

## **General Dental Practice Inspection (Announced)**

Bod Heulog Dental Care / Betsi  
Cadwaladr University Health  
Board

Inspection date: 23 October 2018

Publication date: 24 January 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 are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **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 Bod Heulog Dental Care Ltd at 47 Russell Road, Rhyl, Denbighshire, LL18 3DA, within Betsi Cadwaladr University Health Board on the 23 October 2018.

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 Bod Heulog Dental Care Ltd provided safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

We found the practice to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Appropriate arrangements were in place for the safe use of x-rays

This is what we recommend the service could improve:

- Implement a more robust system for medicines management
- Ensure two members of staff receive fire training.
- Ensure the arm of the x-ray unit is restored and all drawer handles replaced in surgery 2.
- Ensure that the sharps bins are wall mounted in all four surgeries.
- The clinical team to review guidelines on Delivering Better Oral Health and; reporting concerns regarding any adverse reactions to drugs.

## 3. What we found

### **Background of the service**

Bod Heulog Dental Care Ltd provides services to patients in the Denbighshire area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes four dentists, one hygienist, one implantologist, six dental nurses, a receptionist and a dedicated 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 evidence that Bod Heulog Dental Care Ltd provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided.

We received a total of 42 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 very positive. All patients who completed a questionnaire rated the care and treatment received as either very good or excellent.

Some of the comments provided by patients on the questionnaires included:

*"I've always been happy with the treatment I receive at this practice. I would not go anywhere else"*

*"I will not go to another dentist. I have had a phobia since I was a child and my concerns have always been taken into account. So much so, that I always feel relaxed now. Excellent service provided by very friendly, helpful and knowledgeable staff"*

*"Excellent all round service, lovely staff. Always ready to listen and advise, would recommend to anyone"*

Patients were asked on the questionnaires how the dental practice could improve the service it provides; comments provided by patients included:

*"Text message appointment reminders"*

*“Make appointments for check-ups by email rather than post and ring”*

*“A display if appointments are running late”*

## **Staying healthy**

There was ample, dedicated dental health promotion information available in the reception / waiting area, which meant patients had access to information that could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice and oral health.

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

We noted that information on prices was available to view in the waiting area which meant patients had access to information on how much their treatment may cost.

A sign displaying 'No Smoking' was displayed by the main entrance which confirmed the emphasis being placed on compliance with smoke free premises legislation<sup>1</sup>.

## **Dignified care**

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice. One patient provided the following comment:

*“I am always treated with care and respect. Nothing is too much trouble”*

The practice had arrangements in place to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were

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<sup>1</sup> 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.

also received in privacy away from patients. However, we did note that the surgery doors remained open whilst patients received treatment. Our concerns regarding the respect for privacy and dignity of patients were dealt with immediately during the inspection. Further details are provided in Appendix A.

We noted that the General Dental Council's (GDC)<sup>2</sup> 9 Principles document was not available to patients upon request in the reception area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional. The practice immediately displayed the 9 Principles poster in the waiting room during our visit.

### **Patient information**

All 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 and that they had received clear information about the available treatment options. In addition, the vast majority of patients also told us that the cost of any treatment was always made clear to them before they received any treatment.

We also found evidence of treatment planning and options noted within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was available on its website and was displayed around the reception and the waiting area. The practice had its own patient information leaflet which was available in the reception area. The leaflet contained all the information required by the regulations.

### **Communicating effectively**

We noted that patient information was available in English only. No alternative formats, such as Welsh or large print were available. However, all patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language. We advised the practice to consider displaying some of their key documentation bilingually, such as the patient information leaflet and complaints procedures.

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<sup>2</sup> <https://standards.gdc-uk.org/>

## **Timely care**

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

A quarter of patients who completed a questionnaire said that they would not know how to access the out of hours dental service if they had an urgent dental problem. An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, provided on the answer phone message and in the patient information leaflet. Details are also provided on the practice website.

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

## **Individual care**

### **Planning care to promote independence**

We viewed a sample of patient records and found that they were detailed and of good quality. Treatment options were recorded and consent to treatment was obtained from each patient.

