

General Dental Practice Inspection (Announced)

Quayside Orthodontics
(Carmarthen)

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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 Quayside Orthodontics (Carmarthen), 1st Floor MacGregor Office Suite, Jolly Tar Lane, Carmarthen, SA31 3LW within Hywel Dda University Health Board on the 11 November 2019.

Our team, for the inspection comprised of a HIW inspector and an orthodontic 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 Quayside Orthodontics provided a quality patient experience by a team of friendly and professional staff.

The practice was committed to delivering safe and effective care in a visibly clean, modern and well-maintained environment. This was supported by a suite of suitable policies, procedures and risk assessments.

We have made some minor recommendations for the practice to implement, in line with the relevant standards and regulations.

This is what we found the service did well:

- High levels of patient satisfaction and good methods of seeking patient feedback
- The environment was modern and well-maintained, which was supported by appropriate risk assessments and policies
- Evidence of good management and leadership.

This is what we recommend the service could improve:

- To implement an answerphone service
- To consider ways of displaying feedback to patients
- To undertake further audits and quality assurance activities.

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

3. What we found

Background of the service

Quayside Orthodontics (Carmarthen) provides services to patients throughout the Hywel Dda University Health Board area and beyond.

Quayside Orthodontics also operates from a second location in the Pembroke Dock area.

The practice has a staff team which includes one orthodontist, four dental nurses (one of whom undertakes administrative duties), the registered manager and an assistant manager.

The practice provides a wide range of orthodontic treatment, including removable and fixed orthodontic appliances. Invisalign aligners are also available to patients.

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 Quayside Orthodontics provided a positive experience for patients at the practice and we found suitable processes in place to support this.

The practice had good mechanisms in place to capture and act upon patient feedback. We also observed professional and friendly interactions with patients throughout the inspection process.

In order to fully promote the quality of patient experience, we have made two recommendations for the practice to implement in relation to an answerphone service and displaying the results of patient feedback.

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 39 HIW questionnaires were completed. Patient comments included the following:

"Excellent service, always available when needed"

"Staff here are so helpful, courteous and professional. Nothing is too much trouble for them. Always accommodating my needs"

"Excellent care. Every aspect of treatment discussed beforehand"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients were completely satisfied with the practice and offered no comments for improvements.

Staying healthy

Health promotion protection and improvement

We saw that a suitable range of written information on orthodontic care, treatment options and good oral hygiene for both children and adults was available within the waiting area for patients to read and take away.

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

Dignified care

We observed a range of staff speaking to patients in person and on the telephone in a polite and professional manner. Without exception, all of the patients who completed a HIW questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. All patients we spoke to during the inspection said they were satisfied with the care they were receiving.

Staff confirmed that should a patient wish to have a private conversation about their care or treatment options then this would be carried out in one of the available surgeries or offices. We also observed that surgery doors were closed when patients were receiving treatment in order to protect their privacy and dignity.

The practice had a comprehensive confidentiality and data protection policy in place to protect patient privacy. This covered matters such as protecting patient details, access to records and disclosure to third parties.

We noted that the 9 Principles developed by the General Dental Council (GDC) were on display within the waiting area to ensure patients were aware of the standards of care they should receive from dental professionals.

Patient information

The practice showed us a copy of the information pack that all patients receive at their first appointment. This pack included a bi-lingual copy of the practice's patient information leaflet and copies of any treatment plans to ensure that patients are aware of what treatment they are receiving and of the costs involved.

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. They also said that they had received clear information about available treatment options.

We saw that a price list for private treatment charges was on display in the reception area. All of the patients who completed a HIW questionnaire told us the cost was always made clear to them before they received any treatment.

We saw that the practice had the names and qualifications for all of the dental team displayed in an area where it could be easily seen by patients, as required by the General Dental Council (GDC).

Communicating effectively

The practice confirmed that some of the staff are able to provide a bi-lingual service to Welsh speaking patients. The practice also displayed the 'Cymraeg' logo on their reception desk to indicate that a Welsh language service is available.

For patients whose first language was neither English nor Welsh, the practice advised us that they would make every effort to find out about a patient's needs, including their language needs, prior to their first appointment. All patients who completed a HIW questionnaire told us that they were 'always' able to speak to staff in their preferred language.

The sample of patient records that we reviewed showed evidence of written treatment plans. This ensures that patients are provided with information to make informed choices about their treatment.

Timely care

Every patient who completed a questionnaire felt that it was 'very easy' or 'fairly 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 delays are a rare occurrence, but that patients would be informed about any delays upon arrival or as soon as possible thereafter.

