

General Dental Practice Inspection (Announced)

Beynon's Dental Practice/Cwm
Taf Morgannwg University Health
Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Beynon's Dental Practice at 16 Park Street, Bridgend, CF31 4AX within Cwm Taf Morgannwg University Health Board on the 7 October 2019.

Our team, for the inspection comprised of a HIW inspector 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 Beynon's Dental Practice was working hard to provide safe and effective care to their patient population.

The practice was clean, tidy and free from hazards and had facilities situated on the ground floor to ensure accessibility for all. The service needs to improve patient record keeping to ensure patient notes are maintained in line with professional standards and guidelines.

This is what we found the service did well:

- Staff were professional and polite when speaking with patients.
- Emergency equipment was available and maintained in line with the recommendations
- Systems were in place to ensure staff were supported and had the necessary training to deliver their roles efficiently.
- Systems were in place to capture patient feedback, comments and complaints.

This is what we recommend the service could improve:

- The patient information leaflet and the statement of purpose need updating to comply with the Regulations.
- The service needs to display radiation warning signs on the surgery doors where x-rays are taken
- The registered provider needs to obtain the MRHA number for the laboratory being used by the practice.

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

We identified regulatory breaches during this inspection – further details can be found in Appendix C. Whilst 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

Beynon's Dental Practice provides services to patients in the Bridgend area. The practice forms part of dental services provided within the area served by Cwm Taf Morgannwg University Health Board.

The practice has a staff team which includes four dentists, two of whom are the registered managers, five dental nurses, two receptionists and a practice manager.

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

Quality of patient experience

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

Overall, we found Beynon's Dental Practice was committed to providing a positive experience for patients. Over half of the patients who completed a HIW questionnaire rated the service provided by the dental practice as 'excellent' or 'very good'.

The service had one surgery located on the ground floor, which enabled patients with mobility difficulties to be treated at the practice.

The practice had taken accessibility into account and had well equipped toilet facilities located on the ground floor with hand rails and an emergency alarm installed.

Prior to our inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the service provided. In total, we received 37 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; the majority 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:

"Care and service is always of a high service. Very friendly and understanding dentist"

"Never have to wait long in the waiting room, appointments are punctual"

"Very pleased with the care received every time for the past 15 years. I have been registered with the practice! Thank you"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patient comments included:

“Availability of more parking for patients”

“More available appointments to get seen although unsure if this is possible”

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 health promotion information was available in the reception/waiting areas, including practice specific information leaflets and various health and cosmetic promotion leaflets.

A sign displaying the practice name, telephone number, opening hours and names of the dentists was located on the outside of the building near the entrance.

Several signs displaying 'No Smoking' were also displayed which confirmed the emphasis placed on compliance with smoke free premises legislation¹.

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner and we heard staff speaking to patients in a friendly and professional way. Every patient who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff were able to have private conversations with patients within the dental surgeries (if empty) or in a private room on the ground floor, away from the reception/waiting area, if required.

¹ The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

The General Dental Council's (GDC) 9 principles² were displayed in the waiting area and therefore in line with the Private Dentistry (Wales) Regulations 2017.

We found that there were sufficient systems in place to ensure the security of patient information. Electronic records were backed up daily and paper files were kept securely in filing cabinets within a locked room.

Patient information

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

The majority of the patients said the cost was always made clear to them before they received any treatment. Price lists for NHS and private treatments were displayed in both waiting rooms.

The practice had patient information leaflets available in the waiting area which we found contained most of the information specified by the Regulations. We recommend that the leaflet is updated with details of the current dental team and also needs to include arrangements of staff training and development.

We also reviewed the statement of purpose and found this to contain most of the information required by the regulations.

The statement of purpose and patient information leaflet also need to be reviewed annually in line with the Regulations.

We saw that the practice's opening hours were displayed on the front door of the practice and the names and relevant qualifications of the dental team were displayed in the waiting area in accordance with professional guidelines.

² The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom. This means that the principles apply to all the dental team members and sets out what patients can expect from a dental professional.

Improvement needed

The statement of purpose and patient information leaflet need to be reviewed annually in line with the Regulations.