All 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 the 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 is located over three floors. The ground floor is fully accessible for patients with mobility difficulties. Wheelchair users could access one dental surgery on the ground floor, the reception, waiting area and toilet facilities.

### **Listening and learning from feedback**

We saw that the practice had a written complaints procedure in place for both private and NHS treatment. The procedures for making a complaint or how to

raise a concern were clearly on display in the waiting area. However, the notice did not include the following details:

- The name, address and contact details of HIW as the regulatory authority for private dentistry
- Sources of support and advocacy, such as the Community Health Council<sup>3</sup>.

We received confirmation from the practice following our visit that the procedures had been amended. Details were also included within the patient information leaflet.

We saw evidence that the practice had systems in place to record, monitor and respond to any complaints received. At the point of inspection there had not been any formal complaints received by the practice since it was taken over by the current owner in 1986.

The practice informed us that any informal concerns were captured within individual patients' records. We advised the practice to record these in a central logbook in order for any common themes to be identified, which the practice agreed to put in place.

We discussed the practice's mechanism for seeking patient feedback. Patients are able to leave feedback and or make comments on social media. We also saw that the practice had developed a questionnaire which is due to be introduced at the practice. We advised the practice to display an analysis of any feedback received in the waiting area / reception, demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice. We also advised the practice to provide a comments box in the waiting room in order for patients to submit their responses anonymously.

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<sup>3</sup> <http://www.wales.nhs.uk/sitesplus/899/home>

## 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 the practice to be well run and meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

We found that patients were provided with safe and effective dental care.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

However, we did identify that some improvement were needed in relation to patient medical history records and medicines management.

### 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 building appeared to be generally well maintained internally and externally. During a tour of the building we saw that all areas were clean and tidy.

There were no concerns expressed by patients over the cleanliness of the dental practice; the majority of patients who completed a questionnaire felt that, in their opinion, the dental practice was very clean.

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly very clean. However, no sanitary disposal bin was available in the patients' toilet.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months.

Emergency exits were visible and a Health and Safety poster was displayed within the practice. Regular fire drills took place and were documented. However, we noted that two members of staff had not received fire training.

#### Improvement needed

Ensure that a sanitary disposal bin is added to the patients' toilet facility.

Ensure two members of staff receive fire training.

#### Infection prevention and control

Decontamination of dental instruments was undertaken within the surgeries. We were satisfied that there were appropriate procedures in place to minimise the risk of cross infection to protect both patients and staff. The areas were very clean, well organised, equipped and uncluttered.

The practice informed us that plans are in place to create a single dedicated facility for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>4</sup>.

We considered the arrangements for decontamination and our observations of this process were satisfactory. Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination. Our observations included:

- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated

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<sup>4</sup> 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.

- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection
- Daily surgery checklists in place.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for each autoclave<sup>5</sup> and we saw evidence that start and end of the day safety checks were taking place.

We noted that the autoclaves had a data logger which automatically captures the sterilisation cycles. We recommended that the practice ensures all data loggers are downloaded weekly and records retained. We also recommended that the practice ensures each autoclave is tested using TST<sup>6</sup> strips at the first cycle of each day and record the parameters of each cycle it performs, evidencing that the autoclave has performed successfully. We also recommended that the ultrasonic baths should be foil tested on a quarterly basis and records retained.

We saw evidence that infection control audits took place using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. However, we did advise the practice to ensure that infection control audits are carried out at least annually.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal. We did recommend that a pharmaceutical waste bin should be added to the waste contract for the disposal of unused medicines.

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<sup>5</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam

<sup>6</sup> The term TST is an abbreviation of Time/Steam/Temperature, the critical parameters for a sterilisation cycle

We found that the practice had a mercury spillage kit available. However, we found the spillage kit to be out of date. The practice immediately ordered a replacement kit during our visit.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training. The practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries.

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

#### Improvement needed

Ensure that the data loggers for the autoclaves are downloaded weekly.