We saw that the emergency out of hours telephone number was printed on the patient information leaflet and we were told that the main telephone number to the practice diverts to this when the practice is closed. However, around a third of the patients who completed a HIW questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem.

The practice told us that they did not currently have an answerphone system, but advised us that was due to be installed shortly after the inspection. We

recommend that an answerphone system is installed, ensuring that out-of-hours information is listed and that the recorded message is bi-lingual.

Improvement needed

The practice should implement an answerphone service.

Individual care

Planning care to promote independence

All of the patients who completed a questionnaire stated that the orthodontist enquires about their medical history before undertaking any treatment. This is required by professional guidelines to help an orthodontist understand potential diseases or identify medication that might impact on a patient's treatment.

In the sample of patient records that we reviewed, we saw evidence to confirm that histories were consistently recorded on patient records and updated regularly.

The treatment and services offered by Quayside Orthodontics were in accordance with their statement of purpose¹.

People's rights

The practice had an equal opportunities policy in place within their statement of purpose which demonstrates a commitment to ensure that everyone has access to fair treatment. In line with the Equality Act 2010, the policy acknowledged the need to deliver services and treatment to all patients regardless of a protected characteristic².

¹ 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.

² The Equality Act 2010 makes it an offence to discriminate against someone because of a protected characteristic. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

The practice had a new patient policy as required by the regulations which outlined the arrangements for accepting new patients into the practice. A copy of the policy was available to prospective patients to view upon request.

In terms of physical access, the practice was located within the vicinity of a car park and had a small amount of on-road parking. The practice operates on the ground floor of a purpose built premises, thereby ensuring access for patients with limited or restricted mobility.

It was positive to note that the practice had recently completed a disability access audit in order to assess the accessibility of its services to all.

Listening and learning from feedback

Overall, we found the practice had very good mechanisms in place to capture and act upon patient feedback, which helps to ensure the quality of patient experience and delivery of safe and effective care.

We saw evidence to confirm that the practice obtains feedback from patients through a range of methods:

- We saw that a feedback and suggestions box was available within the waiting area and that feedback could be provided anonymously
- We saw evidence to confirm that there was a mechanism to log any verbal feedback, comments or complaints and that this was acted upon appropriately
- We saw examples of patient satisfaction questionnaires, which all patients are asked to complete part-way through treatment and again at the end of the course of treatment. All feedback seen was positive
- We were also told that all patients are provided with a follow-up call within a few days of their treatment to seek feedback and to ensure satisfaction with their orthodontic appliance.

We saw evidence to confirm that the practice appropriately acts and reflects upon patient feedback. We saw examples of minutes from staff meetings where patient feedback was discussed and, during discussions with the Principal Orthodontist and registered manager, we were told about changes that were implemented as a result of patient feedback. Additionally, we also noted that the practice had completed a patient satisfaction audit earlier that year in order to identify any themes arising from patient questionnaire responses.

In light of the largely positive feedback and evidence of changes implemented as a result of feedback, we would recommend that the practice implements a method to display this feedback to patients (e.g. a 'You said, We did' style board).

The formal procedure for patients to raise a complaint or concern about their care was outlined in a complaints policy which was displayed for patients in the waiting area and in the patient information leaflet. The procedure enabled staff to handle any such complaints in a timely manner and included external contacts, including HIW, as required by the Private Dentistry (Wales) Regulations 2017.

Improvement needed

The practice should consider methods of displaying feedback to patients

Delivery of safe and effective care

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

We found that Quayside Orthodontics provided patients with safe and effective care.

All areas of the practice premises were modern and maintained to a high standard and this was underpinned by a range of appropriate policies, procedures and risk assessments.

We found infection control arrangements to be robust and saw evidence of daily checks to ensure consistent standards at all times.

A range of audits were already in place and we identified some additional audits the practice should implement to further improve the quality of the care and treatment provided.

Safe care

Managing risk and promoting health and safety

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

During a tour of the premises, all areas were clean, tidy and free from obvious hazards. The patient areas were spacious, welcoming and finished to an excellent standard. The overall building appeared to be well-maintained internally and externally and in a good state of repair.

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'.

We saw evidence to confirm that the dental laboratory was registered with the Medicines & Healthcare products Regulatory Agency (MHRA)³ to manufacture and provide custom made orthodontic materials.

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

- Seven practice staff had recently undergone fire training
- A fire risk assessment had recently been completed and actions had been reviewed and completed
- Fire extinguishers throughout the practice had been serviced within the last twelve months and a fire equipment maintenance contract was in place
- Weekly fire alarm tests had been undertaken and appropriately logged
- Emergency exits were appropriately signposted and monthly emergency lighting checks had been undertaken and logged
- A building wide fire drill had been organised for the month following the inspection.

