatitis B immunisation status for all clinical staff working in

⁸ Ultrasonic cleaning is the removal of contaminants from objects which are immersed in a tank of liquid that is flooded with high frequency sound waves.

⁹ Automatic washer disinfectors are regarded as the preferred method of cleaning instruments and medical devices. Washer disinfectors both clean and disinfect consecutively during a process cycle. The cycles are fully controlled, repeatable and a record of the cycle is usually available via printout or memory card.

¹⁰ Dental scalers help remove stains, plaque, and tartar in check and can help prevent periodontal disease.

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

Improvement needed

The registered provider must review their infection control procedures for cleaning the scaler and use the autoclave to ensure the hand piece is thoroughly cleaned between each patient

Medicines management

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment was available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

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)¹¹. We saw that the oxygen was being checked monthly and we recommended it is checked on a weekly basis.

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

Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

¹¹ [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.

Improvement needed

The registered provider must ensure the oxygen is being checked on a weekly basis

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. It was noted that the flowchart had details for the Care Quality Commission, which should be removed, because this body regulates English health care settings, not Welsh practices.

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 clinical lead 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 Service¹² (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

¹² 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).

Improvement needed

The registered provider must review their safeguarding flowchart to ensure only relevant bodies are listed to provide safeguarding help and advice

Medical devices, equipment and diagnostic systems

We saw that the surgeries 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 surgeries were contemporary, clean and organised. Floors and surfaces within the surgeries were easily cleanable to reduce the risk of cross infection. We found that the dental instruments were in good 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 rules¹³ were displayed near the X-ray equipment to identify the key working instructions and to ensure that exposure to staff is restricted.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training and were 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 practice's quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made, if required. We suggested that the practice look at the Wales Deanery

¹³ 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.

Quality Improvement Tool for ionising radiation¹⁴. The tool will enable the dental team to focus on best practice and legislative requirements.

Effective care

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 recommend that the audit programme is expanded to include at least smoking cessation and antimicrobial audits. This will help the practice to identify areas for improvement and ensure best practice and high standards are obtained.

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 undertake audits of smoking cessation and antimicrobial prescribing to identify if the practice needs to make any improvements in these areas

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. Some audits included patient satisfaction, X-ray and record keeping. These will contribute to the quality and safety of the care provided to patients.

The practice does not undertake any research.

Staff told us that they had used the Welsh Deanery Maturity Matrix Dentistry practice development tool¹⁵ in the past. The Maturity Matrix Tool is a dental

¹⁴ <https://dental.walesdeanery.org/quality-improvement/patient-safety-human-factors/qi-tool-ionising-radiation>

¹⁵ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

practice team development tool that encourages the team 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 retention of records 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 storing their clinical records appropriately. Entries were clear and legible. We found the records contained sufficient information regarding patient identifiers, previous dental history and reasons for attendance.

However we did identify areas where records need to be improved;

- There was limited evidence in the notes we reviewed of social history and
- No evidence of diet/oral hygiene assessments.
- Medical histories were being signed by patients but not yearly and not at every course of treatment. In addition, medical histories were not clearly being countersigned by the dentists and there was limited information recorded on the notes.
- X-rays were mostly justified in the notes we reviewed, but clinical findings were not reported.

- Basic periodontal examination¹⁶ (BPE) and the grading of X-rays were not being recorded in a consistent place, making them difficult to identify and audit.
- We noted that limited treatment options were recorded and consent gained. It is important that consent is recorded and if the patient is under 18 years of age, who is in the room and providing the consent.

The notes we reviewed were generally sparse and would benefit from being made personalised for each patient.

Improvement needed

The registered provider must improve patient records and ensure they are personalised for each patient. In addition, ensure social history, diet/oral hygiene is recorded; medical histories to be updated and signed by patients for every course of treatment; medical histories to be countersigned and recorded in the notes by the dentists; treatment options, consent and X-rays need to be gained and noted on patient records. The record system needs to have consistent places to record information for BPE and grading of X-rays.

¹⁶ BPE is an indication of how healthy your gums are

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 systems and processes in place which ensured the practice and the staff were supported and committed to providing a high quality service.

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 had issue and review dates and evidence that staff had read and understood their responsibilities.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas, but we recommended formal fire training for all staff to ensure they have up to date skills and knowledge.

Governance, leadership and accountability

The practice (and their sister practice) is owned by two principal dentists and is managed by a practice coordinator who is supported by a wider team of clinical and non-clinical staff. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

All of 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/s or practice coordinator, 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. Staff told us that all policies were reviewed annually or as and when required.

