Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

General Dental Practice Inspections

Annual Report 2014/15

June 2015

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Contents

What we did? 3

How we did it? 5

What did we find? 9

Summary 9

Patient experience 12

Delivery of Standards 13

Management and leadership 17

Quality of environment 19

Next Steps 20

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- **Making a contribution to improving the safety and quality of healthcare services in Wales**
- **Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee**
- **Strengthening the voice of patients and the public in the way health services are reviewed**
- **Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.**

What we did?

In 2014/15 Healthcare Inspectorate Wales (HIW) began a three year programme of inspections of all general dental practices in Wales.

Each inspection is announced and is conducted by a team which includes an inspection manager from HIW and an external reviewer who is an experienced dentist. Clinical oversight of the programme is undertaken by HIW's clinical dental lead, Dr Brent Weller.

HIW's inspections began on 1 September 2014. This report is an analysis of the findings from inspections that took place between September 2014 and March 2015.

During each inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment.

This report includes references to dental practice teams and dental team members. The dental team includes dentists, dental nurses, dental hygienists and therapists, receptionists and practice managers.

Why we did it?

Since 2009, HIW has been responsible for regulating individual private dentists under the Private Dentistry (Wales) Regulations 2008.

Until 31 March 2013, routine quality and assurance visits to NHS dental practices were undertaken by the Dental Reference Service (DRS) of the NHS Business Services Authority. Visits were undertaken on a three yearly cycle to monitor how dental practices complied with NHS standards.

In March 2013, the DRS ceased their dental inspection programme in Wales. As an interim measure, while a new national inspection regime was implemented, the dental team at Public Health Wales agreed to carry out inspections of newly opened NHS practices and any existing practices that were a cause for concern. However, a long term solution was required to provide confidence in the effectiveness, safety and quality of dental services in Wales.

The Welsh Government asked HIW to add NHS dental practice inspections to its remit and provided HIW with specific financial resources to support this new inspection process. In order to ensure that NHS and private dental services were subject to the same inspection criteria and work to common standards, HIW decided to implement a full inspection programme encompassing all dental practices in Wales, including private dentists, practices that provide both NHS and private care, and NHS dental practices.

How we did it?

In 2014/15 HIW inspections of General Dental Practices sought to establish how well practices met the *Doing Well, Doing Better: Standards for Health Services in Wales*[1]. Any dentist working at the practice who was also registered with HIW to provide private dentistry was also subject to the provisions of the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011. Where appropriate we considered how each practice met these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the General Dental Council (GDC) Standards for the Dental Team.

As there is a range of standards and regulations which apply to dentistry, it was important for HIW to seek the views of dental professionals in devising and delivering the inspection process. We established a reference group to obtain the views of a range of stakeholders who would challenge and support the development of the project. The group meets several times a year and consists of the Chief Dental Officer for Wales and his colleagues, health boards, Public Health Wales, the General Dental Council, the British Dental Association, the Dental Postgraduate Section of the Wales Deanery and Community Health Councils. The group provided feedback on HIW's plans as the programme developed to ensure that the inspections were credible and fit for purpose, and it continues to provide constructive challenges as the inspection programme progresses.

We decided to recruit a clinical lead for this inspection programme. We appointed Dr Brent Weller, who is an experienced dentist who also chairs fitness to practise panels at the GDC, and is involved with examining dentists at the Royal College of Surgeons in Edinburgh. With help from Dr Weller, together with the Dental Postgraduate Section of the Wales Deanery and Public Health Wales, we recruited twenty four external dental reviewers who are dentists and who have recent hands on experience of working in general dental practice. This helps HIW to ensure the inspections remain relevant to current practice.

We attended engagement events with the dental profession in order to tell people about our inspection programme, to listen to concerns and to answer questions, and we developed a memorandum of understanding with the GDC so that any issues of professional practice could be shared in an appropriate manner.

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[1] *Doing Well, Doing Better: Standards for Health Services in Wales* was a framework of standards which set out the requirements of what was expected of all health services in all settings in Wales. These standards were in place from 1st April 2010 until 31 March 2015. These Standards have since been replaced by the Health and Care Standards, which came into force from 1st April 2015.

As there had been no routine dental practice inspections since March 2013, we decided to focus our first year inspections on practices which had gone the longest since they last received a routine inspection. We used data from the DRS to establish an inspection programme of 75 practices. We retained the capability and flexibility to respond to any urgent issues or intelligence we received during the year, and our final number of inspections during 2014/15 was 77.

Workbook

We designed an inspection workbook to independently and consistently test the service provided to patients by their dentist, and the ways in which the dental team was meeting relevant standards, such as for decontamination and radiation. Following advice from our stakeholder reference group, we began our inspection process by using a workbook adapted from that used by DRS to undertake their inspections. We conducted a pilot inspection to ensure that our processes worked and were efficient. Initially we found that dentists were understandably concerned and apprehensive that there was a new inspection regime in place, but they were reassured that HIW's inspections used a tried and tested inspection methodology. Over the course of the first two months of our inspections, we identified several improvements that could be made to the inspection methodology. Together with Dr Weller and our stakeholder reference group we implemented these changes and adapted our inspection workbook.

All NHS dental practices are familiar with the annual national online Quality Assurance Self-assessment process (QAS). QAS returns from practices are analysed every year by Public Health Wales Dental Practice Advisers. Since 2013, HIW has also requested that private only dentists also complete the QAS. HIW sought to ensure that the inspection methodology was aligned to the QAS to ensure there was no unnecessary duplication in dentists work, and to ensure the inspections are relevant to current practice.

