

General Dental Practice Inspection (Announced)

Portwall Dental Surgery

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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	15
	Quality of management and leadership	23
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 Portwall Dental Surgery at 5 Beaufort Square, Chepstow, NP16 5EP on the 06 August 2019.

Our team, for the inspection comprised of two HIW inspectors, one of whom led the inspection, 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 Portwall Dental Surgery was providing safe and effective patient centred care.

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

Dental equipment in both dental surgeries was in good condition and arrangements for the decontamination of dental instruments were in line with best practice guidelines.

We found some emergency resuscitation equipment had exceeded the manufacturer's recommended use by dates but this was rectified during the inspection.

This is what we found the service did well:

- Staff were polite, respectful and professional to patients
- Good oral hygiene information for both children and adults was available to patients within the waiting area
- Patient records were being maintained to a good standard
- Comprehensive risk assessments were in place to ensure premises and clinical practices were fit for purpose
- Suitable facilities were in place for staff to change and securely store their possessions
- Clinical staff were registered to practice with the General Dental Council and had received the necessary training for their roles and responsibilities.

This is what we recommend the service could improve:

- Patients' dignity and privacy could be better protected when receiving treatments

- More services could be offered to Welsh speaking patients to help meet their needs
- Copies of the complaints handling policy should be made available for patients to take away if necessary
- One member of staff needs to complete advanced training (level 2) in the safeguarding of children and vulnerable adults
- More clinical audits could be undertaken by the practice to identify areas for improvement to the service it provides to patients.

We identified some regulatory breaches during this inspection – further details can be found in Appendix C. While this has not resulted in the issue of a non-compliance notice, there is an expectation that the registered person takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

Portwall Dental Surgery provides services to patients in Chepstow and surrounding areas.

The practice is jointly owned by two principal dentists who each hold a separate registration with HIW. This means that both dentists are recognised as a responsible individual¹ and registered manager² for the practice as required by the regulations.

The principal dentists are supported by a staff team which includes a third dentist, one dental hygienist, one dental therapist, three dental nurses and a receptionist.

The practice provides a range of private general dental services.

¹ A 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 (Wales) Regulations 2017).

² A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

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 that Portwall Dental Surgery had suitable processes in place to ensure patients received a positive experience while at the practice.

The majority of patients rated the service provided by the practice as excellent and told us that they were able to get an appointment when they needed it.

The practice needs to ensure patients' dignity and privacy are better protected when receiving treatments.

We identified that medical history checks undertaken with patients need to be better documented within patient records.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 40 completed questionnaires.

Overall, patient feedback was very positive with almost all of the patients who completed a HIW questionnaire rating the service provided by the practice as excellent.

Patient comments included the following:

"Well organised. Feeling of confidence with any treatment carried out"

"Staff all lovely, make you feel at ease, many people could learn from them"

"I came here after having poor dental care previously. The advice, care and treatment I've received here has been excellent. My condition is improved greatly"

Staying healthy

Health promotion protection and improvement

We saw that a suitable range of written information on preventative care and good oral hygiene for both children and adults was available within the waiting area for patients to read and take away, including information on smoking cessation. All of the patients who completed a HIW questionnaire told us that the dental team had also spoken to them about how to keep their mouth and teeth healthy.

Dignified care

We saw that the practice had appropriate policies in place to ensure patients are treated with dignity and respect. We observed staff speaking to patients in a friendly but respectful and professional manner and all of the patients who completed a HIW questionnaire told us that they had been treated with dignity and respect by staff when visiting the practice.

A privacy notice outlining how patients' privacy and personal information would be protected was contained within a patient information folder that was available to patients in the waiting area. We noted the reception desk and waiting area were close together, but staff confirmed that private conversations with patients would take place within one of the dental surgeries if necessary.

Although the doors to each dental surgery were closed by staff during appointments, we were able to see patients receiving treatment from the dentists through transparent glass panels on each door. We recommend that all transparent glass panels on the dental surgery doors are covered or replaced with a non-transparent material to maintain patients' privacy during treatments.

