

General Dental Practice Inspection (Announced)

Bridge Street Dental Practice /
Hywel Dda University Health
Board

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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 Bridge Street Dental Practice at 21-23 Bridge Street, Haverfordwest, SA61 2AL, within Hywel Dda Health Board on the 6 September 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, 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 Bridge Street Dental Practice was committed to 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.

However, we found some evidence that the practice was not fully compliant with all relevant regulations.

This is what we found the service did well:

- Staff were polite and professional when communicating with patients.
- Patient records were maintained to a high standard and stored securely.
- Patients were able to provide anonymous feedback regarding the care and treatment they received.
- Comprehensive policies were in place to ensure the safety and wellbeing of staff and patients.
- There was a variety of oral health information displayed in the practice.

This is what we recommend the service could improve:

- Staff to receive training in the safeguarding of vulnerable adults and children.
- Staff to receive further update training in Cardiopulmonary Resuscitation (CPR).
- Process of monitoring when maintenance is due for decontamination equipment.
- Processes for monitoring the emergency drugs stock.
- Policies are required for the recruitment, induction and retention of staff.

- Updates are needed to the statement of purpose and the patient information leaflet.
- All literature and signage need to be updated to reflect the new owner's details.

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

3. What we found

Background of the service

Bridge Street Dental Practice is located in the town centre of Haverfordwest. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

The practice has a staff team which includes two dentists one of whom is the principal dentist, three dental nurses and a receptionist. There is also a student nurse on placement.

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

Quality of patient experience

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

Overall, Bridge Street Dental Practice had suitable processes in place to ensure patients received a positive experience while at the practice.

Patients told us that they were able to get an appointment when they needed it.

The practice had a wide range of information to support patients in making effective choices about good oral health and treatment options when necessary.

There was a welcoming atmosphere, and we saw staff make a conscious effort to make patients feel relaxed and at ease.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 17 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:

"Excellent service and care for myself and my family"

"Excellent service for my son with learning difficulties"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients were content with the service and did not provide any suggestions for improvement.

Staying healthy

Health promotion protection and improvement

The majority of patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We saw that a wide range of information was available to patients within the waiting areas, covering private and NHS treatments as well as general information around oral health for both adults and children. This was available on notice boards, leaflets and in a patient information folder kept in the waiting area. This included information on preventative, restorative and orthodontic areas with pictures and diagrams for ease of understanding.

Dignified care

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

Staff told us that if they needed to hold a private conversation with a patient, they used the small staff room near reception or the surgery if free to ensure discussions upheld patient confidentiality. We noted that the practice had various policies that related to privacy, dignity and confidentiality. We saw that the surgery door was kept closed during treatment.

We noted that the 9 Principles as set out by the General Dental Council (GDC)¹ was displayed 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.

We saw reception staff welcoming patients in a friendly manner and being polite and courteous when speaking to them.

Patient information

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. Where applicable, all of the patients also said they had received clear information about available treatment options and all but two said the cost was always made clear to them before they received any treatment.

On assessment we identified that the patient information leaflet requires updating with regard to information on the dental team. There were details of

¹ <https://standards.gdc-uk.org/>

past employees that need to be removed and replaced with the current dental team. The service must also ensure that there are enough leaflets available for patients to take away.

Improvement needed

The service needs update the patient information leaflet to include the names of the current dental care professionals and provide a copy to HIW.

The service needs to ensure that there are enough patient information leaflets available.

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.

NHS services must consider that Welsh speaking patients are offered language services that meet their needs as a natural part of their care as required by the Health and Care Standards. It was positive to see that most of the written information provided for patients was available in English and Welsh. However, we were told that there were no Welsh speaking staff at the practice and that there were no arrangements in place to source translation services should a patient wish to converse in Welsh or any other language.

The service should consider what services they can provide to meet the needs of people who do not speak English as a first language.

Timely care

Just under a third of patients who completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem.

Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice, on the patient information leaflet, in the patient folder available in the waiting area and on the practice's answerphone message.

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

The practice made efforts to ensure patients were seen in a timely manner and stated that the instances of appointments overrunning were rare. Staff told us

that if a dentist was running late they would advise the patient waiting of any delay and allow them to reschedule if required.

Individual care

Planning care to promote independence

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

During the inspection we noted that treatment options had been recorded on all relevant records we reviewed. This provided assurance that patients were supported to make choices about their treatment options.