Communicating effectively

All but one of the patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language. Staff told us that there are Welsh speaking staff at the practice and that they would make every effort to ensure patients were able to speak to staff in their preferred language.

Some information was displayed in both English and Welsh. In addition, staff told us that if patients required written information in Welsh or another language, they would try to arrange this. However, there was no information displayed about these services being available. We advised that more information on translation services be displayed at the practice.

Timely care

We observed that the practice endeavours to provide dental care in a timely manner. The vast majority of patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it. Staff described a process for keeping patients informed about any delays to their appointment times.

Around half of the 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. An out of hours telephone number was displayed on an information board outside the entrance to the dental practice and emergency appointment information was listed within the patient information leaflet.

Individual care

Planning care to promote independence

Where applicable, all but two of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

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

People's rights

We noted that the practice had a dedicated Equal Opportunities Policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

The practice had a reception, waiting area and one surgery located on the ground floor. Doorways were wide enough to accommodate mobility aids and/or pushchairs.

The patient toilet was located on the ground floor and was clearly signposted. The toilet was well equipped for patients with mobility problems with hand rails and an emergency pull alarm installed. Hand washing and drying facilities were provided.

The patient information leaflet clearly describes the arrangements for access to the practice.

Listening and learning from feedback

The practice had a complaints policy and procedure in place. Information for patients on how to raise a concern was displayed for patients in the waiting areas and the patient information leaflet. The NHS Wales Putting Things Right³ information was located in the waiting areas and also within the patient information leaflet.

The complaint information also included private treatment complaints. Information regarding response timescales and details of organisations that could be contacted to assist patients with their concerns if required was included.

The practice had a system in place to record, monitor and respond to any complaints received. Staff told us that they would review any complaints to identify any themes with a view to making improvements to the services provided.

³ 'Putting Things Right' is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

The practice had systems in place to obtain patient feedback via questionnaires and a suggestion box. Questionnaires were available in the waiting rooms for patients to complete and post anonymously in the box. The results of which are analysed and reviewed to identify any themes arising. Staff told us that no official complaints had been made.

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.

The clinical facilities were in good condition, well equipped, and arrangements were in place for the safe use of x-rays equipment.

We saw a range of policies and procedures in place that outline arrangements for safe and effective patient care.

We identified some improvements that need to be made to the recording of patient notes.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice. The practice had various policies and procedures, as well as risk assessments in place, which were current for ensuring the premises were fit for purpose.

The practice occupied a purpose built building which was located in a residential area close to the town centre. The staff and patient areas occupied three floors. A surgery and reception/waiting area and patient toilet were located on the ground floor. Another two surgeries, waiting area and decontamination room were located on the first floor. The staff room, staff toilet, store room and offices were located on the second floor. Patients were not allowed access to the second floor. The surgeries were all clean and well equipped.

The building was visibly well maintained both internally and externally. All areas within the practice were clean, organised and free from trip hazards. The reception and waiting areas were welcoming, bright and visibly clean.

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

Staff could change in the staff room 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.

Fire safety equipment were available at various locations around the practice and we saw this had been serviced within the last 12 months. The majority of staff had completed formal fire training. Fire drills were carried out and a log kept to evidence these. Emergency exits were clearly signposted. The service had an appointed fire safety officer.

A Health and Safety poster was displayed within the practice telling staff what they need to do to ensure their health and safety in the workplace.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had a named, appointed first aiders. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁴ .

We saw a Control of Substances Hazardous to Health (COSHH)⁵ policy was in place.

A comprehensive business continuity policy and disaster recovery strategy was in place which included the emergency contact details of all staff and essential business contractors in the case of an emergency.

The service was unable to provide us with the Medicines and Healthcare products Regulatory Agency (MRHA)⁶ number for the dental laboratory they

⁴ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

⁵ COSHH Regulations provide a framework to protect people at work against health risks that may arise from work activities that expose them to hazardous substances.

⁶ The Medicines and Healthcare products Regulatory Agency regulates medicines, medical devices and blood components for transfusion in the UK.

used. We recommended that they do not use the laboratory until they have this number to ensure safety and quality is maintained.

Improvement needed

The registered provider needs to obtain the MRHA number for the laboratory used. The laboratory should not be used until they have this.

