



General Dental Practice Inspection (Announced)

Dunes Dental Care/Swansea Bay
University Health Board

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk**

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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 Dunes Dental Care at Ty Arian, Silver Avenue, Port Talbot, SA12 7RX within Swansea Bay University Health Board on the 11 June 2019.

Our team, for the inspection comprised of two HIW inspectors 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 Dunes Dental Care was working hard to provide a high quality experience to their patient population.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained. The environment had been renovated and provided good quality facilities for staff and patients.

The patient records we reviewed were comprehensive and current. Infection control procedures were aligned to the necessary guidance and regular checks of the equipment and decontamination processes were taking place.

The policy and procedure files were neat and easy to use, enabling staff to obtain information to help them with their day to day work.

Staff were up to date regarding their training and systems were in place to ensure staff were supported in their role.

This is what we found the service did well:

- Systems were in place to capture patient feedback, comments and complaints
- Patients who completed a HIW questionnaire rated the service provided at the practice as excellent or very good
- Staff we spoke to were happy in their roles and understood their responsibilities
- Systems were in place to ensure staff were supported and had the necessary training to deliver their roles efficiently
- The environment provided clinical facilities that were well-equipped, maintained and visibly clean and tidy
- The dental practice had facilities situated on the ground floor making it suitable to treat patients with mobility issues.

This is what we recommend the service could improve:

- The dental practice needs to review their safeguarding information to ensure the document is the latest version and includes correct contact details.

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

3. What we found

Background of the service

Dunes Dental Care provides services to patients in the Port Talbot area. The practice forms part of dental services provided within the area served by Swansea Bay University Health Board.

The practice has a staff team which includes two dentists, two dental nurses/receptionist and a practice manager.

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

Quality of patient experience

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

Overall, we found Dunes Dental Care was committed to providing a positive experience for patients. All of the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

The practice and all the facilities related to their service was located on the ground floor, which enabled anyone with a mobility difficulty to be treated at the practice.

Relevant patient information was displayed in the reception/waiting area.

There were systems in place for patients to provide feedback regarding the service they receive; this provided the practice with a means of identifying themes with a view to making any improvements to services.

Prior to our inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 14 completed questionnaires. All of the completed questionnaires were from patients who had been a patient at the practice for less than one year; this is because the practice opened in April 2019.

Overall, patient feedback was positive; the majority of the patients that completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"Fantastic service. Considerate of any previous fears of dentists. Renewed my faith in dentists. Always a warm welcome and friendly service"

"Friendly staff, always been made to feel welcome"

"The staff were all very friendly and made me feel at ease. I am a nervous patient at the dentist, but feel happy after my visit here"

"I like them, I actually enjoy coming now"

Staying healthy

Health promotion protection and improvement

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

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

A sign displaying the practice name, telephone number, opening hours and names of the dentists were located on the building of the dental practice.

A sign displaying 'No Smoking' was also displayed which confirmed the emphasis placed on compliance with smoke free premises legislation¹.

Dignified care

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

Staff were able to have private conversations with patients within the dental surgeries and there was also space available, away from the reception/waiting area, if required.

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

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

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

Patient information

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

Patients also said that the cost of any treatment was always made clear to them before they received any treatment. Price lists for NHS and private treatments were displayed in the waiting area.

The practice had its own information leaflet which was available in the waiting area. A review of the patient information leaflet showed it contained the information required by the Private Dentistry (Wales) Regulations 2017.

The statement of purpose³ also contained all the areas required by the Private Dentistry (Wales) Regulations 2017 and is available to patients upon request.

We found policies and procedures in place detailing the arrangements for consent.

Communicating effectively

All the patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

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

³ 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. For more information visit hiw.org.uk

Staff told us that any patient wishing to converse in a language other than English would be accommodated. The practice had access to organisations to assist with this request and a poster advising patients of this service was displayed on the reception desk.

Some information was displayed in both English and Welsh. In addition, staff told us that if patients required written information in Welsh or another language, they could arrange this through a translation service.

Of the patient records we reviewed, we saw evidence of written treatment plans on file. This ensures that patients are provided with information to make informed choices about their treatment.

Timely care

The practice endeavours to provide dental care in a timely manner and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. All of the patients that completed a questionnaire felt that it was very easy or fairly easy to get an appointment when they needed it.

All of patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. An out of hours telephone number was displayed on a poster in the waiting area and within the patient information leaflet. Staff said the information was also on their answer machine.

Individual care

Planning care to promote independence

We reviewed a sample of patient records and found that there were records of treatment options and planning, and consent was obtained for treatment from each patient.

Within the patient records, each patient's medical history was reviewed and updated at each visit. All of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

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 and all the facilities were located on the ground floor. Doorways were wide enough to accommodate mobility aids and/or pushchairs.

The patient toilet was clearly signposted. The toilet provided hand washing and drying facilities and handrails were scheduled to be fitted to provide additional support.

