

General Dental Practice Inspection (Announced)

Cambria Dental Practice

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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 Cambria Dental Practice at 25 Eversley Road, Sketty, Swansea, SA2 9DB, on the 11 November 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 Cambria Dental Practice was providing safe and effective patient centred care.

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

The clinical facilities were clean and well organised and suitable arrangements were in place for the decontamination of dental instruments.

Patient records were being maintained to an excellent standard.

This is what we found the service did well:

- Staff were polite, respectful and professional to patients
- The reception and waiting areas were well presented and welcoming and clinical facilities were well maintained
- Patients were provided with sufficient information to make an informed choice about their treatment
- Comprehensive risk assessments were in place to ensure the premises and clinical facilities were fit for purpose
- Clinical staff were registered to practice with the General Dental Council and had received the necessary training for their roles and responsibilities
- Staff were supported by good management and leadership arrangements.

This is what we recommend the service could improve:

- Welsh speaking patients must be offered more language services that meet their needs
- The contact details for HIW need to be added to the code of practice for handling patient complaints

- A new first aid kit is needed and must be checked regularly to ensure all items are present and remain in date
- The contact details for HIW need to be added to the whistleblowing and underperformance policy.

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

What we found

Background of the service

Cambria Dental Practice provides services to patients in Swansea and surrounding areas.

The practice employs a large team of 17 staff members and provides private general dental services and oral surgery treatment for NHS patients referred from dentists working within the areas served by Swansea Bay University Health Board and Hywel Dda University Health Board.

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, Cambria Dental Practice had suitable processes in place to help patients receive a positive experience at the practice.

There was a good range of written information on maintaining good oral hygiene for both adults and children available in the waiting areas.

The practice had good mechanisms in place to capture patient feedback which was used to regularly monitor and assess the service provided.

More could be done to help meet the needs of Welsh speaking patients in line with best practice guidelines.

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 16 questionnaires were completed.

Overall, patient feedback was very positive; all of the patients who completed a questionnaire said that they would rate the service provided by the practice as excellent.

Patient comments included the following:

"Excellent practice. Always professional, the staff always have time for the patients, and any queries they have"

"Excellent Specialist Service which we are privileged to have access to on the NHS"

"I have always received excellent, professional and friendly service. Fantastic team"

Staying healthy

Health promotion protection and improvement

We saw that a good range of health promotion leaflets were available in the waiting areas for patients to read and take away. This included information on smoking cessation and how to maintain good oral hygiene for both children and adults.

All but one 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 staff speaking to patients in person and on the telephone in a polite and professional manner. Without exception, each patient who completed a HIW questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

We found that the arrangements in place at the practice helped protect patients' privacy. The reception desk was situated by the front door and separate to the waiting areas which meant staff were able to have private conversations with patients either in person or on the telephone without being overheard. We noted that the door to each dental surgery was closed by staff during treatments to maintain patients' privacy and dignity.

The practice had a confidentiality policy in place that helped staff recognise the importance of keeping patients' information confidential and described how such information should be used.

We noted that a copy of the 9 Principles¹ developed by the General Dental Council (GDC) was on display in the corridor by the reception desk to inform patients of the standards of care they should receive from dental professionals.

¹ The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

Patient information

We saw that a price list for private treatments and information about charges for NHS patients were displayed for patients in the waiting areas. All but one of the patients that completed a HIW questionnaire said that the cost was always made clear to them before they received any treatment.

We looked at a copy of the practice patient information leaflet and statement of purpose² and found both documents contained all the information required by the regulations.

The practice has a website that contains information about the practice team and about the dental services it provides. We were told that the practice was in the process of arranging for copies of the patient information leaflet and statement of purpose to be made available on their website in line with the regulations.

We saw that the names and relevant qualifications of the dental team were displayed in the main waiting area in accordance with professional guidelines.

Communicating effectively

The majority of patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language. The registered manager told us that they would use a language translation service for patients whose first language wasn't English to help patients understand all aspects of their care and treatment.

We did not see any written patient information available for patients in Welsh. The practice must ensure 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.

Where applicable, all of the patients who completed a HIW questionnaire told us that they had received clear information about available treatment options and

² 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.

felt involved as much as they wanted to be in decisions made about their treatment.

Improvement needed

The practice must ensure 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.

Timely care

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

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

We were told that any patients requiring emergency treatment during working hours are accommodated on the same day wherever possible. Patients requiring emergency care out of hours are directed to dental services provided by Swansea Bay University Health Board. A number of 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. However, we saw information informing patients how they can access treatment out of hours displayed outside the main entrance, in the patient information leaflet and on the practice's website.

