



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

Talking Teeth Dental Practice,  
Chirk / Betsi Cadwaladr University  
Health Board

Inspection date: 2 July 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 Talking Teeth Dental Practice at The Old Post Office, Holyhead Road, Chirk, LL14 5NA, within Betsi Cadwaladr University Health Board on the 2 July 2019 2019.

Our team, for the inspection comprised of a HIW inspector (inspection lead), HIW Senior inspector (shadowing) 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 Talking Teeth Dental Practice, Chirk provides a friendly and professional dental service to their patients. However, we identified a number of areas which should be improved to support the safe and effective delivery of care.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment, and we saw evidence that patients were satisfied with the treatment and service received
- Seeking the views of patients
- Surgery facilities were well-equipped, tidy and well organised
- Appropriate arrangements were in place for the safe use of x-ray
- Appropriate arrangements were in place for infection prevention and control
- Very good clinical records are being maintained.

This is what we recommend the service could improve:

- Ensure that the decontamination room flooring is repaired or replaced and the skirting board sealed
- Ensure gypsum waste, extracted teeth and expired medicines are added to the clinical waste service agreement
- Ensure that any traces of dental cement is removed from the dental unit and chair in the downstairs surgery
- Wall-mount all sharp boxes or store in a dedicated cradle
- Image quality assurance audits of X-rays conducted on a regular basis
- Implement a programme of clinical audits.

We identified the service was not compliant with Regulation 22 (2) (a) – Fitness of premises or Regulation 31 (3) (b) – Resuscitation.

These were serious matters and resulted in the issue of a non-compliance notice to the service. At the time of publication of this report, HIW received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

## 3. What we found

### **Background of the service**

Talking Teeth Dental Practice provides services to patients in the Chirk area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes two dentists, two dental nurses, two trainee dental nurses and two receptionists. The role of practice manager is undertaken by the Area Manager.

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



## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

We found evidence that the practice was committed to providing a positive experience for their patients. The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided.

We received a total of 25 completed questionnaires, and the majority were completed by patients who had been registered with the practice for less than one year to more than two years.

Overall, patient feedback was positive. The majority of patients who completed a questionnaire rated the care and treatment received as very good.

Some of the comments provided by patients on the questionnaires included:

*“Good dental practice, friendly staff”*

*“All staff are lovely and helpful”*

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

*“Not cancel appointments leaving months between. Run more on time”*

## Staying healthy

### Health promotion protection and improvement

There was ample, dedicated dental health promotion information available in the reception / waiting area, which meant patients had access to information that could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice and oral health.

All patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy. We noted that information on NHS charges was available to view in the waiting area, which meant NHS patients had access to information for the cost of their treatment. However, no cost information was displayed for private treatment. The practice immediately arranged for this information to be made available to patients during our visit.

A sign displaying No Smoking was on display which confirmed the emphasis being placed on compliance with smoke free premises legislation<sup>1</sup>.

## **Dignified care**

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

The practice had arrangements to protect patients' privacy, including areas available for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

We noted that the Nine Principles as set out by the General Dental Council (GDC)<sup>2</sup> were available to patients upon request in the reception area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

## **Patient information**

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

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<sup>1</sup> 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.

<sup>2</sup> <https://standards.gdc-uk.org/>

We also found evidence of treatment planning and options noted within the sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was available on its website and was displayed around the reception and the waiting areas. The practice had its own patient information leaflet which was available in the reception area. The leaflet contained all the information required by the regulations.

### **Communicating effectively**

The majority of patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language. We were informed that one member of staff can communicate bilingually with patients. However, we found that this service was not being promoted. The practice immediately arranged for the Iaith Gwaith poster to be displayed by the reception desk. The Iaith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers.

### **Timely care**

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

Under a third of the patients who completed a questionnaire said that they would not know how to access the out of hours dental service, if they had an urgent dental problem. An emergency number for the out of hours service was available on the practice' answer machine, should patients require urgent out of hours dental treatment. However, we noted that the number was not on display by the main entrance. We brought this to the attention of the registered manager, who immediately arranged for the details to be displayed by the main entrance.