We noted that the 9 Principles³ developed by the General Dental Council (GDC) were on display within the staff room to remind staff of their duty of care as a dental professional.

³ The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

Improvement needed

The practice needs to ensure that the transparent glass panels on each dental surgery door are covered or replaced with a non-transparent material.

Patient information

The majority of patients who completed a HIW questionnaire said that they had received clear information about available treatment options. We saw that a price list for treatments was on display for patients in the waiting area and patients confirmed that they were made aware of the costs involved before receiving any treatment.

The practice had a patient information leaflet in the patient information folder that contained the information required by the Private Dentistry (Wales) Regulations 2017. The statement of purpose⁴ provided to us on the day of the inspection also contained the information required by the regulations.

The practice has a website that contains information about the practice team and about the dental services it provides. A copy of the patient information leaflet was available on the practice's website for current or prospective patients and we recommend that a copy of the statement of purpose is also made available on the website in line with the regulations.

We saw that the names and relevant qualifications of the dental team were displayed on the front door of the practice in accordance with professional guidelines.

Improvement needed

The practice to make a copy of their statement of purpose available to current and prospective patients on their website.

⁴ 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.

Communicating effectively

Every patient who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language.

We were told that one of the principal dentists working at the practice could communicate in Welsh with patients. We recommend that the practice promotes its Welsh services to patients, for example, by displaying a poster in the waiting room to show what Welsh language services are available.

During the inspection we reviewed a sample of patient records for each dentist to check they were being maintained in line with professional guidelines. We saw evidence of written treatment plans that included notes of the costs and of treatment options discussed during appointments. This was in line with best practice and meant that patients were provided with information to make informed choices about their treatment.

Where applicable, all of the patients who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment.

Improvement needed

We recommend that the practice does more to promote the services it can provide to patients in the Welsh language.

Timely care

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

During the inspection we observed patients being treated in a timely manner. Staff told us that patients are informed about any delays to their appointment times on arrival, or as soon as possible.

We were told that any patients requiring emergency treatment during working hours are accommodated on the same day wherever possible. Information informing patients how they can access emergency treatment out of hours was contained within the patient information leaflet and displayed in the window to the practice.

The majority of patients who completed a HIW questionnaire confirmed that they would know how to access the out of hours dental service if they had an urgent dental problem.

Individual care

Planning care to promote independence

Where applicable, all of the patients who completed a HIW questionnaire told us that the dentist enquired about their medical history⁵ before undertaking any treatment. However, we did not see evidence that medical history checks were being recorded at each appointment in the patient records we reviewed. Each dentist must ensure that verbal medical history checks are recorded in the patient records as required by professional guidelines.

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

Improvement needed

The practice must ensure that each dentist appropriately records in the patient records any verbal medical history checks undertaken with patients at each appointment.

People's rights

The practice was accessible from the street via a ramp for people with mobility difficulties and a few car parking spaces were available directly outside the practice for patients. The reception, waiting area, patient toilets and two dental surgeries were based on the ground floor and therefore accessible to all. Two more dental surgeries and facilities for staff were located upstairs.

We noted that the practice had an equality and diversity policy and a disability policy in place which demonstrated a commitment to ensure everyone has access to the same opportunities and to the same fair treatment.

We also saw that the practice had a treatment policy that detailed the arrangements for accepting new patients as required by the regulations.

⁵ A patient's medical history helps the dentist to understand potential diseases or identify medication that might impact on a patient's dental treatment.

Listening and learning from feedback

We were told that a new process for obtaining patient feedback about the services being provided had recently been implemented. Paper questionnaires were available on the reception desk for patients to provide feedback and we were told that the results and specific patient comments will be monitored and discussed with all staff at future team meetings.

The procedure for patients to raise a complaint or concern was outlined in a complaints handling policy and we found it was compliant with the Private Dentistry (Wales) Regulations 2017.