Individual care

Planning care to promote independence

During the inspection we reviewed a sample of patient records to check they were being maintained in line with professional guidelines. We saw treatment plans for patients that included notes of the treatment options discussed during appointments. This is in line with best practice and meant that patients were provided with sufficient information in order to make an informed choice about their treatment.

Each patient who completed a HIW questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. During our review of patient records we saw evidence to confirm that medical history checks were being documented at each appointment in the patient records as required by professional guidelines.

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

People's rights

We saw that the practice had an equal opportunities policy and an equality policy to help ensure everyone has access to the same opportunities and to the same fair treatment in accordance with the Equality Act 2010. The practice also had a policy that detailed the arrangements for their acceptance of new patients as required by the regulations.

It was clear the practice was committed to ensuring all patients could physically access the premises. A ramp leading to the front door had been installed and the reception desk, waiting area, and wheelchair accessible toilets were all available on the ground floor. One dental surgery was downstairs, however staff told us that every effort would be made to treat patients in one of the ground floor dental surgeries if necessary.

Listening and learning from feedback

We saw that paper questionnaires were available for patients to provide feedback about their experiences which helped the practice to monitor the quality of the general dental services they provide. The practice issued Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) questionnaires to patients that have received oral surgery treatment. We found this to be an excellent way of monitoring the progress and effectiveness of the care and treatment provided to patients.

The procedure for patients to raise a complaint or concern with the practice about their care was outlined in a code of practice which was displayed in the corridor by the reception desk. We found that it would enable staff to handle any complaints effectively and in a timely manner. However, we recommend that the contact details of HIW are added to the procedure as required by the regulations to inform patients receiving private treatment that they can contact HIW if they are not satisfied with how their complaint is handled.

We saw that Putting Things Right³ leaflets were displayed in the waiting areas to inform patients receiving NHS treatment that they can also contact the health board if no resolution can be found.

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

Improvement needed

The practice must add the contact details of HIW to the code of practice for handling patient complaints.

³ Putting Things Right is the process for managing patient concerns about care and treatment in NHS Wales.

Delivery of safe and effective care

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

Overall, we found evidence that patients were being provided with safe and effective dental care.

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

Effective infection control measures were in place and procedures for cleaning, sterilisation and storage of instruments were in line with best practice guidelines.

The practice was meeting the relevant standards and regulations to ensure the health, safety and welfare of staff and patients.

Patients received focussed individualised care documented in patient records that were comprehensive, accurate and of excellent quality.

Safe care

Managing risk and promoting health and safety

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

The building appeared well maintained and the reception area was bright and welcoming. All areas of the practice were tidy and free from obvious hazards. Patients who completed a HIW questionnaire felt that, in their opinion, the dental practice was very clean.

A comprehensive health and safety risk assessment had recently been undertaken and we saw that remedial actions had been implemented by staff to mitigate against potential risks. Health and safety law posters were displayed throughout the practice to inform staff how they can best protect their own health and safety within the workplace.

We saw appropriate fire extinguishers were available at various locations around the building and noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. We saw evidence that various tests to ensure fire safety, including weekly fire alarm and emergency lighting tests, had been undertaken and recorded in a log book.

Emergency exits were signposted and a no smoking sign was displayed which reminds staff and patients of the smoke free premises legislation⁴.

The practice had a business continuity policy as required by the regulations which detailed the contingencies in place to ensure the safe running of the practice in the case of an emergency or natural disaster. The plan included the emergency contact details of all staff and essential business contractors which we noted as best practice.

Staff could change in a number of lockable rooms throughout the practice to help protect their privacy and dignity. Facilities were also available for staff to store their personal possessions as required by the regulations.

Infection prevention and control

We found evidence that effective 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. A dedicated decontamination room was located downstairs with an automatic lift installed on the ground floor to transfer instruments directly to the decontamination room. The room was clean and tidy and followed a dirty to clean decontamination route.

The practice had a suitable process in place to ensure the correct pre-sterilisation of instruments. An autoclave was then used for the automatic sterilisation process. We saw that a log book had been maintained by staff to document the

⁴ 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.

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.

daily and weekly checks undertaken to ensure that the autoclave was functioning correctly and had been meeting validation requirements.

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 practice had policies and procedures in place that outlined the various infection control measures in place at the practice, such as the arrangements for suitable hand hygiene.

We saw that hazardous (clinical) waste from the dental surgeries was being stored securely and saw evidence that a contract was in place for the safe transfer and disposal of such hazardous waste. However, we noticed that there were no feminine hygiene facilities available in the toilets at the practice. The practice must ensure that feminine hygiene bins are available within the appropriate toilets and that any feminine hygiene waste is disposed of appropriately in line with WHTM 07-01⁶.

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.

Improvement needed

Feminine hygiene bins must be made available within the appropriate toilets and feminine hygiene waste must be disposed of appropriately.

Medicines management

We found that effective procedures and arrangements were in place at the practice in relation to the handling, safe-keeping and disposal of medicines which were outlined in a medicines management policy.

The practice had a policy in place for managing medical emergencies which incorporated the most recent national guidelines for resuscitation to help maximise patient outcomes. Emergency drugs and emergency resuscitation

⁶ <http://www.wales.nhs.uk/sites3/Documents/254/WHTM%2007-01.pdf>

equipment were available in line with the Resuscitation Council (UK) guidelines⁷. All items were stored appropriately and easily accessible for use in an emergency situation for example, patient collapse. Documented checks were being undertaken on the emergency 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. Two members of staff had been trained in first aid to treat any minor injuries sustained by patients or staff. However, we recommend that the practice purchases a new first aid kit because we found the first aid kit at the practice to be incomplete and contained some items that had exceeded their expiry date; in future, the first aid kit must also be checked regularly by staff to ensure all items are present and in date.

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 Scheme⁸ to help the MHRA monitor whether healthcare products are acceptably safe for patients and those that use them.

Improvement needed

A new first aid kit must be purchased and checked regularly by staff to ensure all items are present and in date.

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 flowcharts that informed staff of the actions to take and agencies to contact should any safeguarding issue arise which we recognised as good practice.

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

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

During the inspection we spoke with staff members who told us that they would initially discuss any safeguarding concerns with the dentist who had oversight of safeguarding matters. We saw that all staff had either received, or were booked to shortly undertake, training in the safeguarding of children and vulnerable adults.

We saw that a recruitment policy was in place that outlined the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included obtaining two references from previous employers and a Disclosure and Barring Service⁹ (DBS) certificate 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 the 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
- The X-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment
- 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.

Effective care

Safe and clinically effective care

The practice has undertaken, and continues to conduct, a range of clinical audits to help monitor and contribute to the delivery of safe and effective care provided to patients. We saw evidence that:

- An audit on compliance with the Welsh Health Technical Memorandum (WHTM) 01-05 decontamination best practice guidelines is undertaken annually
- Audits of radiograph images are undertaken twice a year to help ensure the quality of the images taken conformed to minimum standards (70% excellent, 20% acceptable and no more than 10% unacceptable)
- An audit on the conscious sedation procedures used during treatments was recently undertaken to monitor the quality of care provided and the outcomes achieved for patients.

Quality improvement, research and innovation

We were told that each staff member receives 360-degree feedback every year from the rest of the staff working at the practice. This process helps staff to understand different aspects of their performance and can identify areas for change to help improve the overall quality of service provided to patients.

The registered manager explained that the practice had enquired about using the Health Education and Improvement Wales (HEIW) Maturity Matrix Dentistry (MMD) practice development tool¹¹ but found that it did not fit well with the oral surgery services provided at the practice. Instead, monthly team meetings are held to discuss a wide range of topics including findings from recent audits, national guidance, policy changes to help ensure that they are continually improving their standards.

¹¹ The Maturity Matrix Dentistry practice development tool aims to help the dental team to work together to identify key areas for improvement based on professional guidelines and on legislative requirements.

The practice confirmed that they do not undertake any research.

Information governance and communications technology

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

Patient records were being maintained electronically and we were told that they are regularly backed up to protect the original data and ensure it can be restored should something happen to the computer systems.

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

Record keeping

We noted earlier in the report that we reviewed a sample of patient records during the inspection. We found that the practice was keeping excellent clinical records demonstrating that care was planned and delivered to a high standard, and helped to maintain patients' safety and dental wellbeing.

The records we reviewed were very clear, legible and contained all relevant information regarding discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. We noted that X-rays were timely and good quality. Justification for X-rays was clearly documented and where applicable, reasons for not taking X-rays were made clear in the notes.

Quality of management and leadership

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

We found evidence of good management and leadership which was evidenced through monthly staff meetings and annual staff appraisals.

Staff worked well together and had access to the appropriate training opportunities in order to fulfil their roles and responsibilities.

Suitable policies and procedures were available to help ensure the safety of staff and patients which had been reviewed as required by the regulations.

A minor improvement to the whistleblowing and underperformance policy was needed.

Governance, leadership and accountability

Cambria Dental Practice is jointly owned by a specialist oral surgeon, who is the nominated responsible individual¹² and registered manager¹³, and a principal dentist. They are supported by a large team of oral surgeons and other clinical and non-clinical staff. The registered manager confirmed that they were aware of

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.

their duties under the regulations regarding any notifications that must be sent to HIW, such as in the event of serious injury to patients.

We found the practice to have good leadership and clear lines of accountability. We observed staff working well together and found that staff were clear about their roles and responsibilities.

A comprehensive set of policies and procedures were in place to ensure the safety of both staff and patients. We saw that these had been reviewed annually in line with the regulations. We were told that two policies are reviewed and discussed at each team meeting to ensure staff are reminded of their content and aware of the processes in place.

We saw evidence that all clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We also saw that certificates were on display evidencing that the practice had suitable public liability insurance and to show that the practice was registered with HIW to provide private dental services.

Staff and resources

Workforce

Overall, we found that suitable governance arrangements had been established 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. All staff currently working at the practice had undertaken a Disclosure and Barring Service clearance check to help the service comply with the regulatory requirements that all staff are of good character.

We saw evidence that appraisals with all members of staff had taken place annually to help staff understand how they had been performing and to identify training opportunities to help meet their continuing professional development (CPD). An induction programme was in place that set out the procedures to follow to help new staff gain an effective understanding of their new role.

We mentioned earlier in the report that monthly team meetings are held which 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, which we noted as good practice.

The practice had a whistleblowing and underperformance policy which provided a mechanism for staff to raise any concerns about working practices which may

affect patient care. We recommend the policy is updated to list HIW as an organisation that staff can contact in the event of any concerns they may have.

Improvement needed

The practice must update their whistleblowing policy to include the contact details for HIW as an organisations that staff can contact in the event of any concerns.

3. 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.

4. 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 on this inspection.			

Appendix B – Immediate improvement plan

Service: Cambria Dental Practice

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
No immediate non-compliance issues were identified on this inspection.				

Appendix C – Improvement plan

Service: Cambria Dental Practice

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 must ensure 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.	Health and Care Standards 2015 Standard 3.2	I have emailed SBU LHB to ask if they have access to “Putting things right” leaflets in Welsh and where I can source other dental patient information leaflets in Welsh for the practice. I am happy to support the increased use of the Welsh language being a Welsh learner myself. However, in order to provide these resources in Welsh, the Welsh Government needs to ensure the products are available. I have tried sourcing dental patient information leaflets in Welsh but have not been	Rhian Jones Oral Surgeon & Practice Owner	Awaiting reply from the LHB

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		successful. I am waiting for a reply from the LHB regarding this. As mentioned to the inspector, I can speak conversational Welsh but would not be confident in having a clinical conversation through the medium of Welsh as patient safety has to be the main priority. When recruiting staff in the future consideration will be given to applicants with Welsh language skills. We will also discuss whether staff are happy to answer the telephone with a Welsh language greeting although they would be unable to proceed with a conversation in Welsh		
The practice must add the contact details of HIW to the code of practice for handling patient complaints.	The Private Dentistry (Wales) Regulations 2017 Regulation 21(4a)	During the feedback session after the inspection we became aware this information was missing from the policy and the policy has subsequently been amended	Gareth Lewis Senior Administrator	Completed 26 th November 2019
Delivery of safe and effective care				

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Feminine hygiene bins must be made available within the appropriate toilets and feminine hygiene waste must be disposed of appropriately.	Health and Safety Executive guidance – Health and Safety at Work Regulations	This report was emailed to us on the 24 th December (Christmas Eve). Due to the Christmas Holidays and New Year holiday it has not been convenient to contact our Clinical Waste provider until today (6 th Jan 2020). We have telephoned to ask to add additional feminine hygiene units to our contract and are waiting for a call back	Rhian Jones Oral Surgeon & Practice Owner	Will be Completed by end of Jan 2020
A new first aid kit must be purchased and checked regularly by staff to ensure all items are present and in date.	National Minimum Standards for Independent Health Care Services in Wales Standard 22 Health and Safety (First-Aid) Regulations 1981	Two new first kits have been purchased and the old kits have been disposed of. We have added a section to our practice checklist to ensure the first kits are routinely checked to make sure they contents are in date.	Rhian Jones Oral Surgeon & Practice Owner	Completed 18 th November 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of management and leadership				
The practice must update their whistleblowing policy to include the contact details for HIW as an organisations that staff can contact in the event of any concerns.	Private Dentistry (Wales) Regulations 2017 Regulation 17(3e)	HIW details have been added to the Whistleblowing policy	Rhian Jones Oral Surgeon & Practice Owner	Completed 6/1/20

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): Rhian Jones

Job role: Oral Surgeon, Practice Owner and Registered Manager

Date: 06 January 2020