People's rights

The practice is located on the first floor above a row of shops. The practice was not accessible for wheelchair users or people with extensive mobility problems due to the only access being via stairs. However, this is clearly explained in the patient information leaflet.

The service had a comprehensive policy called The Equality Diversity and Human Rights policy to support staff and patients. This meant the practice was able to deliver on its commitments under the Equality Act 2010. We also saw a patient acceptance policy and the arrangements for accepting new patients were also provided in the patient information folder.

Listening and learning from feedback

We found that there was a complaints policy in place called the 'Customer Care and Complaints Handling Procedure'. This was compliant with the NHS Putting Things Right² and the Private Dentistry Regulations. However, the policy needs to include the contact details for HIW.

Complaints were recorded in a log which showed a contemporaneous account of proceedings. We were told that verbal comments were also recorded on patients' digital notes which are then addressed by the registered manager.

² <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

We saw that patient questionnaires were available in the waiting area for patients to take and complete anonymously.

In order to demonstrate to all patients that the practice listens and acts on their feedback we recommend that the practice display the outcomes or changes made as a result of patient feedback in the waiting areas or the patient information leaflet.

Improvement needed

The service should inform patients of the outcomes and any changes made as a result of patient feedback The complaints policy needs to include contact information for HIW.

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 provided with safe and effective dental care.

Patient records were maintained to a high standard.

We found that the clinical facilities were very well equipped, and there were arrangements in place for the safe treatment of patients.

The additional measures that the practice had in place to re-assure staff against exposure to x-rays were particularly noteworthy.

We recommend that the practice should review their management of emergency drugs stock to ensure out of date stock is disposed of.

Safe care

Managing risk and promoting health and safety

The practice occupied the first floor above a shop which was located on a pedestrianised shopping area. The practice consisted of, a surgery, the reception/waiting area, decontamination room, kitchen/staff room and a patient/staff toilet. The surgery was modern and well equipped. There were plans in place to open a second surgery and at the time of the inspection renovations were ongoing.

The practice was bright, light, tidy and spacious. The outside of the building appeared to be well maintained. Inside, the building had been designed and purpose built for the practice with consideration given to staff and patients' needs. The surgery had been recently refurbished to a good standard.

Overall we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting, the practice. We saw that there were a number of comprehensive policies in place including a health and safety policy, risk management policy and emergency contingency policy. Policies and risk assessments were readily available to all staff. There was an environmental

risk assessment in place to help protect both staff and patients. However, there was no policy in place for ensuring the premises were fit for purpose. We recommend putting a policy or process in place to ensure the premises is well maintained.

We noticed that low level windows in the reception and waiting areas could pose potential risk to children when open. We advise the practice to consider, as part of a future risk assessment, how best to protect children from any dangers associated with open low level windows.

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months. Two members of staff had completed formal fire training and we advise that other staff should complete this. Fire drills were carried out and a log kept to evidence these.

The emergency exits were clearly signposted and emergency lighting was installed. A no smoking sign was displayed which reminds staff and patients of the smoke free premises legislation³. A Health and Safety poster telling staff what they need to do to ensure their health and safety in the workplace was displayed within the practice.

The practice had a resuscitation policy in place and all staff had received cardiopulmonary (CPR)/emergency training. However, although CPR training was up to date the content of the recent training was unclear. We recommended that all staff were booked onto a refresher course immediately to ensure the correct content is covered in line with the Resuscitation Council (UK) guidance.

Improvement needed

The service needs to put a policy in place to ensure the maintenance of the building is fit for purpose.

The registered manager needs to arrange updated training for all clinical staff in CPR and provide evidence of this to HIW.

³ 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.

Infection prevention and control

Overall, we found evidence that suitable infection prevention and control measures were in place which were documented in an appropriate infection control policy. There were no concerns given by patients over the cleanliness of the dental practice; every patient who completed a questionnaire felt that, in their opinion, the dental practice was 'very clean'.

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁴. However, we identified that the decontamination room required decluttering. There were free standing shelves blocking access to a hand washing basin. We recommend that the layout of the room is reviewed with consideration given to adding wall mounted storage. The counter also housed decommissioned machinery which needed to be removed.

We saw evidence that an infection control audit took place in 2017 using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recommend that this audit is carried out annually.