A no smoking sign was displayed to remind staff and patients of the smoking free premises legislation. 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.

The first aid kit was well maintained and was kept in an accessible location. A full-time dental nurse had been trained in first aid and was the practice's appointed first aider. We would advise the practice to consider training other staff in first aid to ensure that there is a member of staff on-site who is first aid trained at all times, for example to cover periods of absence.

³ Manufacturers of custom-made dental appliances are legally required to register with the UK Medicines and Healthcare Products Regulatory Agency (MHRA).

The staff records we reviewed showed all staff had received up-to-date cardiopulmonary resuscitation (CPR) training. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁴.

Infection prevention and control

We found evidence that suitable infection and 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) 01-05⁵. The dedicated decontamination room was modern and visibly clean, following a dirty to clean decontamination route. 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 that the autoclave⁶ recorded its cycles digitally. We saw evidence of a log book that confirmed staff had been undertaking appropriate daily and weekly checks to ensure that sterilisation equipment, including the ultrasonic bath, was functioning correctly and had been meeting validation requirements. This also included evidence of a valid maintenance inspection certificate.

We saw that staff were appropriately transporting clean and used instruments between the surgeries and the decontamination room in secure boxes to help prevent cross-contamination. We also noted that, where single-use items are not used, the practice had appropriate methods and tools available to ensure the correct pre-sterilisation of instruments as part of the overall decontamination process.

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 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.

⁶ A medical autoclave is a device that uses steam to sterilize equipment and other objects

A contract was in place with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste. We saw that clinical waste was stored securely on the lower ground floor of the premises.

We looked at staff records and found an acceptable 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.

Staff and patient toilet and changing facilities were available within the practice. We saw that the toilet had appropriate feminine hygiene facilities and a shower, for staff use. Sufficient space for staff to store personal items was also available within the practice.

Medicines management

We saw evidence that the practice had emergency drugs and emergency resuscitation equipment available that met the Resuscitation Council (UK) standards⁷ and that these items were stored appropriately. We also saw a valid service maintenance certificate of the practice's oxygen cylinder.

We saw that the practice stored medicines and emergency drugs securely. We saw evidence to confirm that daily checks were undertaken and recorded on an appropriate log sheet.

The practice had a policy in place for resuscitation and managing medical emergencies in line with national guidelines for resuscitation. 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 to medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme⁸ to help the MHRA ensure healthcare products are acceptably safe for patients and those that use them.

⁷ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

⁸ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Safeguarding children and adults at risk

The practice had an up-to-date 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 details for staff to appropriately report any concerns to the relevant local safeguarding agencies.

The safeguarding lead for the practice was the registered manager who had oversight of safeguarding matters. The registered manager confirmed that knowledge of safeguarding issues is disseminated through staff induction and training and that consideration is being given to providing in-house training in the future. We saw evidence to that all clinical and non-clinical staff were formally trained to an appropriate level.

Medical devices, equipment and diagnostic systems

We found the clinical facilities at the practice, including the dental equipment, were safe and well-maintained.

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

- Clinical staff had received up-to-date ionising radiation training
- A radiation policy was in place and local rules⁹ were displayed by the radiographic (x-ray) equipment to set out the working procedures to ensure that radiation exposure to staff is restricted
- Image quality audits of x-rays had been completed as part of the practice's quality assurance mechanism in order to identify any possible issues with the taking of x-rays. In the sample of records that we reviewed, results showed all had been audited as grade 1 (highest quality). We would however advise the practice to consider formally

⁹ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

adopting the Health Education and Improvement Wales (HEIW)¹⁰ Quality Improvement Tool for Ionising Radiation when undertaking audits.

Effective care

Safe and clinically effective care

The practice carried out a number of audits to monitor the quality and safety of the care and treatment provided to patients. This included audits in clinical record keeping, radiograph justification and in the use of x-ray. A clinical audit policy was in place and audits had been reviewed by the practice team.

The practice had also undertaken an infection control self-assessment, but had not undertaken the HEIW WHTM 01-05 audit tool. We recommend that the practice completes this to ensure that the practice aligns itself fully to any Wales specific measures. We also recommend that the practice completes the HEIW integrated smoking cessation audit.

We saw that treatment was being provided in accordance with the statement of purpose and in line with British Orthodontic Society¹¹ and General Dental Council guidelines.

Improvement needed

The practice should undertake the HEIW WHTM 01-01 and Integrated Smoking Cessation audits.

Quality improvement, research and innovation

We saw evidence to confirm that the practice takes part in peer reviews to support and enhance the skills of their clinical team.

¹⁰ <https://heiw.nhs.wales/>

¹¹ British Orthodontic Society - <https://www.bos.org.uk/>

The practice may also want to consider making use of the HEIW Maturity Matrix Dentistry¹² 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.

The practice does not undertake any research so there was no policy or procedure in place for this.

Information governance and communications technology

The practice had a data protection and security 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 data and records were electronically stored on password protected computers. Copies of the electronic records are regularly backed-up and stored off site so that the original data can be accessed if required.

Record keeping

Overall we found there to be very good record keeping in the sample of patient records that we reviewed, which supports the practice to deliver quality patient care. This is because the patient records were clear, comprehensive and contained an accurate record of medical and social histories, assessment, treatment planning and treatment provided to the patients.

Additionally, we found that treatment progress was suitably monitored and appropriately recorded through the use of digitised radiographic images and 3-D scans. This enables the practice to record precise measurements, without the need to regularly use traditional plaster casts.

We also noted that Peer Assessment Rating (PAR) scores¹³ were being recorded in all cases which is beyond the minimum required of the practice. This further helps to monitor and quality assure the treatment being provided to patients.

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

¹³ Peer Assessment Rating (PAR) is a robust and reliable measure of assessing the standard of orthodontic treatment that an orthodontist is achieving.

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.

There was evidence of a good working culture at Quayside Orthodontics which was evidenced through enthusiastic leadership and management.

We saw staff working well together and they had access to the appropriate training opportunities in order to fulfil their roles and responsibilities.

Governance, leadership and accountability

Quayside Orthodontics is co-owned by the Principal Orthodontist and Registered Manager. The practice is supported by a team of clinical and non-clinical staff.

We found the practice to have enthusiastic leadership, with clear lines of accountability. It was evident that the Principal Orthodontist, registered manager and wider team takes great care and pride in conducting their clinical and non-clinical activities. We also observed all members of staff working well together, evidenced by their interactions 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 that policies had been localised to meet the needs of the practice and were regularly reviewed in line with the regulations. We also saw that staff had been made aware of these policies and procedures during their induction process.

All clinical staff were registered to practice with the General Dental Council in order to practice and had appropriate indemnity insurance cover in place. We noted that certificates were on display evidencing that the practice had public liability insurance..

The registered manager confirmed to us that they were aware of their responsibilities regarding the need to notify HIW of certain incidents.

Staff and resources

Workforce

Overall, 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 we saw that these were retained on staff files. New members of staff were provided with an induction and a probationary period.

The practice confirmed that staff receive appraisals on a minimum of an annual basis and that staff had attended training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements.

We saw evidence that practice meetings were 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.

The practice had recognised the challenges associated with the provision and staffing of orthodontic services in the West Wales area and is addressing this in the short term by supporting one of its dental nurses to attend a forthcoming Orthodontic Therapist training programme. We were also told that, in the future, the practice has capacity to increase its ability to accept more patients through further staff recruitment, longer operating hours and equipping additional clinical treatment areas within the practice.

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

The regulations require that, at the time of registration, all clinical staff 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 checks had been carried to help ensure that safety of patients and other staff.

The practice had a whistleblowing (speaking-up) policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care. The policy had clear signposting for raising concerns both internally and externally but did not include details for HIW. The practice should update their policy to include contact details for HIW.

We saw that the practice had an inoculation injury policy in place, including a sharps injuries protocol to follow in the event of a needlestick injury.

Improvement needed

The practice should add HIW to their 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](#), and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified			

Appendix B – Immediate improvement plan

Service: Quayside Orthodontics (Carmarthen)

Date of inspection: 11 November 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
N/A				

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: Quayside Orthodontics (Carmarthen)

Date of inspection: 11 November 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 should implement an answerphone service	Health and Care Standards 5.1 Timely access	A bilingual answerphone service was implemented on 9 th December 2019 outlining our opening hours and how to access out of hours care	Rebecca Davies	Completed 9/12/19
The practice should consider methods of displaying feedback to patients.	6.3 Listening and Learning from feedback	We plan to install a noticeboard in the waiting room that communicates to patients the changes that we have made in response to patient feedback	Rebecca Davies	Will be fitted by 31/01/20
Delivery of safe and effective care				

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice should undertake the HEIW WHTM 01-01 and Integrated Smoking Cessation audits.	The Private Dentistry (Wales) Regulations 2017 s 16	An application for the integrated smoking cessation audit was submitted on the 2 nd December 2019	Rebecca Davies	submitted 02/12/19
Quality of management and leadership				
The practice should add HIW to their whistleblowing policy.	7.1 Workforce;	HIW contact has been added to our whistleblowing policy	Rebecca Davies	20/12/19

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): Rebecca Davies

Job role: Practice manager/Practice owner

Date: 20/12/19