A copy of the complaints handling policy was contained within the patient information folder and a poster was displayed on the wall by the main entrance informing patients that a copy of the policy was available on request. We recommend that separate copies of the policy are made available for patients to take away without having to ask a member of staff to help protect the privacy and dignity of patients who may wish to raise a complaint or concern.

We saw that a system was in place to log any formal or informal complaints received from patients.

Improvement needed

The practice needs to make separate copies of the complaints handling policy available for patients to take away if necessary.

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 evidence that patients were being provided with safe and effective dental care.

Clinical facilities were in good condition, well equipped, and arrangements were in place for the safe use of X-ray equipment.

Procedures for the cleaning, sterilisation and storage of dental instruments were in line with best practice guidelines.

The practice could do more to fully assess and monitor the quality of service provided to patients, for example by undertaking more clinical audits to identify areas for improvement.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and wellbeing of staff and visitors to the practice. This was because the practice had various policies, procedures and risk assessments in place to ensure the premises were safe and fit for purpose.

The building appeared very well maintained internally and externally. The reception and waiting area was welcoming and bright and we saw that all areas of the practice were very clean, tidy and free from obvious hazards.

We found that appropriate arrangements were in place to adequately protect staff and people visiting the practice in the event of a fire:

- regular fire risk assessments had been undertaken and remedial actions had been implemented
- appropriate fire extinguishers were available throughout the practice which had been serviced within the last twelve months to ensure that the equipment worked properly
- all staff had been suitably trained in fire safety

- emergency exits were appropriately signposted.

A no smoking sign was displayed to remind staff and patients of the smoke free premises legislation⁶. A Health and Safety poster was displayed within the practice to inform staff how they can best protect their own health and safety within the workplace.

We saw evidence that a sufficient number of staff at the practice had been trained in first aid to ensure that any persons that require first aid can be appropriately treated.

We were told of the arrangements in place to ensure the safe running of the practice in the case of an emergency or natural disaster. However, these arrangements were not documented and we recommend they are outlined in a business continuity policy in order to comply with the regulations.

Staff could change in the staff toilet upstairs which had a lockable door to protect their privacy and dignity. Facilities were also available for staff to securely store their personal possessions as required by the regulations.

Improvement needed

The practice needs to develop a policy that outlines the arrangements for emergency contingencies which ensure the continuous safe running of the business.

Infection prevention and control

We found evidence that suitable infection control measures were in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05⁷. The dedicated decontamination room was visibly clean and tidy

⁶ 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.

⁷ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

and staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections.

We saw evidence of a log book that confirmed staff had been undertaking and documenting daily checks to ensure that the sterilisation equipment was functioning correctly and had been meeting validation requirements. However, we recommend that a log book is also maintained to document and validate the manual cleaning of dental instruments that takes place before the sterilisation process.

We found that the practice had a wide range of policies that detailed the various infection control measures in place at the practice, including the arrangements for effective control of infection in the decontamination room and for suitable hand hygiene.

All dental care professionals have a duty to keep their skills and knowledge up to date as a condition of their continued registration. On the day of the inspection one member of staff could not provide evidence that they had completed the required amount of verifiable training on disinfection and decontamination; the practice must provide proof of this to HIW to ensure all members of the dental care team have an acceptable level of competence in this area to help protect patients and staff against infection.

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

We saw hazardous (clinical) waste was being stored securely and appropriately and saw evidence that a contract was in place with a professional waste management company for the safe transfer and disposal of such hazardous waste.

We saw evidence that all clinical staff working in the practice had an acceptable Hepatitis B immunisation status which meant that appropriate measures were being taken to help protect patients and staff from this blood borne virus.

Improvement needed

The practice needs to maintain a log book to document and validate the manual cleaning of dental instruments that takes place before the sterilisation process.

The practice must provide evidence to HIW that the member of staff has completed the required amount of verifiable training on disinfection and decontamination.

Medicines management

We found that the practice had effective procedures and arrangements in place in relation to the handling, safe-keeping and disposal of medicines. We also noted that prescription pads were kept securely to reduce the risk of unlawful obtaining and misuse of prescription drugs.

The practice had emergency drugs and emergency resuscitation equipment available that were in line with the Resuscitation Council (UK) guidelines⁸.

However, while we saw evidence during the inspection that regular documented checks were being undertaken on the drugs and equipment to ensure they remained in date and safe to use, we noticed that the oropharyngeal airways had exceeded the manufacturer's recommended use by dates. We raised this issue with the registered managers who immediately ordered new airways to be delivered within 24 hours. Further information regarding this issue are detailed in Appendix A.

The practice had a policy in place for managing medical emergencies which incorporated the most recent national guidelines for resuscitation to help maximise patient outcomes. We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

Staff were aware of the need to report any adverse reactions with medicines or medical devices experienced by patients to the Medicines and Healthcare

⁸ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

products Regulatory Agency (MHRA) via the Yellow Card Scheme⁹ to help the MHRA monitor whether healthcare products are acceptably safe for patients and those that use them.

Safeguarding children and adults at risk

The practice had a safeguarding children and vulnerable adults policy which contained procedures for staff to follow in the event of any safeguarding concerns. The policy included contact details for staff to report any concerns to the relevant local safeguarding agencies.

Staff told us that they would initially discuss any safeguarding concerns with the nominated safeguarding leads at the practice. We identified that one member of the dental team needs to undertake advanced training (level 2) in the safeguarding of children and vulnerable adults; all other members of staff had undertaken appropriate safeguarding training.

The practice did not have a copy of the All Wales Child Protection Procedures 2008, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales. We advise the practice to obtain a copy of the procedures and ensure staff members familiarise themselves with the content in order to understand the national approach to safeguarding children.

Staff told us about the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included obtaining references from previous employers and undertaking Disclosure and Barring Service (DBS)¹⁰ checks to ensure the person is fit to work in a dental practice in accordance with the regulations.

⁹ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

¹⁰ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Improvement needed

The practice must provide evidence to HIW that the member of staff has completed advanced training (level 2) in the safeguarding of children and vulnerable adults.

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the practice and found that the dental equipment in all dental surgeries had been well maintained and was in good condition. Each dental surgery was well stocked with equipment, instruments and materials. However we recommend that a higher number of ultrasonic scaler handpieces are made available within the dental surgery used by the hygienist.

We looked at the arrangements in place for the safe use of radiographic (X-ray) equipment and were assured that the practice was meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. This is because:

- the dental team had received up to date ionising radiation training
- a comprehensive radiation policy was in place and local rules¹¹ were displayed by the X-ray equipment to set out the working procedures to ensure that radiation exposure to staff is restricted
- the X-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment.

Improvement needed

The practice needs to ensure a higher number of ultrasonic scaler handpieces are available within the dental surgery used by the hygienist.

¹¹ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

Effective care

Safe and clinically effective care

We saw evidence that the practice had undertaken some clinical audits to analyse the quality of the dental care and service provided to patients and identify areas for improvement. Audits of compliance with the WHTM 01-05 decontamination best practice guidelines and the image quality of X-rays had been completed. We recommend that more audit activities, including audits of antibiotic prescribing, integrated smoking cessation and quality of patient records are added to the schedule of audits to further quality assure the care and treatment being provided.

A policy detailing the arrangements for clinical audit at the practice was in place as required by the regulations.

Improvement needed

The practice needs to ensure that the range of audit activities undertaken at the practice is sufficient to fully assess and monitor the quality of service provided to patients to deliver safe and clinically effective care.

Quality improvement, research and innovation

The registered managers explained that all staff often work together to identify areas for improvement at the practice and we suggested that the practice might also wish to consider making use of the Health Education and Improvement Wales Maturity Matrix Dentistry¹² practice development tool to do this more formally.

The practice confirmed that they do not undertake any research.

Information governance and communications technology

¹² <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

The practice had a number of policies in place that set out appropriate procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulation (GDPR).

Patient records were electronic and we were told that regular copies of the data are made and kept off site so that the original data can be restored should something happen to the practice or system and staff could no longer access them.

We saw that old paper patient records were being kept in line with relevant retention guidelines and securely stored to prevent unauthorised access.

Record keeping

We noted earlier in the report that during the inspection we reviewed a sample of patient records for each dentist. We found that overall the patient records we reviewed were being maintained to a good standard and helped promote the wellbeing and safety of patients. This is because the patient records we reviewed:

- were clear, legible and documented discussions held with patients about the costs, risks and benefits associated with available treatment options
- contained evidence that consent to treatment was obtained from each patient
- contained comprehensive radiography documentation that followed Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) guidelines

We recommend that information from a patient's social history (e.g. smoking, alcohol consumption, sugar intake) is used to form an overall patient risk profile and mouth cancer risk assessment. We also recommend that the reasons for dental recall intervals are consistently recorded in patient records in line with professional guidelines.

Improvement needed

The practice must ensure that information from a patient's social history is used to form an overall patient risk profile and mouth cancer risk assessment.

The practice must ensure that the reasons for dental recall intervals for patients are consistently recorded in patient records in line with professional guidelines.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found evidence of effective management procedures in place, including annual staff appraisals and regular staff meetings.

Staff worked well together and had received the necessary training for their roles and responsibilities.

A wide range of suitable policies and procedures were in place for the safety of staff and patients which we saw had been reviewed annually in line with the regulations.

Governance, leadership and accountability

We found the practice to have good leadership and clear lines of accountability. We observed staff working well together, evidenced by their interaction with patients and their co-operation and demeanour throughout the inspection process.

We found a wide range of policies and procedures were in place to ensure the safety of both staff and patients. We saw evidence that these had been reviewed annually in line with the regulations. However we noted that only some policies had been signed by staff to confirm that they have read and understood the content. We advise that the registered managers review the current process and implement a system that will provide better assurance that all members of staff have read and understood each policy and procedure in place at the practice.

Each principal dentist confirmed that they were aware of their duties under the regulations as registered managers regarding any notifications that must be sent to HIW such as in the event of serious injury to patients.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place.

We noted that certificates were on display evidencing that the practice had public liability insurance to protect the practice against compensation claims and associated legal costs and that the practice was legally registered to provide dental services as required by the regulations.

Staff and resources

Workforce

We found suitable governance arrangements in place at the practice. Members of staff had a contract of employment and a job description setting out their roles and responsibilities and these were retained on staff files.

All staff had access to training opportunities and we saw certificates for staff that evidenced they had attended training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements.

Practice meetings are held regularly to allow staff to identify lessons learned and provide an opportunity for staff to raise any issues they may have. Minutes of each meeting are taken and sent to all staff to ensure any absent members of staff are aware of what was discussed.

We saw records that confirmed annual appraisals had taken place for all members of staff which provided opportunities for staff to hear feedback about their performance and to review any CPD opportunities.

The regulations 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. We saw evidence that DBS clearance checks had been carried out for both clinical and non-clinical staff to help ensure the safety of patients and staff.

A recruitment policy set out the process to follow to recruit potential new members of staff and an induction policy set out the process to follow to help new staff gain an effective understanding of their new role.

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 2017](#), 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
We inspected the emergency resuscitation equipment and found that oropharyngeal airways had exceeded the manufacturer's recommended use by dates.	This meant there was a risk that the airways may not work as required if used in the event of a medical emergency requiring resuscitation.	We raised our concerns with the registered managers during the inspection and requested that this was immediately rectified.	New airways were immediately ordered and we subsequently received evidence that these had been delivered to the practice within 24 hours.

