

General Dental Practice Inspection (Announced)

The Dental Department,
Blaenavon Resource Centre
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 Dental Department at Blaenavon Resource Centre, Middle Coedcae Road, Blaenavon, Pontypool, NP4 9AW, within Aneurin Bevan University Health Board on the 29 July 2019.

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

HIW explored how the service met 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 Dental Practice at Blaenavon Resource Centre provided a friendly and professional service to their patients.

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

We found the practice to have clear management structures in place. Staff told us they worked well together and this was evidenced by their rapport and their interaction with each other and with the patients.

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- 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 range of information to support patients in making effective choices about good oral health and care.
- The practice and all the facilities related to the service were located all on one floor within a modern building. This enabled anyone with a mobility difficulty to be treated at the practice.
- Clinical facilities were well equipped, and there were arrangements in place for the safe treatment of patients.
- Good management and leadership in the practice.

This is what we recommend the service could improve:

- Review the lack of cover during any absences by the practice dentist and consider providing a supplementary dentist to ensure the continuity of care for patients.

- Ensure patient records are completed fully in accordance with professional standards for record keeping.
- Undertake an up to date fire risk assessment.
- Review policies and procedures to ensure they are localised, reflecting the nature of the building and the practices set up within it.

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

3. What we found

Background of the service

The Dental Department at Blaenavon Resource Centre provides services to patients in the Blaenavon and surrounding area. The practice forms part of dental services provided within the area served by Aneurin Bevan Health Board.

The practice has a staff team which includes one dentist, two dental nurses and a receptionist. The practice also provides a bariatric¹ service one day a month from a community dentist.

The practice provides a range of NHS general dental services.

¹ An individual who has limitations in health and social care due to physical size, health, mobility and environmental access.

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 the practice was committed to providing a positive experience for their patients. All of the patients who completed a HIW questionnaire rated the service provided as excellent or very good.

The practice provided a good range of oral health promotion and treatment information leaflets for patients and had effective processes in place for supporting patients in looking after their oral health.

The practice and all the facilities related to the service were located all on one floor within a modern building. This enabled anyone with a mobility difficulty to be treated at the practice.

We recommended the health board should review the lack of cover during any absences by the practice dentist and consider providing a supplementary dentist to ensure the continuity of care for patients.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

A total of 34 questionnaires were completed. Overall, patient feedback was positive; all of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Patient comments included the following:

"Staff are very efficient, friendly and good at putting you at ease"

"I am very satisfied with the care I have been given at this practice. Very friendly staff, who always put you at ease"

“Staff always polite and helpful. The dentist is very caring”

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients were generally happy with the practice, but some patient comments included:

“Another dentist so that the waiting time for an appointment is reduced”

“Have more appointments”

“By getting a card machine”

“A text reminder for keeping appointments”

Staying healthy

Health promotion protection and improvement

Without exception, all of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Health promotion information was available within the waiting area which meant patients had access to information which could support them in caring for their own oral hygiene. There were various posters and information sheets displayed on notice boards which provided patients with a range of information about the dental practice. A ‘no smoking’ sign was also displayed in the waiting area.

Dignified care

All of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

We also observed the warm, friendly and professional approach adopted by all staff towards patients.

The reception desk was located in a room off the main open plan waiting area. This offered privacy to patients as the door to the reception could be closed for conversations to be held in private as well as when making payments to the practice. We saw that telephone calls were received at the reception desk, away from the main waiting area. Telephones were also located within both of the surgeries to enable any private telephone calls to be made.

The practice had two surgeries and we saw that the doors to the surgery remained closed when patients were receiving care to maintain patients' privacy and dignity. Private conversations with patients could be held within the surgery.

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

Patient information

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

Posters detailing a price list for NHS charges were displayed in the waiting area and behind the reception desk. Some of the wording on the poster had been cut off which meant it was unclear for patients to read. We recommended that the practice replace the posters.