Infection prevention and control

Overall, we found evidence that suitable infection prevention and control measures were in place which were documented in an infection control policy. The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁷.

The decontamination room was well equipped, visibly clean and tidy. Staff had access to and were seen to use personal protective equipment (PPE) when working in the decontamination areas.

We saw evidence of a log book that confirmed staff had been undertaking daily checks to ensure that the sterilisation equipment was functioning correctly and had been meeting validation requirements.

Separate storage boxes were available for the isolation of sterile [clean] and used [dirty] instruments.

We saw hazardous (clinical) waste was being stored securely and saw evidence that a contract was in place for the safe transfer and disposal of hazardous waste. However, we advised that the clinical waste bin stored outside the building should be secured to the wall.

We looked at records evidencing acceptable Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures

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.

were being taken to ensure that patients and staff were protected from this blood borne virus.

Medicines management

The practice had emergency drugs and emergency resuscitation equipment available that were in line with the Resuscitation Council (UK) standards⁸.

All items were situated in a locked room alongside the reception desk and easily accessible to staff in an emergency situation such as a patient collapse.

We saw evidence that regular documented checks were being undertaken on the drugs and equipment to ensure they remained in date and safe to use. We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training. The practice had a policy in place for resuscitation and managing medical emergencies.

Three members of staff had been trained in first aid to ensure that any persons at the practice that require first aid can be appropriately treated.

Staff were aware of the need to report any adverse reactions with medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme to help ensure healthcare products are acceptably safe for patients and those that use them.

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. All staff had received level 2 training in Adult and Child Safeguarding.

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

A copy of the All Wales Child Protection Procedures 2008 was available at the practice, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales.

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)⁹ checks to ensure the person is fit to work in a dental practice in accordance with the regulations.

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the practice and found that the dental equipment in both dental surgeries had been well maintained and was in good condition.

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 rules¹⁰ were displayed by the X-ray equipment to set out the working procedures to ensure that radiation exposure to staff is restricted

⁹ 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).

¹⁰ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

- the X-ray equipment had been regularly serviced and step wedges¹¹ had been used to evaluate the performance of the X-ray equipment and the film processing system
- 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.

However there were no radiation warning signs displayed on the surgery doors to identify them as controlled areas.

Improvement needed

The service need to display radiation warning signs on the surgery doors to show that is a controlled area.

Effective care

Safe and clinically effective care

The practice had a number of ongoing audits to monitor the quality and safety of the care and treatment provided to patients. We noted that an audit on compliance with the Welsh Health Technical Memorandum (WHTM) 01-05 decontamination best practice guidelines was ongoing. We advise that audits on antimicrobial prescribing and smoking cessation be added to the schedule of audits to further quality assure the care and treatment being provided.

We recommend that the audit activities described to us by the registered manager are detailed in a policy on the arrangements for clinical audit as required by the regulations.

There was little evidence to show that audit results are used to improve care. We recommend the practice use the audits to improve the quality of care at the practice.

¹¹ Step wedges can be used as a quality assurance test of the calibration of x-ray equipment and monitoring of the film processing used in dental radiography.

Improvement needed

The practice needs to develop a policy for clinical audit which includes all of the audits the practice plans to undertake and how clinical audit will be used to improve the quality of care provided at the practice.

Information governance and communications technology

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

Patient records were electronic and stored off site on a cloud based system which we were told was regularly backed up to protect patient records if something should 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 in a locked room to prevent unauthorised access.

Record keeping

We reviewed a sample of patient records. We found that records were clear and legible, however, we did identify areas where records need to be improved:

- There was limited evidence to demonstrate that medical histories were being updated at each follow up appointment
- We noted that limited treatment options were recorded and given to patients
- X-ray recalls were not being followed and where the need for x-rays was clinically indicated no x-ray had been taken.

The notes we reviewed were generally sparse and would benefit from being more personalised for each patient.

Improvement needed

The registered provider must improve patient records and ensure they are personalised for each patient. In addition, medical histories must be updated and signed by patients and countersigned and recorded in the notes by the dentist for every course of treatment. Treatment options and X-rays also need to be recorded within patient records.

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 service was committed to improving the care provided to patients

Staff worked well together and 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.