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

### **Individual care**

#### **Planning care to promote independence**

We viewed a sample of patient records, and overall we found that they were very detailed and of a high standard. Treatment options were recorded and consent to treatment was obtained from each patient.

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

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

### **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 is located over two floors. The clinical facilities are located on the ground and first floor. The ground floor level is fully accessible for patients with mobility difficulties. Wheelchair users could access one surgery, the reception, waiting area and toilet facilities. The staff facilities are located on the first floor.

### **Listening and learning from feedback**

We saw that the practice had a written complaints procedure in place for both private and NHS treatment. The procedures for making a complaint or how to raise a concern were clearly on display in the waiting area.

We saw evidence that the practice had systems in place to record, monitor and respond to any complaints received. However, we did recommend that a dedicated complaints file is developed, as a central log for complaint progress, action and outcome, and to identify any themes. The practice manager agreed to implement this immediately.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception area. Details of all feedback analysis are discussed with the dental team and we saw the latest survey results which were extremely positive. We also saw that the practice displayed an analysis of the patient feedback in the waiting area. This demonstrated to patients visiting the practice, that their feedback had been captured and acted upon to enhance learning and service improvement.

We also found that a comment box was available in the waiting area for patients to provide additional feedback or leave suggestions anonymously.

## 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 saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

We found that the practice was being managed with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. However, we found some improvements were needed to the delivery of safe and effective care.

### Safe care

#### Managing risk and promoting health and safety

There were no concerns expressed by patients over the cleanliness of the dental practice; all of the patients who completed a questionnaire felt that, in their opinion, the dental practice was very or fairly clean.

However, during our tour of the premises, we found that the practice generally was not up to a suitable standards of cleanliness, where some areas needed a more thorough cleaning. We found evidence of this as below:

- The Oropantomogram<sup>3</sup> (OPG) room had dust on the windowsill, and the clinical waste bin had not been emptied
- The staff toilet had dust on the windowsill, the spare toilet rolls were exposed and the sink had not been cleaned

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<sup>3</sup> An OPG (Orthopantomogram) is a scan that gives a panoramic view of your jaw and teeth. The scan can provide information on wisdom teeth, bone loss, orthodontic assessment, jaw trauma, dental pain, or be used as part of a general dental check-up.

- The store room contained spare toilet rolls which were exposed
- The decontamination room was being used to store mops and buckets
- The patient toilet on the ground floor had spare toilet rolls exposed, the sink was dusty and had not been cleaned and the general waste bin had not been emptied.

These matters prohibited effective cleaning, and as a result could pose an infection control risk to both patients and staff.

These are serious matters and resulted in the issue of a non-compliance notice to the service. At the time of publication of this report, HIW received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

There were toilet facilities for use by staff and patients. The facilities were clearly signposted. However, we noted that incorrect feminine hygiene bags were being used in the sanitary disposal bins. We brought this to the attention of the registered manager who immediately contacted their waste contractors during our inspection, to ensure correct liners are provided.

All staff had received fire training. Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months.

Emergency exits were visible and a health and safety poster was displayed within the practice. We found that the poster contained contact details of the health and safety representative at the practice. However, it did not contain the local Health and Safety Executive (HSE) contact details. We were verbally assured by the practice manager that the local contact details will be included. Regular fire drills took place and were recorded.

The practice had a range of policies and procedures in place as well as various risk assessments, such as, health and safety and fire. All risk assessments were current and we saw evidence that these were regularly reviewed. However, we found that the practice did not have a buildings maintenance policy in place.

We found that the practice inoculation policy needed updating to include the correct contact details for the local occupational health team.

### Improvement needed

The practice must:

- Develop a building management and maintenance policy
- Review and update the Inoculation policy.

### Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>4</sup>. The facility was clean, organised and well equipped. However, we did note that the flooring in the decontamination room had some tears and the skirting board was not fully sealed at its edges. This poses an infection control issues with the risk of cross contamination, since the flooring and unsealed aspects cannot be effectively cleaned.

We considered the arrangements for decontamination and our observations of this process were satisfactory. Staff demonstrated the decontamination process and our observations included:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection.
- Instrument storage containers were sturdy and had lids.

We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

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<sup>4</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

We saw evidence that an infection control audit had been completed using recognised audit tools, including the Wales Deanery audit tool, which is aligned to the WHTM 01-05 guidance. We recognised this as noteworthy practice due to the comprehensive scope of the audit. However, we found no evidence of an action plan in place. The practice must ensure that an action plan is developed and appropriate action undertaken.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave<sup>5</sup> use and we saw evidence that start and end of the day safety checks were taking place.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. However, we did recommend that gypsum waste, extracted teeth and expired medicines are added to their contract agreement, which the registered manager agreed to arrange.

We found that the mercury spillage kit was out of date. We brought this to the attention of the registered manager who immediately arranged for a replacement kit to be delivered the following day.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes. However, we found that the policy referred to the Health Technical Memorandum in England and not WHTM 01-05. We also found that the policy did not contain information on mandatory training. The policy was updated during our inspection.

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 blood borne viruses.

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<sup>5</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam



### Improvement needed

The practice must ensure:

- That the decontamination room flooring is repaired or replaced and the skirting board sealed at its edges to aid effective cleaning.
- Gypsum waste, extracted teeth and expired medicines are added to the clinical waste service agreement.

### Medicines management

The service had procedures in place showing how to respond to patient medical emergencies. All clinical staff had up-to-date cardiopulmonary resuscitation (CPR) training and the service had one dedicated first aider

The emergency drugs and equipment were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. However, we found that the practice resuscitation kit did not contain all the equipment needed for a child medical emergency. We found that the practice did not have a child high concentration mask, no clear oxygen masks for sizes 0, 2 and 3; nor did the kit contain any defibrillator pads for children less than 25kg. This meant that children could be put at risk of clinical deterioration in an emergency situation.

These were serious matters and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

### 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, and there were safeguarding policies in place. However, we found that the policy needed to include more information on adult safeguarding. We were verbally assured by the practice manager that the policy will be updated. We also recommended that the policy should include the contact details for the local safeguarding team, to inform staff of the actions required should a safeguarding issue arise. We received confirmation following our visit that this has been put in place.

The practice had identified a member of staff as the nominated safeguarding lead who took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and guidance to staff on safeguarding issues. We saw

evidence that all clinical staff had completed training in the protection of children and vulnerable adults

Staff we spoke with, confirmed they felt able to raise any work related concerns they may have with the principal dentist and were confident these would be acted upon.

The practice described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and undertaking Disclosure and Barring Service<sup>6</sup> (DBS) checks on staff appropriate to the work they undertake. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

### **Medical devices, equipment and diagnostic systems**

We inspected the clinical facilities and found that the surgeries contained relevant equipment for the safety of patients. The surgeries were well organised, clean and tidy. However, we did note that there were traces of dental cement on the dental unit and on the side of the dental chair in the downstairs surgery. The surgery was not in use on the day of inspection and we were verbally assured that the dental cement would be removed before it is used to treat patients. We also found that the sharps box were not wall-mounted or housed in a cradle in the surgeries.

We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and image quality assurance audit of X-rays were completed. However, we only saw evidence of one audit being completed. We recommend that the quality of x-rays are audited on a regular basis.

The radiation equipment certificates were not available for inspection during our visit. However, the registered manager verbally assured us that the radiation equipment had been maintained. The certificates were immediately sent to HIW following our visit.

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<sup>6</sup> 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).

We saw evidence of up-to-date ionising radiation training for all clinical staff.

#### Improvement needed

The practice must:

- Ensure that any traces of dental cement is removed from the dental unit and chair in the downstairs surgery
- Wall-mount all sharp boxes or place within a dedicated cradle
- Ensure image quality assurance audits of X-rays are conducted on a regular basis.

## Effective care

### Safe and clinically effective care

We could see that the practice was seeking to continuously improve the service provided. We were able to see that relevant audits had been completed by the practice such as; X-ray quality, cross infection and clinical records. However, the practice did not have a dedicated programme in place for undertaking a wide range of clinical audits. We recommend that the practice implements a programme of audits across the year, which should also include the Clinical Audit and Peer Review (CAPRO) of antibiotic prescribing and smoking cessation audits. We recommend that the practice make use of the Welsh Deanery<sup>7</sup> audit templates.

#### Improvement needed

The practice must implement a programme of clinical audits and make use of the Welsh Deanery audit templates.

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<sup>7</sup> <https://www.walesdeanery.org/>

## **Quality improvement, research and innovation**

From discussions with the registered manager and practice manager, we were informed that peer review between clinical staff has been undertaken, which contributes to the quality and safety of the care provided to patients.

The registered manager informed us that plans are in place for the practice to use the Welsh Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix is a dental practice team development tool that encourages the team to focus on best practice, quality and safety, legislative requirements and on how they work as a practice team.

## **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, and access to computer screens was secure and discreet.

A data protection policy was in place to guide staff about what was required of them. We also found that there was a dedicated policy in place for General Data Protection Regulation (GDPR). However, we found that the data protection policy was not reflective of the GDPR. We were verbally assured by the practice manager that the policy will be updated accordingly.

## **Record keeping**

A sample of patient records was reviewed for each of the dentists. Overall, there was evidence that the practice was completing clinical records to a very high standard, demonstrating that care is being planned and delivered to ensure patients' safety and well-being.

In all cases, the records we reviewed were individualised for that patient and contained appropriate patient identifiers, previous dental history and reason for attendance. We found that all required elements had been recorded. The records were very clear, legible and of excellent 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.*

We found the practice to have good leadership and clear lines of accountability.

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

## Governance, leadership and accountability

We found the practice to have good leadership and clear lines of accountability.

The owner of Talking Teeth Dental Practices is also the registered manager<sup>8</sup> and the practice manager is the nominated responsible individual<sup>9</sup>.

Staff told us that they were confident in raising any issues or concerns directly with the owner, principal dentist or practice manager and felt well supported in their roles. Since most of the staff had worked together for some time, there was a good rapport amongst them.

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<sup>8</sup> "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

<sup>9</sup> "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

We found that staff were clear and knowledgeable about their roles and responsibilities. Staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures, which were available electronically and in hard copy. We saw evidence showing staff had signed the policies to confirm they had been read and understood. However, we found that the hard copy policies and procedures file was difficult to navigate, as the policies were not indexed or numbered. We recommend that each policy is indexed and numbered accordingly. All policies and procedures contained an issue number and/or review date. This ensured that policies were reviewed regularly to confirm local practices were up-to-date.

We found that the practice needed to develop a record management policy, and we found that the consent policy needed to be reviewed and updated to include details on the Mental Capacity Act 2005.

We saw a copy of the Statement of Purpose which included all information required by the Private Dentistry (Wales) Regulations 2017.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance in place. The practice also had a current public liability insurance certificate available.

#### Improvement needed

The practice must:

- Develop a record management policy
- Update the consent policy, to include details on the Mental Capacity Act 2005.

## Staff and resources

### Workforce

We noted that staff had a contract of employment that was retained in staff files. We also saw that the practice had an induction programme in place, which covered training and relevant policies and procedures.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles, and meeting the Continuing Professional Development (CPD) requirements.

Staff told us that the practice holds regular team meetings and we saw there were detailed records being kept on file. For any member of staff unable to attend, the minutes are brought to their attention by the principal dentist. This ensures that all staff are aware of the issues and discussions taking place regarding the practice.

The Private Dentistry (Wales) Regulations 2017 require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) certificate issued within the previous three years. As previously mentioned in the report, we saw evidence that DBS clearance checks had been carried out for all clinical staff.

## 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
There were no immediate concerns identified on this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Talking Teeth Dental Practice, Flint

**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
The practice must ensure it is providing a clean and safe environment.	Regulation 22 (2) (a)	Completed 02/07/19 Window ledges, patient toilet (sink and bin) where immediately cleaned / emptied on the audit.  Ongoing: Regular spot-checks to be completed by lead nurse and also by Practice Owner and Area Manager on visits. Daily Cleaning Logs to be checked on all visits also.	Q. Jaffri	Completed
The practice must ensure that it has adequate resuscitation equipment kit at all times.	Regulation 31 (3) (b)	Completed. All equipment was ordered on the time of inspection	Q. Jaffri	Completed

Description of non compliance / Action to be taken	Regulation	Service action	Responsible officer	Timescale
		<p>2/7/19 and has now been delivered.</p> <p>Logs have been amended to show expiry dates to ensure compliant at all times. This also includes expiry dates on the First Aid Kit items as well as the Emergency hardware used.</p>		

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: Q. Jaffri**

**Name (print): Q. Jaffri**

**Job role: Practice Owner**

**Date: 5<sup>th</sup> July 2019**

## Appendix C – Improvement plan

**Service:** Talking Teeth Dental Practice, Chirk

**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
<b>Quality of the patient experience</b>				
N/A				
<b>Delivery of safe and effective care</b>				
Develop a building management and maintenance policy.	.1 Managing risk and promoting health and safety; PRD 8	Building and maintenance plan completed and uploaded with this document	Q. Jaffri	completed
Review and update the Inoculation policy.		Inoculation policy reviewed and updated and replaced in Policies and Procedures manual. Copy attached.	D. Burns / G. Robinson	completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Ensure that the decontamination room flooring is repaired or replaced and the skirting board sealed at its edges to aid effective cleaning.	2.4 Infection Prevention and Control (IPC) and Decontamination, PDR 22	Action Planned for completion by 30 <sup>th</sup> September 2019. Flooring company have been to the practice and quote received.  Skirting to be repaired once new flooring has been fitted	Q. Jaffri	By 30 <sup>th</sup> September October 2019
Ensure gypsum waste, extracted teeth and expired medicines are added to the clinical waste service agreement.		Dentistry have been contacted and the gypsum waste, extracted teeth and expired medicines have been added to the WSA. (see Attached).	Q. Jaffri	completed
Ensure that any traces of dental cement is removed from the dental unit and chair in the downstairs surgery.	2.9 Medical devices, equipment and diagnostic systems; PDR 22	All staff have been re-educated on this. It was already part of the cleaning schedule, however, managers and lead staff will check this on a daily basis	All staff	completed
Wall-mount all sharp boxes.		All sharps bins have now been wall mounted	G. Robinson	completed
Ensure image quality assurance audits of X-rays are conducted on a regular basis.		Clinical Audits will be taken every 6 months with dentists. Next clinical audit is due October 2019 (Last one completed was March 19)	Q. Jaffri	Ongoing  October 19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Implement a programme of clinical audits and make use of the Welsh Deanery audit templates.	3.1 Safe and Clinically Effective care; PDR 8	Welsh audit templates downloaded and reviewed. Associate dentists will be educated on the use of these as	Q. Jaffri Associate dentists	ongoing
<b>Quality of management and leadership</b>				
Develop a record management policy	Governance, Leadership and Accountability; PDR 8	Completed in January 2019. (See Attached)	Q. Jaffri	completed
Consent policy to include details on the Mental Capacity Act 2005.		Consent policy amended and attached		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): Dr. Q. M. Jaffri**

**Job role: Practice Owner**

**Date: 5<sup>th</sup> September 2019**