The health board's website had information about this practice, which included the address, contact numbers and map of its location. General information about the practice was available on its website. The practice also had its own patient information leaflet which was displayed on a notice board within the waiting area. At the time of our inspection, no copies of the leaflet were available for patients to take away. We recommended the practice ensures there are copies of the patient information leaflet available in the waiting area for patients.

We noted there was one CCTV camera located within the waiting area. There was no information within the practice of how the images from the camera are used or managed. Staff told us the camera is part of the building and was likely to be managed by the building manager. The CCTV sign located next to the camera did not include the name of the person responsible, which needs to be added. We recommend that the health board establish whether there is a policy in place for the usage of the CCTV and how the images are used. We also recommend that the sign next to the CCTV camera is updated with the relevant contact details.

Improvement needed

The health board should replace the price list posters to ensure all wording can be clearly read.

The health board should ensure that copies of its patient information leaflets are available in the waiting area for patients to read or take home if required.

The health board should inform HIW of whether there is a policy in place for the use of the CCTV camera and how the images captured by the CCTV are used. We also recommend the sign next to the CCTV camera is updated with the relevant contact details.

Communicating effectively

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

Some information in the waiting area was displayed in both English and Welsh.

Staff told us that patients with a hearing impairment could be accommodated, and a sign on the reception window indicated that a hearing loop was available. We were also told of the arrangements in place for patients who wished to converse in a language other than English. The poster advertising this service was covered initially, however staff removed other posters so the information regarding language line was visible behind the reception desk.

We saw a notice displaying the names and information about the dental team in the waiting area. The notice did not include any of the team's GDC numbers. We discussed this with staff who assured us that their GDC numbers were in the process of being added.

Timely care

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

Appointments can be made by telephone, or patients can attend the practice in order to make an appointment. We were told by staff that there were two appointments available every day for emergencies. If these appointments were taken, patients had an option of attending the practice and waiting until the dentist had availability to see them in between other appointments.

An emergency telephone number for out of hours was available should patients require urgent out of hours dental treatment. This was displayed on a notice board within the waiting area, on the patient information leaflet, and was provided on an extraction advice letter which is given to patients. The health board's website also has a page for it's out of hours advice and information that includes dental out of hours. Staff told us that the information was also on their telephone

answer machine. Despite this information being available being provided in several ways the majority of the patients who completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

The majority of the patients also said they felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it. However, we were told by staff that if the dentist was unwell or on leave, no other dentist is provided to cover. As a result, patient appointments are rescheduled, either to another practice or to a later date. Some comments from patients who completed HIW questionnaires said they would like to have an additional dentist at the practice so when occasions like this arise, their care is not disrupted. We recommend that the health board should review this position and consider providing an additional dentist so that patients care is not disrupted in the absence of the practice dentist.

Improvement needed

The health board should review the lack of cover during any absences by the practice dentist and consider providing a supplementary dentist to ensure the continuity of care for patients.

Individual care

Planning care to promote independence

Where applicable, the majority of patients who completed a questionnaire confirmed that the dentist enquired about their medical history before undertaking any treatment. However, we reviewed a sample of patient records and found inconsistencies with treatment options being discussed with patients during treatment, recording of ongoing informed verbal consent and reasons for patient recall intervals under NICE guidelines². There was also inconsistent recording of ongoing verbal medical history updates at each appointment and the recording of social histories and overall patient risk assessments.

² National Institute for Health and Clinical Excellence (NICE) guidelines on dental recall 2011

Improvement needed

The health board should pay attention to improving patient records. Specific attention should be given to consistently recording discussions of treatment options, ongoing verbal consent, reasons for patient recall, verbal medical histories and the recording of social histories and overall patient risk assessments. This will ensure they are completed fully in accordance with professional standards for record keeping.

People's rights

We noted that the practice had an 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 was located all on one floor within a modern building. There were shared public toilets located by the main entrance. Facilities included a parent room that could be used for breast feeding, a baby changing room and two toilets. One of the toilets was large enough for wheelchairs or mobility aids. This toilet had handrails provided for additional support and an emergency pull cord. Hand washing and drying facilities were available within both toilets. The toilets were clearly signposted from the main entrance to the building.