Ensure each autoclave is tested using TST strips at the first cycle of the day.

Ensure that the ultrasonic baths are foil tested on a quarterly basis.

Ensure a pharmaceutical waste bin for unused / expired medicines is in place.

#### Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training and the practice had one dedicated first aider.

We noted that all staff were due to renew their CPR training and we saw evidence that this has been booked and arranged for early December 2018. We also noted that the content of the first aid kit were out of date. We brought this to the attention of staff who immediately ordered a replacement kit during our visit.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that a system was in place to check the emergency drugs to ensure they remained in date and ready for use. However, we did find that the emergency kit contained some out of date needles, syringes, airways and oxygen masks. We recommended to the practice that they implement a more robust system to log the expiry date of hardware items.

There were no size 0,1,2,3 or 4 airways or masks available, no child ambu bag nor a child high concentration oxygen mask available in the emergency kit held by the practice. Our concerns regarding the emergency kit were dealt with immediately during the inspection. Further details are provided in Appendix A.

The clinical team were not aware of the process of reporting concerns regarding any adverse reactions to drugs. We recommend that the practice ensures all members of the clinical team reviews the 'Yellow Card Scheme'<sup>7</sup>. The Yellow Card Scheme is vital in monitoring the safety of all healthcare products to ensure they are acceptably safe for patients and those that use them.

#### Improvement needed

Implement a more robust system of logging the expiry date of emergency equipment and first aid kit.

The clinical team to review guidelines on reporting concerns regarding any adverse reactions to drugs.

#### Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There were safeguarding policies in place to protect children and vulnerable adults. The policies contained the contact details for the local safeguarding team along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. The practice had identified a member of staff as the nominated safeguarding lead who took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and guidance to staff on safeguarding issues.

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<sup>7</sup> <https://yellowcard.mhra.gov.uk/>

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the principal dentist and were confident those would be acted upon.

The registered manager described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included undertaking Disclosure and Barring Service<sup>8</sup> (DBS) checks. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

### **Medical devices, equipment and diagnostic systems**

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients. The surgeries were well organised, clean and tidy. However, we found that the sharps bin needed to be wall mounted in all four surgeries.

We also found in surgery 2 that all the drawer handles had some rust and the arm of the x-ray unit was also rusting. We recommend that the practice either restores or paints the x-ray unit to aid effective cleaning and that all the drawer handles are replaced.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and regular image quality assurance audits of X-rays were completed. We saw evidence of up-to-date ionising radiation training for all clinical staff.

We did recommend that the practice completes the Welsh Deanery Quality Improvement Tool for ionising radiation.

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<sup>8</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

### Improvement needed

Ensure that the sharps bins are wall mounted in all four surgeries.

Ensure that all the drawer handles in surgery 2 are replaced.

Ensure the arm of the x-ray unit is restored or repainted in surgery 2.

Ensure that the practice completes the Welsh Deanery Quality Improvement Tool for ionising radiation.

## Effective care

### Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that audits had been completed and or arranged by the practice such as; prescribing antibiotics, cross infection and X-ray quality.

### Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff had been undertaken which contributes to the quality and safety of the care provided to patients.

The practice informed us that plans are in place to self evaluate using either the BDA Good Practice Scheme<sup>9</sup> or the Denplan Excel<sup>10</sup> development tool within the next six months.

### Information governance and communications technology

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

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<sup>9</sup> <https://bda.org/goodpractice>

<sup>10</sup> Denplan Excel is a comprehensive clinical governance programme

regularly and access to computer screens was secure and discreet. A data protection policy was in place to guide staff about what was required of them.

### Record keeping

There was evidence that the practice, as a whole, was maintaining good clinical records.

A sample of patient records were reviewed and we found that patient care entries contained sufficient information regarding discussions held about treatment options, costs, risks and benefits. There was also evidence of treatment planning and, where required, a treatment plan given to patients. All clinical staff documented that cancer screening and smoking cessation advice had been given. We found that all patients' referrals were appropriate, timely and were followed up accordingly. However, we did advise the practice to introduce a patient referral log book which they agreed to implement.