We also found that the autoclave had not been maintained in line with the manufacturer's guidelines. This was rectified on the day of the inspection as the registered manager was able to find a replacement machine. We saw that the new autoclave had been recently serviced and so we were assured that decontamination could take place safely. We recommend that the provider puts a process in place that ensures routine maintenance is carried out timely.

We saw that the surgery was modern and well equipped. However, we noticed the sealant on the splash back in the surgery needed to be replaced. We also saw that there was only one wall mounted hand gel in the surgery and advised installing a second hand gel dispenser on the opposite wall.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored

⁴ 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.

appropriately. Collections by the local council were in place for the disposal of non-hazardous (household) waste.

The practice had made appropriate arrangements with the local occupational health service to deal with any sharps injuries and/or vaccinations. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

We saw that the principal dentist used a traditional metal local anaesthetic delivery syringe system. We discussed the importance of undertaking a sharps audit and staff educational programme to assess the risks from sharps injuries and ensure appropriate control measures are in place.

We advised that safer sharps devices be made available to reduce the potential incidence of sharps injuries in staff and that single use disposable local anaesthetic delivery syringes that incorporate a mechanism to protect against accidental injury are available for use.

Improvement needed

The registered manager needs to put a system in place that ensures decontamination equipment is maintained routinely.

The registered manager must undertake a sharps audit and consider making available disposable local anaesthetic delivery syringes that incorporate a mechanism to protect against accidental injury.

The service needs to review the layout of the decontamination with consideration given to adding wall mounted storage

Medicines management

The practice held procedures in place to deal with patient emergencies including a resuscitation policy. We saw evidence that all staff had received training within the last 12 months on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Healthcare providers have an obligation to provide resuscitation skills in the event of an emergency and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to their role.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) Guidance. However, we found a box of expired emergency medication that was kept with current emergency drugs cupboard. To mitigate the risk of using out of date medication the practice needs to put in place a procedure to ensure the safe handling and using old medicines.

The practice had policies and procedures in place that had been agreed by all staff, to ensure appropriate obtaining, handling and using of medicines. Drugs and prescription pads were kept in a cupboard. Concerns regarding adverse reactions to drugs were reported by the yellow card system.

First aid kits were also available at the practice, all of which contained appropriate items that were in date. The practice had two appointed first aiders both of whom had appropriate first aid training.

Improvement needed

The service needs to put a process in place to ensure expired medications are disposed of.

Safeguarding children and adults at risk

The practice had a safeguarding policy in place for the protection of children and vulnerable adults 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 lead at the practice.

We identified that one member of staff had not undertaken recent training in the safeguarding of children and vulnerable adults. The practice must ensure that all staff are trained to level 2.

Staff were aware of the All Wales Child Protection Procedures 2008, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales. A copy was available in the reception area for staff perusal.

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)⁵ checks to ensure the person is fit to work in a dental practice in accordance with the regulations.

Improvement needed

Registered provider to ensure all staff members are appropriately trained 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 the dental surgery had been well maintained and was in good condition. We saw that the surgery contained appropriate equipment for ensuring the safety of patients and the dental team.

All radiological equipment was maintained and in good working order. Suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. However, the radiation protection file required updating as information contained within it was out of date.

We saw that the practice used traditional reusable local anaesthetic syringes. We recommend that a risk assessment is undertaken of this process and that appropriate safety devices such as needle guards are used to mitigate against the risk of accidental injury. Alternatively, the practice could use single use disposable local anaesthetic delivery syringes that incorporate a safety mechanism to protect against accidental injury.

Compressors used at the practice were regularly serviced and certificates demonstrating this were available. In accordance with the requirements of the GDC⁶ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017,

⁵ 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).

⁶ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

applicable staff must receive training for IR(ME)R. Both dentists had completed the required training.

Improvement needed

The registered manager needs to undertake a risk assessment of the anaesthetic syringes including actions taken to mitigate the risk of accidental injury.

Effective care

Safe and clinically effective care

We saw evidence that the practice had a number of clinical audits in place to help demonstrate keeping up to date with professional standards. Results of the audits will help to identify areas for improvement and support any changes to dental team practices.

The practice had appropriate arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

We found evidence throughout the course of the inspection that professional, regulatory and statutory guidance such as NICE guidelines, were given due consideration and were followed where appropriate.

Quality improvement, research and innovation

We were told that the practice was not using any practice development tools such as the Welsh Deanery Maturity Matrix Dentistry practice development tool⁷ or the BDA good practice guide⁸. These development tools encourages the team to focus on best practice and legislative requirements and on how they work. We

⁷ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

⁸ <https://www.bda.org/goodpractice>

advised the practice manager that the practice should consider using a development tool, to further enhance the quality of care for patients.