A staff toilet was available off the waiting area of the dental practice which was accessible by a key fob.

We were told that there is currently a two and a half year waiting list for patients to register with the practice.

Listening and learning from feedback

The practice had a complaints procedure in place; however, following discussions with staff and the notices displayed within the waiting area, it was apparent there were two processes in place. A copy of the internal complaints procedure was located on a notice board within the waiting area. On the opposite wall of the waiting area, information was available relating to the NHS Wales

Putting Things Right³ (PTR) complaints process. With two processes available, we felt this was confusing for patients. Staff told us they would advise patients to use the internal process. However, we noted that this procedure did not link in with the PTR process nor include the organisations that could be contacted if a patient required assistance with their concern. In addition, the timeframes for responding to complaints were different. We recommend that the health board review its complaint information so it is clear for patients.

We discussed with staff the practice's mechanism for seeking patient feedback. Staff told us that questionnaires are issued to patients by the health board every 6 to 12 months which are analysed by the department of the dental clinical director. We were also told that there are patient engagement groups, held once every 3 months and results are fed back to the dental practice.

Staff told us that incidents are reported using the Datix⁴ recording system. These are then analysed by the clinical director's team and outcomes and learning are shared with staff.

A suggestion and comments box was located on a wall within the waiting area with blank cards for patients to complete. At the time of our visit there was no pen available for patients to use. However, when we told staff they immediately replaced the pen.

We asked staff whether there was a process in place to capture informal comments. We were told that informal comments were regularly reviewed by senior managers who carried out any required changes. We did not see evidence of this and recommended that a formal process for capturing informal comments is introduced.

³ '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

⁴ Datix is the software used within the National Health Service for the reporting of clinical and non-clinical incidents

Improvement needed

The health board should review the complaints information to ensure that the process is clear and easy to follow and is aligned to Putting Things Right.

The health board should consider displaying all complaints information in one area of the waiting room, so patients can easily obtain this information.

The health board should develop a process for capturing informal comments so that any themes can be identified and feedback provided to patients.

Delivery of safe and effective care

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

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

The surgeries contained appropriate equipment for the safety of patients and the dental team.

We recommended the health board ensure that there is an up to date fire risk assessment in place in order to ensure the health and safety of staff and patients.

Safe care

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.

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

The dental practice was located in a purpose built medical facility that included a GP surgery, pharmacy, optician, plus various other clinics and healthcare services. The building was not owned by the health board so all of the maintenance was organised and maintained by the building manager. At the time of our visit the building manager was not available and therefore we were not able to see all the information we required.

We were told by staff that the fire safety arrangements were organised and maintained by the building manager. Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months. We saw a fire risk assessment for the building which was dated August 2015. We were told by staff that a fire risk assessment had recently been conducted, but they were unable to provide us with a copy. We recommended that this should be rectified and an up to date version of the fire assessment obtained from the building manager.

We saw that emergency exits were signposted and a health and safety poster was displayed within the practice.

We found that there was a lack of clear signage from the main entrance to direct patients to the dental practice and we recommend that this is reviewed and improved.

The health board had various policies and procedures in place relating to the safety and well being of staff at work; however, these were generic and not specific to the practice. We recommend the health board should ensure that policies and procedures are localised to reflect with the arrangements the health board has with the owners of the premises. There was no environmental risk assessment document available for us to review on the day of the inspection; however, the Health Board forwarded a copy to us after the inspection. The risk assessment was dated 2015 and was completed at a time when the practice was located at different premises. We recommended that a revised environmental risk assessment is completed, and a copy provided to HIW.

We saw that the practice had a resuscitation policy in place. We also saw that all staff were up to date with their cardiopulmonary resuscitation (CPR)/emergency training and had appointed first aiders. We noted that the practice held appropriate emergency drugs and emergency resuscitation equipment.

Improvement needed

The health board must ensure there is an up to date fire risk assessment in place in order to ensure the health and safety of staff and patients.

The health board must review and improve the signage to the dental department, so patients and visitors can easily locate the department.

The health board must ensure that some of its policies and procedures are localised due to the nature of the building and the practices set up within it.

The health board must ensure there is an up to date environmental risk assessment in place.

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. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures

were in place. Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

We saw that the practice had a dedicated decontamination area consisting of two separate but linked rooms which is the preferred option as it provides a higher degree of separation between dirty instruments awaiting decontamination and cleaned or sterilized instruments that are to be placed in trays/packs or containers for use. One room is dedicated for dirty instrument activity; cleaning and preliminary inspection of instruments. Another separate room is dedicated for clean instrument activity; inspection, sterilisation and wrapping of instruments. We recommended the autoclave and illuminated magnifying glass should be moved to the dedicated clean room to comply with clean activities i.e. inspection, sterilisation and wrapping/storing.

We saw there was evidence of an annual infection control audit being undertaken in line with the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. In addition, we saw that the practice used an observational audit tool for quality improvement for basic hygiene, infection and decontamination control.

The practice had a system in place to manage waste appropriately and safely. We saw that hazardous waste was secured in locked bins within a locked enclosure outside and arrangements were in place for its safe disposal. Arrangements were in place with the local council for the collection of non-hazardous waste.

We noted that the practice worked in line with the health board's infection control policy. We saw there were appropriate and effective hand hygiene facilities in place.

There were appropriate arrangements in place with a local occupational health service to deal with vaccinations for staff and any sharps injuries. We saw records for clinical staff which confirmed the Hepatitis B immunisation status for all clinical staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Improvement needed

The practice should move the autoclave and illuminated magnifying glass to within the clean room to minimise risk of cross contamination.

Medicines management

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being 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. We suggested that the practice consider keeping emergency drugs and treatment flow charts in individual folders. This would enable staff to access specific emergency drugs quickly.

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

Safeguarding children and adults at risk

We found that the health board had a safeguarding policy in place to protect children and vulnerable adults. Staff told us they were aware of who to contact as the nominated safeguarding lead within the health board. Staff had access to the health board's safeguarding team for reporting, support and training. A flowchart was available which contained details of who to contact and the actions required by staff should a safeguarding issue arise.

We saw evidence that all clinical staff had completed the training in the protection of children and vulnerable adults. We also noted that all relevant staff were registered with the General Dental Council (GDC) and we saw evidence that all staff working at the practice held Disclosure and Barring Service (DBS) certificates.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with their line manager and were confident those concerns would be acted upon. Staff told us of a process that is soon to be introduced, where a nominated 'go to' person will be available for staff to approach with any concerns.

Medical devices, equipment and diagnostic systems

We looked at the surgeries and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgeries had been designed and organised to help the team work effectively and were visibly clean and in good condition.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of

radiographic (X-ray) equipment. We also saw evidence that all staff had up-to-date ionising radiation training.

Effective care

Safe and clinically effective care

Various audits had been completed to monitor the quality and safety of the care and treatment provided to patients. We noted that audits had been undertaken for record keeping and the prescribing of antibiotics. We did however, recommend that the practice consider seeking advice from Health Education and Improvement Wales (HEIW) in order to identify additional relevant audits. This will help to identify areas for improvement and support any changes to dental team practises.

Improvement needed

The health board should seek advice from HEIW to identify additional audit activity that will help the practice to focus on continuously improving the service.

Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff is regularly undertaken and contributes to the quality and safety of the care provided to patients. We also noted that a record keeping audit is undertaken.

Information governance and communications technology

We found that the storage of both current and former patient information was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly.

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

Record keeping

Overall, there was evidence that the practice was maintaining clinical records to a good standard, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

We examined a sample of patient records and recommended areas where records need to be improved. We found inconsistencies with the recording of treatment options being discussed with patients during treatment, recording of ongoing informed verbal consent and reasons for patient recall intervals under NICE guidelines⁵. There was also inconsistent recording of ongoing verbal medical history updates at each appointment and the recording of social histories and overall patient risk assessments. A recommendation in respect of this has been made earlier in the report.

The practice has commenced a pilot of using ACORN assessment forms which is considered to be good practice as it will ensure that patients' social histories, mouth cancer screening details and risk assessments are recorded.

⁵ National Institute for Health and Clinical Excellence (NICE) guidelines on dental recall 2011

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.

The practice had clear management structures in place and staff were knowledgeable about their roles and responsibilities. Staff worked well together and had good interaction with each other and with the patients.

Staff received annual appraisals and all staff had completed the required training and felt supported with opportunities to develop.

Governance, leadership and accountability

We found the practice to have clear management structures in place. Staff told us they worked well together and this was evidenced by their rapport and their interaction with each other and 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, with their line manager.

We found that staff were clear and knowledgeable about their roles and responsibilities.

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. Staff were able to access all policies and procedures via the health board's intranet page. As noted earlier in this report some policies were general health board policies and would benefit from being reviewed and updated to reflect local arrangements and practices

Staff and resources

Workforce

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

We saw there were a number of human resources (HR) related policies in place. These include the recruitment of staff policy, equal opportunities policy, and whistleblowing policy.

All pre-employment checks are undertaken centrally by the health board's human resources department. We reviewed individual staff files at the practice which contained evidence of their training certificates, contracts of employment and job descriptions. We saw evidence of staff receiving annual appraisals and that all staff had completed relevant training. The system showed that staff had 100% compliance for their training. Staff told us that they completed mandatory training on-line and could discuss any additional training requirements with their line manager.

We were told that regular team meetings take place and saw evidence in the form of minutes of the meetings.

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 clinical staff. We were told that a self-disclosure statement was expected from individuals if there was any change to their circumstances.

4. What next?

Where we have identified improvements and immediate concerns 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 require the service to complete an immediate improvement plan telling 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

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: **Insert name**

Date of inspection: **Insert date**

The table below includes any immediate 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.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate concerns 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 Dental Department, Blaenavon Resource Centre