Staff were seen to be having annual appraisals and monthly meetings were held.

Governance, leadership and accountability

Beynon's Dental Practice is jointly owned by two principal dentists, who are the responsible individual¹² and registered manager¹³. They are supported by a wider team of clinical and non-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

¹² 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).

¹³ A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

patients and their co-operation and demeanour throughout the inspection process.

The practice might wish to consider making use of the Health Education and Improvement Wales Maturity Matrix Dentistry¹⁴ practice development tool which encourages the dental practice team to work together to identify key areas for improvement based on professional guidelines and on legislative requirements.

We found a wide range of policies and procedures were in place to ensure the safety of both staff and patients. We saw that policies had been regularly reviewed in line with the regulations and that staff had to sign to evidence that they had read and understood each policy.

The principal dentists 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 so that patients can claim any compensation to which they may be entitled.

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. Staff had a contract of employment and a job description setting out their roles and responsibilities and these were retained on staff files. New members of staff are given an induction training programme that followed British Dental Association guidelines.

¹⁴ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

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 take place annually to provide feedback to staff about their performance and to review any CPD opportunities.

Practice meetings are held once a month 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 displayed in the staff room to ensure any absent members of staff are aware of what was discussed.

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.

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. A recruitment policy was in place that set out the process to follow to recruit potential new members of staff and included appropriate pre-employment checks the practice would undertake to ensure new staff are suitably qualified and protected to work with patients.

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
No immediate concerns were found.			

Appendix B – Immediate improvement plan

Service: Beynon’s Dental Practice

Date of inspection: 7 October 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 concerns were found.				

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: Beynon’s Dental Practice

Date of inspection: 7 October 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				
<p>The service needs to update the patient information leaflet to include; the names of current dental staff and the arrangements for staff development.</p> <p>The service needs to update its statement of purpose to include the names and relevant qualifications of current staff and the out of hours telephone number.</p> <p>The statement of purpose and patient information leaflet need to be reviewed annually in line with the Regulations.</p>	<p>The Private Dentistry (Wales) Regulations</p> <p>Reg 7 (1)</p>	<p>Practice manager will update the patient information leaflet and include all training that staff have taken part in, and list core topics that we cover as part of CPD.</p> <p>New version completed in 2019</p> <p>Practice manager plans to review both documents annually.</p>	Helen James	3 months

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The registered provider needs to obtain the MRHA number for the laboratory used. The laboratory should not be used until they have this.	The Private Dentistry (Wales) Regulations Reg 13 (4) (c)	We have obtained the MHRA number, and purchased a stamp to record the number on the laboratory docket for the laboratory in question.	Helen James	Completed
The registered provider must improve patient records and ensure they are personalised for each patient. In addition, ensure medical histories to be updated and signed by patients for every course of treatment; medical histories to be countersigned and recorded in the notes by the dentists; treatment options and X-rays need to be noted on patient records.	The Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1) (a)(i)(ii) Health & Care Standards - Standard 3.5 Record keeping	Two principal dentists had already identified additional training was needed and booked themselves and two nurses on a "note taking course". Members of staff have started using what they have learnt.	James Beynon Elizabeth Beynon	Completed course on 13 th Nov 19 and 22 nd Nov 19. ongoing
The service need to display radiation warning signs on the surgery doors to show that is a controlled area.	The Private Dentistry (Wales) Regulations Reg 13 (3) (a)	Warning signs have been printed and laminated and displayed on all surgery doors.	Helen James	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice needs to develop a policy for clinical audit which includes all of the audits the practice plans to undertake and how clinical audit will be used to improve the quality of care provided at the practice.	The Private Dentistry (Wales) Regulations Reg 8 (N) 16 (a)	The practice has registered with the deanery and started the antimicrobial prescribing audit on 11 th Nov 19. Once completed we plan to complete the smoking cessation audit in March 2020. Practice manager will develop an audit policy listing all audits that the practice plan to undertake. Outcomes of all audits will be presented in practice meetings, and discussions on how to improve quality care will also be discussed and implemented.	Helen James	3 months Ongoing

Quality of management and leadership

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): Helen James

Job role: Practice Manager

Date: 25th November 2019