Observations on 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 practise with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had a current public liability insurance certificate.

To adhere to the Private Dentistry (Wales) Regulations 2017, we reminded the registered provider of their responsibility to complete visits in accordance with regulation 23. This means they have overall responsibility for supervising the management of the regulated service and for ensuring the quality of the services provided.

Staff and resources

Workforce

The practice had a number of human resources (HR) related policies in place. These include the recruitment of staff policy, equal opportunities policy, and whistleblowing policy.

We saw an induction programme in place for all staff and this was evidenced on the files we looked at. Job descriptions and contracts were seen on staff files, but some were missing other pre-employment information. This is because staff had been at the practice for a number of years.

All staff are required to have a disclosure barring service (DBS) certificate prior to starting their job role and we saw evidence of these 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 evidence of completed forms on staff files.

We saw certificates for staff that evidenced they had attended a range of topics relevant to their roles and meeting the continuing professional development (CPD) requirements. However, staff had not received up to date formal fire

training. We recommend this is undertaken for all staff so they have up to date skills and knowledge.

Staff told us that they try and hold formal team meetings every month, which are documented. For anyone unable to attend a meeting, the minutes are circulated to staff so they are up to date with practice matters.

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 ensure formal fire training is undertaken so staff have up to date skills and knowledge

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: The Grove Dental Practice

Date of inspection: 18 June 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: The Grove Dental Practice

Date of inspection: 18 June 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 must update their patient information leaflet with HIW's correct telephone number	The Private Dentistry (Wales) Regulations 2017 - Regulation - Regulation 6 (1)	Patient information leaflet will be updated to reflect HIW's new telephone number	Louise Liston	Before 31/07/2019
Delivery of safe and effective care				

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider must review their infection control procedures for cleaning the scaler and use the autoclave to ensure the hand piece is thoroughly cleaned between each patient	The Private Dentistry (Wales) Regulations 2017 - Regulation 8 (1) (m) & 13 (3) (b) Health & Care Standards - Standard 2.4 Infection prevention & control & decontamination	Scaler handpiece to be autoclaved between each patient in addition to meticulous manual cleaning/disinfection process which was previously in place	Lisa Rosser	Actioned immediately (18/06/2019)
The registered provider must ensure the oxygen is being checked on a weekly basis	The Private Dentistry (Wales) Regulations 2017 - Regulation	New weekly checklists have been developed and implemented to replace the previous monthly checklists	Clare O'Shea	Actioned immediately (01/07/2019)

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Health & Care Standards - Standard 2.9 Medical devices, equipment & diagnostic systems			
The registered provider must review their safeguarding flowchart to ensure only relevant bodies are listed to provide safeguarding help and advice	The Private Dentistry (Wales) Regulations 2017 - Regulation - Regulation 14 (1) (c) Health & Care Standards - Standard 2.7 safeguarding children & safeguarding adults at risk	Additional information has been removed	Louise Liston	Actioned immediately (01/07/2019)

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider should undertake audits of smoking cessation and antimicrobial prescribing to identify if the practice needs to make any improvements in these areas	The Private Dentistry (Wales) Regulations 2017 - Regulation Health & Care Standards - Standard 3.1 Safe & clinically effective care	Initial enquiries have been made to commence formal audit process via Health Education and Improvement Wales (HEIW)	Clare O'Shea	Audit will commence on HEIW response
The registered provider must improve patient records and ensure they are personalised for each patient. In addition, ensure social history, diet/oral hygiene is recorded; medical histories to be updated and signed by patients for every course of treatment; medical histories to be countersigned and recorded in the notes by the dentists; treatment options, consent and X-rays need to be gained and noted on patient records. The record system needs to have consistent	The Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1) (a)(i)(ii) Health & Care Standards - Standard 3.5	Clinician meeting before 31/07/2019 to discuss HIW findings and update note taking policies. Re audit in 3 months to ensure standards are being met.	Clare O'Shea	Action plan before 31/07/2019, Note taking audit 31/10/2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
places to record information for BPE and grading of X-rays.	Record keeping			
Quality of management and leadership				
The registered provider must ensure formal fire training is undertaken so staff have up to date skills and knowledge	The Private Dentistry (Wales) Regulations 2017 - Regulation 22 (4) (c) Health & Care Standards - Standard 7.1 Workforce	Training courses researched – course available via ‘Isopharm’	Clare O’Shea	30/09/2019

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): Clare O’Shea

Job role: Practice Principal (Registered Provider)

Date: 02/07/2019