Date of inspection: 29 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	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board should replace the price list posters to ensure all wording can be clearly read.	4.2 Patient Information	The price list posters have been replaced both in the reception area and the waiting room. They are available in English and Welsh.	Bogdan Dutulescu Dentist	Complete
The health board should ensure that copies of its patient information leaflets are available in the waiting area for patients to read or take home if required.		Copies of the practice information leaflets have been printed and added to the rack of patient information leaflets in the waiting room.	Bogdan Dutulescu Dentist	Complete
The health board should inform HIW of whether there is a policy in place for the use of the CCTV camera and how the images captured by the CCTV are used. We also recommend the sign		ABUHB has a CCTV policy. The images captured can only be viewed by the Blaenavon building manager in a secure room. They are saved for 30 minutes and then deleted.	Liz Tantrum CDS Facilities Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
next to the CCTV camera is updated with the relevant contact details.		Notices regarding the use of CCTV have been produced and have been placed next to the CCTV. ABUHB CCTV policy is attached		
The health board should review the lack of cover during any absences by the practice dentist and consider providing a supplementary dentist to ensure the continuity of care for patients.	5.1 Timely access	Abertillery GDS service and ABUBH Community Dental Service (CDS) covers Blaenavon Health Centre for urgent dental appointments when the dentist is on annual or short term sick leave. The CDS is able to request permission to cover for planned long term sickness.	Vicki Jones, Clinical Director of Community Dental Service.	Complete
The health board should pay attention to improving patient records. Specific attention should be given to consistently recording discussions of treatment options, ongoing verbal consent, reasons for patient recall, verbal medical histories and the recording of social histories and overall patient risk assessments. This will ensure they are completed fully in accordance with professional standards for record keeping.	6.1 Planning Care to promote independence	Dentist at Blaenavon will access online or classroom training in record keeping. There will be support from the CDS QPS team in completing a Quality Improvement project to improve his record keeping, recording of treatment planning option discussions, ensuring that both verbal consent and medical history update and patient risk assessments are recorded. The results	Bogdan Dutulescu Dentist	Starting 12th of September 2019 until December 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board should review the complaints information to ensure that the process is clear and easy to follow and is aligned to Putting Things Right.</p> <p>The health board should consider displaying all complaints information in one area of the waiting room, so patients can easily obtain this information.</p> <p>The health board should develop a process for capturing informal comments so that any themes can be identified and feedback provided to patients.</p>	6.3 Listening and Learning from feedback	<p>Complaints procedure information has been reviewed and moved to one area of waiting for better visibility and clarity regarding process ensured for concerns.</p> <p>As above.</p> <p>The practice has on the waiting room wall a laminated poster that invites patients to make comments about the service by contacting Vicki Jones, Clinical Director of Community Dental Services as well as a suggestion box. The CDS central office then records those comments and supports the practice to act on and discuss them at clinic meetings. They are also reported at the CDS Dental Business Team 6 weekly meetings. If appropriate the comments are anonymised and fed back to CDS staff to improve quality via the CDS monthly bulletin and/or at the quarterly all CDS</p>	<p>Bogdan Dutulescu Dentist</p> <p>Vicki Jones Clinical Director Community Dental Services</p>	<p>Complete</p> <p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>staff meeting. Should the comments be of concern, then these are processed through Putting Things Right where they are recorded on Datix (incident reporting system) and follow the ABUHB Putting Things Right algorithm for informal or formal complaints within the required time frame. The patient/carer/guardian who made the comments are always contacted so that their views and observations are at the centre of the quality improvements.</p>		
Delivery of safe and effective care				
<p>The health board must ensure there is an up to date fire risk assessment in place in order to ensure the health and safety of staff and patients.</p> <p>The health board must review and improve the signage to the dental department, so patients and visitors can easily locate the department.</p>	<p>2.1 Managing risk and promoting health and safety</p>	<p>There is an overall fire risk assessment for the Blaenavon building which is owned by another sector. ABUHB fire officer has completed a local departmental risk assessment for the dental suite and the report is attached.</p> <p>The signage for the department was covered by display boards by another department which have been moved.</p>	<p>Liz Tantrum Facilities Manager</p> <p>Bogdan Dutulescu Dentist</p>	<p>Complete</p> <p>Complete</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure that some of its policies and procedures are localised due to the nature of the building and the practices set up within it.</p> <p>The health board must ensure there is an up to date environmental risk assessment in place.</p>		<p>As far as possible the dental clinic will review and produce localised pertinent to Blaenavon practice policies to ensure easier access for staff. ABUHB encourages staff not to print policies.</p> <p>Environmental risk assessment has already been sent to HIW</p>	<p>Liz Tantrum Facilities Manager</p> <p>Liz Tantrum Facilities manager</p>	<p>November 2019</p> <p>Complete</p>
<p>The practice should move the autoclave and illuminated magnifying glass to within the clean room to minimise risk of cross contamination.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>The autoclave and magnifying light have been moved to the clean decontamination room</p>	<p>Liz Tantrum CDS Facilities Manager</p>	<p>Complete</p>
<p>The health board should seek advice from HEIW to identify additional audit activity that will help the practice to focus on continuously improving the service.</p>	<p>3.1 Safe and Clinically Effective care</p>	<p>The dentist completes annual self-audits as well as participating in community dental service (CDS) audits. He also attends CDS quarterly peer review group meetings that develops relevant quality improvement projects, shares good practice and reflective learning. The smoking cessation HEIW audit will</p>	<p>Bogdan Dutulescu Dentist</p>	<p>Starting January 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		commence in January 2020 on HIW inspector's recommendation		
Quality of management and leadership				
No improvements were identified at 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): Vicki Jones

Job role: Clinical Director of Community Dental Services

Date: 18 September 2019