We also found that there was no evidence that Delivering Better Oral Health, an evidenced based toolkit for prevention had been implemented. We recommend that the registered manager ensures that all members of the clinical team review the guidelines.

During our inspection of one surgery, we found some completed medical history forms stored in an unlocked drawer. Our concerns regarding the medical history forms were dealt with immediately during the inspection. Further details are provided Appendix A.

All patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. However, from the sample of patients' records we viewed, we found that four were not countersigned by the dentist and two records did not contain a medical history form. We discussed our findings with the principal dentist who informed us that plans are in place to improve the process and that they are currently considering introducing clinipad<sup>11</sup> at the practice. We also recommended that patients complete a new medical history form every three years.

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<sup>11</sup> <https://softwareofexcellence.co.uk/solutions/clinipad/>

### Improvement needed

Members of the clinical team should review the Delivering Better Oral Health guidelines.

All patients should complete a new medical history form every three years.

## 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 the practice to have good leadership and clear lines of accountability.

The staff team appeared very happy in their roles and were competent in carrying out their duties and responsibilities.

We saw that staff had completed training in a number of areas which helped to ensure they had up-to-date skills and knowledge to assist them with their work.

A range of relevant policies and procedures were in place.

## Governance, leadership and accountability

The principal dentist / owner of Bod Heulog Dental Care Ltd is the nominated responsible individual<sup>12</sup>. The practice manager is the registered manager<sup>13</sup>.

We found the practice to have good leadership and clear lines of accountability.

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<sup>12</sup> "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 regulations 2017)

<sup>13</sup> "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

The day to day management of the practice was the responsibility of the practice manager, along with the support of the principal dentist.

Staff told us that they were confident in raising any issues or concerns directly with the practice manager or principal dentist and felt well supported in their roles. Since most of the staff had worked together for some time, there was a good rapport amongst them.

We found that staff were clear and knowledgeable about their roles and responsibilities and were committed to providing a good standard of care for their patients.

The practice had a range of policies and procedures in place. However, we found that the policies and procedures were not all versioned controlled, did not always contain a review date and/or did not include a staff signature to demonstrate that the policies and procedures had been read and understood. We also found that the following policies and procedures were not available at the practice:

- Ensuring that the premises used for the purpose of carrying on the private dental practice are at all times fit for that purpose
- Monitoring the quality and suitability of facilities and equipment, including maintenance of such equipment
- Identifying, assessing and managing risks to employees, patients, visitors and those working in or for the purposes of the practice
- The creation, management, handling and storage of records and other information
- The recruitment, induction and retention of employees, their employment conditions and training requirements
- Ensuring safe recruitment of staff including undertaking checks appropriate to the work that staff are to undertake
- The arrangements for emergency contingencies which ensure the continuous safe running of the private dental practice
- The provision of domiciliary services if such services are provided
- The arrangements for dealing with medical emergencies which ensure that staff who may be involved in dealing with a medical emergency receive appropriate training

Following our inspection, we received confirmation from the practice that all of the above policies have been developed and implemented at the practice. All policies and procedures are version controlled; contain a review date and a staff signature.

We were provided with a copy of the Statement of Purpose which conformed to the Private Dentistry (Wales) Regulations 2017.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The HIW registration certificate was clearly on display in the waiting room. The practice also had a current public liability insurance certificate available.

## **Staff and resources**

### **Workforce**

We noted that staff had a contract of employment that was retained on staff files. We also saw that the practice had an induction programme in place, which covered training and relevant policies and procedures.

We saw evidence that the practice had plans in place to undertake appraisals with staff.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

Staff told us that the practice holds regular team meetings and we saw there were detailed records being kept on file. For any member of staff unable to attend, the minutes are brought to their attention by the practice manager. This ensures that all staff are aware of the issues and discussions taking place regarding the practice.

The Private Dentistry (Wales) Regulations 2017 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. As previously mentioned in the report, we saw evidence that DBS clearance checks had been carried out for all clinical staff.