Listening and learning from feedback

The practice had a complaints policy and procedure in place. Information for patients on how to raise a concern was displayed in the waiting area and the patient information leaflet. The NHS Wales Putting Things Right⁴ poster was located in the waiting area. We suggested the practice add contact details to the Putting Things Right poster because these were missing at the time of the visit. However, the contact details for the health board were included within the patient information leaflet.

The complaint information displayed for private treatment included response timescales and details of organisations that could be contacted to assist patients with their concerns if required.

The practice had not received any complaints, but did have a system in place to record, monitor and respond to any complaints received. Staff told us that they would review any complaints to identify any themes with a view to making improvements to the services provided.

The practice had paper, pens and a box for patients to submit any feedback. This was located on the reception desk. Staff told us that these had been in place since opening earlier this year. Staff told us that any feedback would be reviewed

⁴ 'Putting Things Right' is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

and analysed on a regular basis and discussed at team meetings to identify any themes arising.

Staff had a system for capturing verbal comments or general feedback from patients. Staff told us that all verbal comments/concerns are recorded in a book, kept on reception. This is an additional means of identifying any improvements to the service.

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 the practice was being run with the intention of meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice had been modernised and refurbished with new facilities and equipment that provided a quality environment for staff and visitors. We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the necessary guidance and regular checks of equipment and decontamination processes were taking place.

The patient records we reviewed were comprehensive and current.

Safe care

There were no immediate assurance issues identified during this inspection visit.

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

The practice occupied a two storey building located in a residential area. All staff and patient areas occupied the ground floor only, making it accessible to anyone using a mobility aid and/or pushchair. The practice opened in April 2019, so all the areas within it had been decorated, making it bright, clean, tidy and modern. The two dental surgeries were brand new, modern in appearance and well equipped. A dedicated staff area contained an office, staff kitchen/dining area and toilet.

The building was visibly well maintained both internally and externally. All areas within the practice had been modernized and decorated prior to opening and were therefore clean, organised and free from trip hazards.

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

Fire safety equipment was available at various locations around the practice and we saw this had been installed in April 2019. One staff member was the designated fire marshal and all staff had completed fire safety training. Fire drills were carried out and a log kept to evidence these. Emergency exits were signposted and a Health and Safety poster was displayed within the practice.

The practice had various policies and procedures, as well as risk assessments in place, which were current for ensuring the premises were fit for purpose.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had two named, appointed first aiders. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁵.

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁶. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place. Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas..

⁵ 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.

⁶ 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

As the practice had only been operating since April 2019 there had been no audit of infection control undertaken. However, there was a plan for this to be completed.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately. Collections by the local council were in place for the disposal of non-hazardous (household) waste.

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

Medicines management

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)⁷.

⁷ [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.

The practice had a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Prescription pads were kept securely.

Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

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 was a safeguarding policy for the protection of children and vulnerable adults in place. A flowchart was available which contained details of who to contact and the actions required by staff should a safeguarding issue arise. However, the document was dated 2013 and we have asked for this to be checked to ensure the contact name and numbers are correct and up to date.

We saw that staff had up to date training in adult and child safeguarding. The practice had a member of staff who was the nominated safeguarding lead. They take responsibility for ensuring that the safeguarding policy is adhered to and can provide some guidance on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the clinical lead and/or practice manager and were confident those concerns would be acted upon.

Staff told us of 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 Service⁸ (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

⁸ 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

The registered provider must check the safeguarding information held at the practice to ensure it is the most up to date version, with correct names and contact details.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. Staff told us that the clinical team were adequately trained to use the equipment.

The surgeries were contemporary, clean and organised. Floors and surfaces within the surgeries were easily cleanable to reduce the risk of cross infection. We found that the dental instruments were in excellent condition and sufficient in number.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw the local rules⁹ displayed by the X-ray equipment to identify the key working instructions to ensure that exposure to staff is restricted.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

There had not been any image quality audits of X-rays completed at the time of our visit. However, the practice had initiatives in place to ensure the quality of X-rays were of a good standard and had recently subscribed to the Wales Deanery

⁹ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry. They are intended to identify the key working instructions to ensure that exposure to staff is restricted.

Quality Improvement Tool for ionising radiation¹⁰. This will form part of the practice's on-going quality assurance monitoring activity. The audits will identify possible issues with the taking of X-rays and indicate where improvements should be made.

Effective care

Safe and clinically effective care

The practice was in the process of setting up a rolling programme of various audits to monitor the quality and safety of the care and treatment provided to patients. The results of the audits will help to identify areas for improvement and support any changes to dental team practises.

Staff told us they obtain up to date guidance via circulars from external bodies and from staff attending conferences and training.

Quality improvement, research and innovation

Staff told us that they were developing a programme of internal audits which will enable them to demonstrate best practice in providing dental care. Staff told us that peer reviews between the clinical teams would be part of their programme. This will contribute to the quality and safety of the care provided to patients.

The practice does not undertake any research.