Some clinical audits have been completed but we recommend that further audits are undertaken and implemented as they are central to effective quality assurance. For example these include, but not limited to, smoking cessation, Infection Prevention and Control and Anti-microbial prescribing. To support this the practice should also develop a policy setting out the arrangements for clinical audit as required by the regulations.

Improvement needed

The practice needs to complete and implement a series of clinical and practice audits as recommended by nationally recognised guidance.

The registered manager needs to develop an audit policy in order to support the completion of clinical audits.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly.

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

Record keeping

We saw an appropriate records management policy and system in place which ensures patient records are safely managed. Entries were clear and legible. We found the records contained sufficient information regarding patient identifiers, previous dental history and reasons for attendance.

The practice had an appropriate consent policy in place which ensured that the rights of patients who lack capacity are upheld.

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 that the registered manager has been committed to improving the care provided to patients since taking over the practice earlier this year.

Staff worked well together and had in most instances, had received the necessary training for their roles and responsibilities.

A wide range of policies and procedures were in place to ensure the safety of staff and patients.

Governance, leadership and accountability

Bridge Street Dental Practice is owned by the principal dentist, who is both the responsible individual⁹ and registered manager¹⁰. They are supported by a wider team of clinical staff.

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.

⁹ 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).

¹⁰ A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

The principal dentist confirmed that they were aware of their duties as registered manager regarding notifications that must be sent to HIW under the regulations 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 private dental services as required by the regulations.

Staff and resources

Workforce

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.

The registered manager told us that appraisals with all members of staff will take place later in the year to provide feedback to staff about their performance and to review any CPD opportunities.

Due to the practice being taken over five months ago and the recent long term sickness of the practice manager there has only been one staff meeting held. We were told that a meeting is scheduled shortly. Practice meetings allow staff to identify lessons learned and provide an opportunity for staff to raise any issues they may have. The registered manager confirmed that 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 that there was no policy in place to support staff to raise concerns about care provided by staff within the practice. We recommended that a whistleblowing policy be put in place.

We were told that the registered manager had not undertaken any formal managerial training. However, one of the senior dental nurses has been booked onto a management and leadership course in view to take on the role of practice manager.

We were told that the practice manages to maintain an appropriate number of qualified staff working at the practice at all times without having to employ temporary locum dental nurses. The registered manager informed us that during

times of sickness and annual leave they use staff from their other practice to provide cover and continuity of care.

There was no recruitment policy in place to help guide the practice in the safe recruitment of new members of staff. A policy is required that sets out the process to follow including appropriate pre-employment checks the practice would undertake to ensure new staff are suitably qualified and fit to work with patients.

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 all except one member of clinical staff. In order to help ensure the safety of patients and staff we recommended all staff have a DBS check as a matter of requisite.

Improvement needed

The service needs to put in place a recruitment, induction and staff retention policy.

The service must ensure all staff at the practice have received a DBS check at the appropriate level for their role.

The service needs to put in place a whistleblowing policy.

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 |
|--|---|---|--|
| <p>We found that the autoclave had not been serviced in line with the manufacturer’s guidelines.</p> | <p>This meant that we could not be assured that equipment was being decontaminated appropriately and potentially posed a risk to patients from cross contamination.</p> | <p>We raised this concern with the principle dentist during the inspection and requested this was immediately resolved.</p> | <p>The principle dentist escalated this and obtained a replacement autoclave from another practice which we saw had been serviced within the last 12 months. This was out in place on the day of inspection and we were assured that appropriate decontamination could take place.</p> |

Appendix B – Immediate improvement plan

Service: Bridge Street Dental Practice

Date of inspection: 6 September 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 |
|---|------------|----------------|---------------------|-----------|
| There were no non-compliance issues 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):

Job role:

Date:

Appendix C – Improvement plan

Service: Bridge Street Dental Practice

Date of inspection: 6 September 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 service needs to review and update the patient information leaflet to include details of the current dental care professionals and provide a copy to HIW | Private Dentistry (Wales) Regulations 2017 Reg 7 (a) & (b) | The practice has produced an updated patient information leaflet, which includes all the relevant points covering the Regulations 7 (a patients guide) requirements. A copy has been sent to the HIW | Mr Michael Shaw | completed |
| The service needs to ensure there are enough copies of the patient information leaflet available in the reception/waiting area. | Private Dentistry (Wales) Regulations 2017 Reg 6 (2) & (3) | We have 25 (printer friendly) copies ready for patients in the waiting room. We will ensure this is replenished and updated on a regular basis. We also have a hard copy in Word and PDF format which can be emailed to patients as requested. | Mr Michael Shaw | completed |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|---|--|---|---------------------|-----------|
| The service needs to review and display outcomes of feedback in the waiting area. | Private Dentistry (Wales) Regulations 2017 Reg 16 (d) | <p>Bridge Street Dental Practice will ensure that we will collate the views of our patients and where necessary, make changes to the service delivery, treatment or care provided in order to reflect</p> <p>Additionally, we intend to produce a yearly patient satisfaction survey to monitor our services and gain patient feedback for improvement.</p> <p>We will gain feedback continually with our patient's survey forms which are available in the waiting room. There is a patient's privacy box for patients to post their thoughts anonymously. We also gain views via the dentist's providing care and communicating with other members of staff</p> | Mr Michael Shaw | completed |
| Delivery of safe and effective care | | | | |
| The registered manager needs to arrange further CPR training for all clinical staff and provide evidence to HIW | The Private Dentistry (Wales) Regulations 2017 Reg 31 (3) (a) | Arrangements have been made for all staff to receive CPR training, evidence has been submitted to the HIW | Mr Michael Shaw | completed |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|---|--|--|---------------------|-----------|
| The registered manager needs to put a process in place where emergency drugs are regularly checked and expired medication is disposed of. | The Private Dentistry (Wales) Regulations 2017 Reg 13 (4) (a) | We have a Protocol in place for the management of emergency drugs and checking of expiry dates. This is already implemented. A drugs log along with all other Emergency equipment is checked, either daily, weekly or monthly accordingly. All staff are aware of the disposal of out of date emergency drugs, via our waste agreement with Initial Medical | Mr Michael Shaw | completed |
| The registered manager needs to put a process in place to ensure decontamination equipment is maintained routinely. | The Private Dentistry (Wales) Regulations 2017, Reg 8 (d) | <p>We have implemented a process to enable us to monitoring the quality and suitability of facilities and equipment, including the maintenance of such equipment;</p> <p>We have created a practice Calendar with all our service contractors due & review dates. Which is visible for all the team. We will also receive emails from our external contractors when our services are due for renewal</p> <p>All our Practice certificates will be held in the Practice Certificate file, for easy access</p> | Dr Michael Shaw | completed |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|---|--|--|------------------------|------------------|
| <p>The service needs to put a maintenance policy in place to ensure the premises is safe and fit for purpose.</p> <p>The service needs to put a process in place to ensure that a planned maintenance schedule has been undertaken.</p> | <p>The Private Dentistry (Wales) Regulations 2017</p> <p>Reg 8(c) & 22(1)(2)</p> | <p>We have implemented a process for all maintenance of the premises. We have created a File with a calendar of events with review and due dates of up and coming maintenance works. We have external contracts in place for annual testing of</p> <ul style="list-style-type: none"> Fire Alarms Emergency Lighting Firefighting equipment Portable Electrical Testing Security Alarm Maintenance of Autoclave, X-ray, Compressor, Water Lines <p>We have completed a Practice Building Inspection Risk assessment in October 2019. We will review this annually</p> <p>Ensuring that the premises are fit for purpose at all times also we are demonstrating that we deliver services that are safe and compliant.</p> | <p>Dr Michael Shaw</p> | <p>completed</p> |
| <p>The practice needs to undertake a risk assessment that includes the use of appropriate safety devices to mitigate against the risk of accidental injury if continuing to use reusable</p> | <p>Health and Care Standards 2015</p> <p>Standard 2.9</p> | <p>We have completed a Sharps risk assessment. Which all team members have signed to acknowledge.</p> | <p>Dr Michael Shaw</p> | <p>completed</p> |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|---|--|--|------------------------|----------------------|