Appendix B – Immediate improvement plan

Service: Portwall Dental Surgery

Date of inspection: 06 August 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: Portwall Dental Surgery

Date of inspection: 06 August 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice needs to ensure that the transparent glass panels on each dental surgery door are covered or replaced with a non-transparent material.	Health and Care Standards 2015 Standard 2.1 Private Dentistry (Wales) Regulations 2017	All panels have been covered with opaque film.	Gaenor Davison (Registered Manager).	Completed 20/09/19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 15(1)			
The practice to make a copy of their statement of purpose available to current and prospective patients on their website.	Private Dentistry (Wales) Regulations 2017 Regulation 5(2)	Statement of Purpose now available on all pages of the website on bottom menu.	Alison Jones (Registered Manager).	Completed 13/09/19
We recommend that the practice does more to promote the services it can provide to patients in the Welsh language.	Health and Care Standards 2015 Standard 3.2	Patent consultations available in welsh with our Welsh speaking dentist. All practice information and policies can be requested in welsh. A notice in the waiting room and on the website informs patients of this.	Gaenor Davison.	Completed 25/09/19
The practice must ensure that each dentist appropriately records in the patient records any medical history checks undertaken with patients at each appointment.	Private Dentistry (Wales) Regulations 2017	All dentists now record updated medical histories in patient notes at every visit.	Alison Jones	Completed 06/08/19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 20(1a(ii))			
The practice needs to make separate copies of the complaints handling policy available for patients to take away if necessary.	Private Dentistry (Wales) Regulations 2017 Regulation 15(1)	Many copies of Complaints Policy now freely available in Reception area.	Alison Jones	Completed 07/08/19
Delivery of safe and effective care				
The practice needs to develop a policy that outlines the arrangements for emergency contingencies which ensure the continuous safe running of the business.	Private Dentistry (Wales) Regulations 2017 Regulation 8(1o)	Emergency Contingency Plan now complete and discussed with all staff members.	Alison Jones	Completed 20/09/19
The practice needs to maintain a log book to document and validate the manual cleaning of	Private Dentistry (Wales)	Log book now in use in decontamination room.	Gaenor Davison	Completed 23/09/19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
dental instruments that takes place before the sterilisation process.	Regulations 2017 Regulation 13(3b)			
The practice must provide evidence to HIW that the member of staff has completed the required amount of verifiable training on disinfection and decontamination.	Private Dentistry (Wales) Regulations 2017 Regulation 17(3a)	Staff training complete and evidence provided to HIW.	Gaenor Davison	Completed 24/09/19
The practice must provide evidence to HIW that the member of staff has completed advanced training (level 2) in the safeguarding of children and vulnerable adults.	Private Dentistry (Wales) Regulations 2017 Regulation 14(1b)	Staff training complete and evidence provide to HIW.	Gaenor Davison	Completed 24/09/19
The practice needs to ensure a higher number of ultrasonic scaler handpieces are available within the dental surgery used by the hygienist.	Private Dentistry (Wales)	An order has been placed and handpieces received.	Gaenor Davison	Completed 24/09/19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulations 2017 Regulation 13(2a)			
The practice needs to ensure that the range of audit activities undertaken at the practice is sufficient to fully assess and monitor the quality of service provided to patients to deliver safe and clinically effective care.	Private Dentistry (Wales) Regulations 2017 Regulation 16(2d(ii))	3 audits are currently undertaken: <ol style="list-style-type: none"> 1. Audit of radiographs. This is updated 6 monthly and is ongoing. Start date November 2014. 2. Audit of decontamination/cross infection undertaken annually. Start date November 2016. 3. Implant audit. This started September 2013 and is ongoing. A 4 th audit has now been started to review dentist notes. We chose to start this audit following the advice of HIW during the inspection This will be reviewed 3 monthly.	Alison Jones	Completed 01/09/19
The practice must ensure that information from a patient's social history is used to form an	Private Dentistry	This has been implemented by all dentists.	Alison Jones	Completed 07/09/19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
overall patient risk profile and mouth cancer risk assessment.	(Wales) Regulations 2017			
The practice must ensure that the reasons for dental recall intervals for patients are consistently recorded in patient records in line with professional guidelines.	Regulation 20	This has been implemented by all dentists and hygienists.	Alison Jones	Completed 07/19/19
Quality of management and leadership				
No improvements were identified for this section.				

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): Alison Jones

Job role: Principal Dentist / Registered Manager

Date: 25 September 2019