The registered provider confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

## 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 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

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

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

## Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that the surgery doors remained open whilst patients received treatment.	Risk of patients' privacy and dignity compromised.	We brought this to the attention of the staff who immediately arranged for the surgery doors to be closed.	The practice immediately arranged for all doors to remain closed and all staff made aware.
There were no size 0,1,2,3 or 4 airways or masks available, no child ambu bag nor a child high concentration oxygen mask available in the emergency kit.	This meant that small children and adults were at risk in an emergency situation.	We brought this to the attention of the staff who immediately arranged for the items to be purchased.	The staff immediately ordered the items on the day of our inspection for delivery the next day.
We found completed patients' medical history forms stored in an unlocked drawer in one of the surgeries.	Risk that patients' information could accidentally be revealed and seen by other patients or unauthorised staff.	We brought this to the attention of the principle dentist who immediately arranged for the medical history forms to be kept securely.	Staff immediately arranged for the medical history forms to be stored securely and all medical history forms to be scanned by 26 October 2018.

## Appendix B – Immediate improvement plan

**Service:** Bod Heulog Dental Care Ltd

**Date of inspection:** 23 October 2018

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
There were no immediate non-compliance concerns identified on this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Bod Heulog Dental Care Ltd

**Date of inspection:** 23 October 2018

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
<b>Quality of the patient experience</b>				
N/A				
<b>Delivery of safe and effective care</b>				
Ensure that a sanitary disposal bin is added to the patients' toilet facility.	2.1 Managing risk and promoting health and safety; PDR 22	Order extra sanitary disposal bin for patients toilets	Sue Kott	Completed
Ensure two members of staff receive fire training.		Completed	Sue Kott	Completed
Ensure that the data loggers for the autoclaves are downloaded weekly.	2.4 Infection Prevention and Control (IPC) and	All autoclaves have data loggers. loggers sent to be tested as failing to download correctly	Selwyn Edwards	1 month

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Ensure each autoclave is tested using TST strips at the first cycle of the day.	Decontamination, WHTM 01-05	TST strips ordered in for daily use	Lee Pilkington	Completed
Ensure that the ultrasonic baths are foil tested on a quarterly basis.		When our decon room is completed this month this will be done on a quarterly basis	Lee Pilkington	1 month
Ensure a pharmaceutical waste bin for unused / expired medicines is in place.		Pharmaceutical waste bin ordered and received	Sue Kott	Completed
Implement a more robust system of logging the expiry date of emergency equipment and first aid kit.	2.6 Medicines Management; PDR 31	All out of date items were ordered and dates recorded in a book. The dates will be checked annually and items replaced as appropriate	Lee Pilkington	Completed
The clinical team to review guidelines on reporting concerns regarding any adverse reactions to drugs.		All staff instructed to read Report of Suspected Adverse Drug Reaction in BNF. (Yellow Page)	Sue Kott	Completed
Ensure that the sharps bins are wall mounted in all four surgeries.	2.9 Medical devices, equipment and diagnostic	Brackets have been ordered from Cannon Hygiene	Sue Kott	1 week
Ensure that all the drawer handles in surgery 2		New handles have been ordered	Selwyn Edwards	1 week

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
are replaced.	systems;			
Ensure the arm of the x-ray unit is restored or repainted in surgery 2.		The arm of the x-ray unit will be painted with suitable paint	Selwyn Edwards	1 week
Ensure that the practice completes the Welsh Deanery Quality Improvement Tool for ionising radiation.		This document has been printed and will be completed by all staff members during a Practice Meeting	Selwyn Edwards/Sue Kott	1 month
Members of the clinical team should review the Delivering Better Oral Health guidelines.	3.5 Record keeping; PDR 20	This document has been printed and given to staff to review	Sue Kott	1 month
All patients should complete a new medical history form every three years.		This has been started by each surgery and will be updated every three years	Selwyn Edwards/Sue Kott	Started immediately and will be updated every three years
<b>Quality of management and leadership</b>				
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): Sue Kott**

**Job role: Practice Manager**

**Date: 08 January 2019**