| <p>local anaesthetic syringes or alternatively use single use disposable local anaesthetic delivery syringes that incorporate a safety mechanism.</p> | | <p>We also have a Sharps Policy in place which all staff have signed and are able to access. It is also displayed in the Decontamination room.</p> <p>We have processes in place that ensure equipment, and devices are maintained, cleaned and calibrated in accordance with manufacturer's guidelines, ensuring they are appropriate for their intended use and for the environment in which they are used.</p> <p>We will discuss and review Policies at team meetings with regards to training of safe use, safe disposal and risks</p> <p>We have Policies and procedures in place for decontamination by competent staff in an appropriate environment</p> | | |
| <p>The registered manager needs to ensure all clinical staff are trained in the safeguarding of children and adults.</p> | <p>Private Dentistry (Wales) Regulations 2017 Reg 14 (b)</p> | <p>All the team have access to online training through Isopharm.</p> <p>Isopharm provide both level 1 and 2 refresher training which covers clinical and non-clinical team members. There are</p> | <p>Dr Michael Shaw</p> | <p>December 2019</p> |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|--|--|--|---------------------|-----------|
| | | <p>currently only 2 non clinical members who need to update Level 1 refresher training.</p> <p>I will ensure that staff are made aware of the need to safeguard children and adults at risk & are familiar with</p> <p>any national procedures for the protection of children and adults at risk;</p> <p>Non- clinical team members must receive Level 1 in Safeguarding Training. A minimum of 2 hours refresher training should be obtained in a three year period.</p> <p>Clinical team members must receive Level 2 Safeguarding Training which incorporates Level 1 training. A minimum of 3 – 4 hours of refresher training should be obtained over a three year period.</p> | | |
| The service must ensure all staff at the practice have received a DBS check at the appropriate level for their role. | Private Dentistry (Wales) Regulations 2017 | All current staff have received DBS checks | Dr Michael Shaw | completed |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
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| | Reg 18 (3) Schedule 3(2) | | | |
| The service needs to review the layout of the decontamination with consideration given to adding wall mounted storage | Private Dentistry (Wales) Regulations 2017 Reg 22(a) | The Decontamination room has undergone an overhaul. All unused equipment has been removed. We have removed the free-standing shelving and utilised the storage units below. There is a clear flow for instrument decontamination | Dr Michael Shaw | completed |
| The service needs to perform the Welsh Health Technical Memorandum (WHTM) 01-05 annually. | Private Dentistry (Wales) Regulations 2017 Reg 16 | The Practice has downloaded the Audit tool document from the Wales Deanery website. We plan to complete the audit as soon as possible in line with the high standard received from our previous decontamination audit | Dr Michael Shaw | December 2019 |
| Quality of management and leadership | | | | |
| The practice needs to complete and implement a series of clinical and practice audits as recommended by nationally recognised guidance. | Health and Care Standards 2015 Standard 3.1 Private Dentistry (Wales) | Bridge Street Dental practice has implemented a list of clinical and Practice audits. These will include the arrangements for a Clinical Audit in line with recommended Wales Denary guidelines | Dr Michael Shaw | April 2020 |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|---|--|--|---------------------|-----------|
| <p>The registered manager needs to develop an audit policy in order to support the completion of clinical audits.</p> | <p>Regulations 2017 Regulation 8(n) & 16</p> | <p>Smoking cessation audit, radiography audit, antimicrobial prescribing audit, clinical note taking audits. Alongside peer assessment from other local practices.</p> <p>This will be further supported with our practice team meetings to communicate and to regularly seek the views (including the descriptions of their experiences of care and treatment) of patients and persons who are employed in or for the purposes of the private dental practice; and Listening and Learning from Feedback</p> <p>A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against specific criteria in line with the Wales Denary guidelines on recommended audit</p> <p>The registered manager has also undertaken an audit CPD course to familiarise with up to date practice alongside a practice policy on</p> | | |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
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| | | completing audits and improving patient care. | | |
| The registered manager must put a policy in place for recruitment, induction and retention of staff. | Private Dentistry (Wales) Regulations 2017 Reg 8 (h) | Bridge Street Dental Practice have a policy in place for recruitment, induction and retention of staff. All the staff has signed to acknowledge the Policy and know where to access it for future reference | Dr Michael Shaw | completed |
| The registered manager must ensure there is an effective procedure in place where staff are able to raise concerns. | General Dental Council Guidance 8.4 | Bridge Street Dental Practice have a policy in place for Practice Poor Performance Reporting Policy (Whistleblowing Policy) All the staff has signed to acknowledge the Policy and know where to access it for future reference | Dr Michael Shaw | 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 Bridge Street Dental Practice

Name (print): Michael Shaw

Job role: Registered Manager

Date: