

General Dental Practice Inspection (Announced)

Swan Dental Practice / Cwm Taf
Morgannwg University Health
Board

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	13
	Quality of management and leadership	22
4.	What next?	25
5.	How we inspect dental practices	26
	Appendix A – Summary of concerns resolved during the inspection	27
	Appendix B – Immediate improvement plan	28
	Appendix C – Improvement plan	29

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 Swan Dental Practice at 23 Dean Street, Aberdare, CF44 7BN within Cwm Taf Morgannwg University Health Board on the 2 July 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 Swan Dental Practice was working hard to provide a high quality experience to their patient population.

We observed staff providing a personal service to their patients. Feedback received from HIW questionnaires confirmed that all of the patients rated the service provided at the practice as excellent.

The patient records we reviewed were generally detailed and there was a good standard of record keeping. However, we have made recommendations to improve some areas, including medical histories and consent.

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
- Waste was seen to be stored appropriately and locked to prevent unauthorised access
- There were provisions at the practice for patient feedback.

This is what we recommend the service could improve:

- Patient records need to have better recording of consent, medical histories and base charting

- Clinical stock stored in the staff toilet area needs to be removed and stored in a more appropriate area
- The recruitment policy needs to be updated with the induction process
- 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

Swan Dental Practice provides services to patients in the Aberdare and surrounding area. The practice has a staff team which includes one dentist, two dental nurses and one 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 Swan 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.

The practice had ways of obtaining patient feedback, 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 40 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 that completed a questionnaire said that they would rate the service provided by the practice as excellent. Some of the comments provided by patients on the questionnaires included:

"[I] came in with terrible teeth, left with a smile. Perfect service"

"Second to none"

"I have always been happy with this service"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. No comments were made regarding improvements, only praise for the service patients were receiving.

Staying healthy

Health promotion protection and improvement

All 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 they 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.

The name of the dentist was displayed outside by the main entrance, along with the name of the practice and telephone number. A poster in the window had the opening times and an emergency out-of-hours telephone number. These were also included in the patient information booklet, located in the waiting room.

There were signs within the practice 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.

The General Dental Council's (GDC) nine principles² were displayed on the reception desk and therefore in line with the Private Dentistry (Wales) Regulations 2017.

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.

² The GDC nine 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.

We found that there were sufficient systems in place to ensure the security of patient information. All 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 they felt involved as much as they wanted to be in any decisions made about their treatment, and said 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. A price list for treatments was displayed in the patient information booklet and in the waiting/reception area.

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.

Communicating effectively

All of the patients who completed a questionnaire told us they were always able to speak to staff in their preferred language. We saw information displayed in English, but some of this was also available in Welsh.

Staff told us that any patient wishing to converse in a language other than English would be accommodated. The practice had access to organisations to assist with

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

this request and a poster advising patients of this service was displayed on the reception desk and in the patient information folder.

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 who completed a questionnaire felt it was very easy or fairly easy to get an appointment when they needed it. The majority of patients also 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 within the window of 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 were recorded appropriately for each patient.

Within the patient records, we saw medical histories were being obtained, however we recommended improvements to these. See the 'Record Keeping' section of this report for more detail. All of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

We noted 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.

Apart from the waiting and reception area, all facilities were located on the first floor. A stair lift was in place to provide access to the upstairs surgery and toilet. Access to the practice from the outside was via one step. 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 a handrail was 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.

Despite the practice not having received any complaints, the practice had a complaints file which would be 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.

The practice obtained patient feedback via questionnaires. Results are analysed and where applicable, discussed amongst the team to identify any themes arising.

Staff had a system for capturing verbal comments or general feedback from patients. Staff told us that all verbal comments/concerns are recorded in a book, kept on reception. This is an additional means of identifying any 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.

We have recommended that clinical stock stored in the staff toilet area is moved and located to a more appropriate place.

The patient records reviewed were generally good, with clear, legible entries; however, we have made some recommendations for improvement. Specifically, we have asked the practice to look at consent, medical histories and base charting.

Safe care

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

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 30 years. There was an open plan waiting/reception area, which was bright, clean and tidy. Located at the back of the reception desk were staff facilities, which included a seating area and kitchen, toilet and store room. We noted that the staff toilet was located next to the kitchen sink and that the room was also being used to store belongings and clinical stock. Due to the toilet being visible and accessible in this area, we recommended that the clinical items were moved and stored in a more appropriate environment. We suggested that if the practice has any future plans for developing their facilities, then consideration should be given to having a more appropriate kitchen and separate staff toilet.

On the first floor, there were two surgeries, but only one was in use. The surgery was 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.

There were no concerns given by patients over the cleanliness of the dental practice; all of the patients who completed a questionnaire felt 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. All staff had completed

a formal fire training course, therefore having up-to-date knowledge and skills. Emergency exits were visible. Staff said that fire drills take place but these weren't being recorded and we recommended this.

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. There was a maintenance policy in place to ensure the premises are kept safe and in a good state of repair.

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 aider. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁴.

Improvement needed

The registered manager must remove all clinical stock from the staff toilet and relocate it to a more appropriate place.

The registered manager must evidence the fire drills that take place at the practice.

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 located in the surgery, but screened off. We found the area visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

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.

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

We saw evidence 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 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.

The practice had a medical emergencies policy in place and 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 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.

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.

We saw training certificates demonstrating that the dentist 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

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. We did not see a patient record audit at the time of our visit, but the dentist did confirm these had been undertaken in 2018 and 2019. Therefore, we ask the registered manager to provide HIW with a summary of findings for the two patient record audits conducted in 2018 and 2019. Results of the 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.

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. There were no peer reviews taking place and this is something the practice should consider. This will contribute to the quality and safety of the care provided to patients.

The practice does not undertake any research.

Staff may want to consider using tools such as the Welsh Deanery Maturity Matrix Dentistry practice development tool⁸. The Maturity Matrix Tool is a dental practice

⁸ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

As the practice had recently registered with HIW, we remind the registered manager that visits will 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 paper files were stored and locked in cabinets. However, we did suggest the practice consider an alternative means of storing patient X-rays because the envelopes being used at the time of our visit meant they could fall out and become lost.

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 good standard. Entries were clear and legible. This demonstrated that care was planned and delivered to a high standard, maintaining patients' safety and dental wellbeing.

Of the records we reviewed, we found the records contained sufficient information regarding patient identifiers, reasons for attendance and treatment/s provided. There was also evidence of treatment planning and treatment plans were given to patients for consideration.

We recommended areas where records need to be improved. There was limited evidence in the notes we reviewed of diet and smoking cessation advice being provided, specifically no evidence of 'Help Me Quit Wales'⁹.

Eight out of 10 records we reviewed did not have recall information documented. Based on these findings we recommended that the recording of recall information

⁹ *Help Me Quit* launched on 19 April 2017 and helps smokers shape their personal quit journey based on the local smoking services available to them. <https://www.helpmequit.wales/>

is reviewed in line with NICE guidance¹⁰. In addition, consideration should be given to documenting recall at the end of a course of treatment within the patient record. This would ensure that any changes to a patient's oral health would be clearly evidenced.

We saw medical histories being completed but the form was basic and needs to be revised and updated. In addition, medical histories should be updated at every course of treatment.

There were no dates recorded on the base charting¹¹ and six point pocket¹² charts we reviewed and this made it difficult to track the progress of the patients dental health. Therefore, we recommended dates are added.

Consent was not evident on all the records we reviewed and this needs to be clearly documented in patients notes.

Of the records we reviewed on the day we noted that X-rays were not routinely graded; there was some evidence of grading but not consistent in every patient record. There was limited evidence that consent and risks associated with X-rays were discussed with the patient. X-rays for some children were not in line with current guidelines.

Improvement needed

The registered manager must improve patient records, specifically:

- Where applicable, diet advice must be referenced and referral to Help me Quit Wales documented with other smoking cessation advice

¹⁰ The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. www.nice.org.uk

¹¹ Dental charting is a process in which your dental healthcare professional lists and describes the health of your teeth and gums

¹² Periodontal charting, which is a part of your dental chart, refers to the six measurements (in millimeters) that are taken around each tooth

- Recall information needs to be clearly recorded and we suggest this is reviewed in line with NICE guidance
- The medical history form needs to be more detailed to capture sufficient information about a patient's medical history. The medical history form needs to be signed at every course of treatment
- Dates need to be clearly recorded for base charting and six point pocket charts
- The grading of X-rays need to be routinely recorded
- Discussions with patients about X-ray risks and consent need to be documented
- X-rays for paediatric patients need to be in line with current guidance.

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. 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 regularly reviewed 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 the recruitment policy is updated to reflect the induction process and that all communications to the team are documented.

Governance, leadership and accountability

The practice is owned and managed by the principal dentist 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.

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 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 staff had signed to evidence they had read and understood the policies and procedures and that they were reviewed regularly.

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.

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 recommended that the recruitment policy is updated to reflect the induction process at the practice.

We saw that there was an induction programme in place for all new starters and this was evidenced on the new starters file we looked at. We saw that various pre-employment information had been obtained, which included a contract, job description and references. As some staff had been at the practice for many years, there was a lack of pre-employment information available, however, all staff had a contract and job description on file.

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.

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

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.

Staff told us that they held formal team meetings and these were documented. However, there was not a regular schedule for meetings in place, due to the small number of staff at the practice. We were told that discussions take place daily,

therefore we recommended documenting these so any actions and/or formal communications to the team are recorded.

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 manager must update the recruitment policy to include the induction process.

The registered manager must document all formal communications to the team so a record of the discussions and staff understanding is evident.

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: Swan Dental Practice

Date of inspection: 2 July 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: Swan Dental Practice

Date of inspection: 2 July 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				
No improvements were identified at this inspection				
Delivery of safe and effective care				
The registered manager should remove all clinical stock from the staff toilet and relocate it to a more appropriate place	Private Dentistry (Wales) Regulations 2017 Regulation 13 (6) (b) (iii)	The unopened , boxed stock was removed on the day of the inspection and placed in a more accessible place upstairs	A.H.Swan	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager should evidence the fire drills that take place at the practice	Private Dentistry (Wales) Regulations 2017 Regulation 22 (4) (d)	Fire drills take place annually and will now be recorded in the health and safety folder	A.H. Swan	Completed
<p>The registered manager must improve patient records, specifically:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Where applicable, diet and smoking cessation advice must be referenced in the patients notes <input type="checkbox"/> Recall information needs to be clearly recorded and we suggest this is reviewed in line with NICE guidance <input type="checkbox"/> The medical history form needs to be more detailed to capture sufficient information about a patient's medical history. The medical history form needs to be signed at every course of treatment <input type="checkbox"/> Dates need to be clearly recorded for base charting and 6 point pocket charts 	Private Dentistry (Wales) Regulations 2017 Regulation 13 (1) (a) (b) & (9) (a) (d) & 20 (1) (a) (i) (ii)	A good record keeping in practice for GDP's cpd course was carried out and its advice to be applied to the patient records	A.H. Swan	completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<input type="checkbox"/> The grading of X-rays need to be recorded <input type="checkbox"/> Discussions with patients about X-ray risks and consent need to be documented <input type="checkbox"/> X-rays for paediatric patients needs to be in line with current guidance				
Quality of management and leadership				
The registered manager must update the recruitment policy to include the induction process	Private Dentistry (Wales) Regulations 2017 - Regulation 8 (1) (h)	On the day of inspection there was an induction checklist alongside the recruitment policy. This has now been incorporated into the recruitment policy in bullet point form.	A.H. Swan	Completed
The registered manager should document all formal communications to the team so a record of the discussions and staff understanding is evident	Private Dentistry (Wales) Regulations 2017 - Regulation 16 (2) (d) (iii)	We record all annual practice meeting minutes in a practice meeting book which is signed by all the staff to ensure understanding of the issues raised at the meetings. Any formal communications will also be written and signed in the practice meetings book.	A.H. Swan	Completed

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): A.H.Swan

Job role: Registered Manager

Date: 2/08/19