The practice had submitted an application to the Health Education and Improvement Wales (HEIW) body to undertake their quality improvement programme¹¹. The tools will enable the dental team to focus on best practice and legislative requirements and on how they work.

As the practice had only recently registered with HIW, we reminded staff that visits by the registered provider need to be undertaken in accordance with the regulations.

¹⁰ <https://dental.walesdeanery.org/quality-improvement/patient-safety-human-factors/qi-tool-ionising-radiation>

¹¹ <https://dental.walesdeanery.org/quality-improvement-2>

Information governance and communications technology

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

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

Record keeping

There was evidence that the practice was keeping their clinical records to a high standard. This demonstrated that care was planned and delivered to a high standard, maintaining patients' safety and dental wellbeing.

We found the records contained sufficient information regarding discussions held about treatment options, costs and how patient consent was obtained. There was also evidence of treatment planning and treatment plans were given to patients for consideration.

The notes were appropriately stored and record entries were clear, legible and good quality.

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 systems and processes in place which ensured the practice and the staff were supported and committed to providing a high quality service.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The policies and procedures had issue and review dates and evidence that staff had read and understood their responsibilities.

Staff said they felt supported and worked well together. 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.

Governance, leadership and accountability

The practice is owned by a group of directors and is managed by a practice manager who is supported by a wider team of clinical staff. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

All of the staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with the dentist/s or practice manager, or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures.

We saw that staff had signed to evidence they had read and understood the policies and procedures. Staff told us that all policies were reviewed annually or as and when required.

The practice's statement of purpose and patient information leaflet are documented under the patient information section in the quality of patient experience part of this report.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had a current public liability insurance certificate.

To adhere to the Private Dentistry (Wales) Regulations 2017, we reminded the responsible individual of their responsibility to complete visits in accordance with regulation 23. This means they have overall responsibility for supervising the management of the regulated service and for ensuring the quality of the services provided.

Staff and resources

Workforce

The practice had a number of human resources (HR) related policies in place. These include the recruitment of staff policy, equal opportunities policy, and whistleblowing policy.

We saw that an induction programme was in place for all staff and this was evidenced on the files we looked at. Some staff files did not contain all the pre-employment information required. However, we were told that these were held by the directors and/or in the process of being obtained. We asked for confirmation that all relevant pre-employment information is obtained and copies retained on file to evidence full employment information as required by the Private (Wales) Dentistry Regulations 2017.

All staff are required to have a disclosure barring service (DBS) certificate prior to starting their job role and we saw evidence of these for all of the staff group. Staff told us DBS certificates would be renewed every three years. This practise contributes to ensuring safer recruitment choices, including working with vulnerable groups such as children.

The practice had an appraisal process in place, however, due to the practice only being recently opened no members of staff had yet received an annual appraisal.

We saw certificates for staff that evidenced they had attended a range of topics relevant to their roles and meeting the continuing professional development (CPD) requirements.

Staff told us that they held formal team meetings monthly, which were documented. For anyone unable to attend a meeting, the minutes are circulated to staff. Staff are asked to read and sign them to confirm they are up to date with practice matters.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all clinical staff.

Improvement needed

The registered provider must provide confirmation that all staff files are complete and contain all the pre-employment information as required by the Private (Wales) Dentistry 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 |
|--|---|-------------------------------|------------------------------|
| No immediate concerns were identified on this inspection | | | |

Appendix B – Immediate improvement plan

Service: Dunes Dental care

Date of inspection: 11 June 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 | | | | |
| | | | | |

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: Dunes Dental Care

Date of inspection: 11 June 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 | | | | |
| No recommendations were identified during this inspection | | | | |
| Delivery of safe and effective care | | | | |
| The registered provider must check the safeguarding information held at the practice to ensure it is the most up to date version, with correct names and contact details | The Private Dentistry (Wales) Regulations 2017 - Regulation 14 (1) (c) & (e) | We have contacted wales deanery for updated version. Awaiting them to email updated version or to confirm the version we have is current. The person who I need to liaise with is currently on sick leave, although wales deanery are trying to help me in the meantime and have emailed the HIW inspections team to | James bater / zoe luxton | 8/7/19 |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|--|---|--|------------------------|-----------|
| | Health & Care Standards - Standard 2.7 Safeguarding children & safeguarding adults at risk | confirm. As soon as I have confirmation, I will inform the inspections team. | | |
| Quality of management and leadership | | | | |
| The registered provider must provide confirmation that all staff files are complete and contain all the pre-employment information as required by the Private (Wales) Dentistry Regulations 2017 | The Private Dentistry (Wales) Regulations 2017 – Regulation 17 (2) & (3) (a) (b) (c) (d) (e) and 18 (2) (a) (b) (c) (d) (e) & (3) Health & Care Standards – Standard 7.1 | All staff files, have been updated and everything is in place | James bater/zoe luxton | 10/7/19 |

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): Zoe-marie luxton

Job role: practice manager

Date: 3/7/19