Inspection methodology

During the inspection we review documentation and information from a number of sources including:

- HIW patient questionnaires
- Information held by HIW
- Interviews with all dental team members
- Conversations with dental team members
- Examination of a sample of patient dental records
- Examination of practice policies and procedures

- Inspection of equipment and premises
- Information within the practice information leaflet and website (where applicable)

In order to ascertain the patient experience of the practice, HIW sends patient questionnaires to the practice in the weeks before the inspection for distribution to patients. On the day of the inspection, these questionnaires are collected by the inspection team and analysed. The inspection team also spends time on the day of the inspection speaking to patients who are attending for appointments.

At the end of each inspection, we provide an overview of our main findings to representatives of the practice to ensure that they receive prompt and accurate feedback. It is important to HIW that the advice and recommendations we make during inspections is consistent. We therefore developed a log of queries as the inspection programme progressed, so that all inspectors can access the advice given by our clinical dental lead, Chief Dental Officer and Public Health Wales. This log is continually updated to drive further consistency and improvement.

Where HIW have immediate patient safety concerns we raise and escalate these at the time of the inspection and request that where possible they are resolved by practice staff before the end of the inspection. HIW also issues an immediate assurance letter to the practice within 48 hours of the inspection. HIW issues immediate assurance letters when we have immediate concerns that need to be addressed within specified timescales. HIW usually requires the practice to respond within seven days. The response needs to assure HIW that sufficient action has been taken, following the inspection, to resolve concerns and ensure that patient care and treatment is appropriate and safe.

Where there are no issues that require immediate assurance, or when issues of immediate assurance have been addressed, a draft report is then sent to the practice for them to check for factual accuracy. This report includes, where necessary, an improvement plan for the practice to complete, to inform us how the issues identified would be remedied. All improvement plans are separately evaluated by HIW and the relevant health board to determine whether the practice has responded appropriately or if further action is required. Once the improvement plan has been evaluated by HIW the report is finalised and published in English and in Welsh on HIW's website.

A copy of the report is provided to the relevant health board and local CHC for their information. Where a practice is involved in the training of foundation dentists, a copy of the inspection report is sent to the Dental Postgraduate Section of the Wales Deanery.

It is important to HIW that our inspection findings act as a catalyst for improvement in practices and health boards in terms of their response to our recommendations. HIW

monitors the responses of health boards to the findings of our dental inspections as part of our wider reviews of health boards and NHS governance.

HIW has published its inspection methodology on its website.

What did we find?

Summary

Patients across Wales told us they were generally satisfied with the service they receive from their dental practice and feel they receive enough information about their treatment. Prior to each inspection, we asked each practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. In most practices, feedback from patient questionnaires and comments from patients during inspections was positive about all areas of care. However, several practices we inspected did not have a system to regularly obtain patient views and feedback, which would be beneficial to ensure the service provided continues to meet patient needs.

Many patients told us they would not know how to make a complaint if they needed to, and some patients told us they would not know how to access dental treatment in an emergency out of hours. We recommended practices could improve the provision of this information to patients.

Where HIW has concerns which could impact on patient safety, it issues an immediate assurance letter within two days of the inspection confirming the issues which require attention. HIW issued immediate assurance letters in just over a quarter of inspections during 2014/15. The majority of the issues identified in these letters related to decontamination or radiographic matters (x-rays).

We looked at the clinical facilities in the surgeries of all the practices we inspected. We found that most dental surgeries contained relevant equipment for the safe care and treatment of patients and the safety of staff. However, we identified issues in some practices where we needed additional assurance that single use items were not being re-used, and that relevant equipment was sterilised after each use.

During each inspection, we checked how the practice was complying with the provisions of the Ionising Radiation (Medical Exposure) Regulations 2000 and the Ionising Radiation Regulations 1999. In general, we found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. However, not all practices were fully adhering to these regulations. The main issue we identified in this regard was that not all relevant practice staff received appropriate radiation training at appropriate intervals.

In most practices we inspected, relevant documentation including safety checks, maintenance and testing of x-ray equipment were available. However, we noticed that just over a quarter of the practices we inspected did not conduct quality assurance audits for radiographic equipment. This means that the practice does not regularly monitor the quality of the image produced by the x-ray equipment and could mean that x-rays would need to be repeated if the image produced is of insufficient quality, meaning that patients could be exposed to more radiation than is necessary.

During each inspection, HIW inspectors look carefully at the decontamination process in place at a practice to ensure that the procedure is adequate to protect patients and dental team members from cross infection. We found that although most practices were aware of the dedicated guidance available to professionals in relation to decontamination in primary care dental practices (this is known as the Welsh Health Technical Memorandum (WHTM01-05), many did not comply fully with it. We identified practices that did not conduct regular checks of sterilising equipment to ensure it was working correctly. We also found that although dental practices are required to establish and operate a quality assurance system that covers the use of effective measures of decontamination and infection prevention and control, over a third of practices we inspected had not completed an infection control audit. In Wales all dental teams can access an audit of WHTM 01-05 from the Dental Postgraduate Section of the Wales Deanery, and be supported to undertake the audit.

We looked in detail at a sample of records from each of the dentists working at each practice to check the quality of patient notes. On the whole we found that patient records were of a satisfactory quality.

In almost all practices we inspected, we found there were suitable procedures in place to respond to patient medical emergencies when they occur.

At each inspection we checked whether the practice had relevant policies and procedures to ensure patient care and treatment was delivered safely. We found that most dental practices had policies and procedures underpinning the operation of the practice. However, we found that many policies were undated and we could not be sure staff were aware of them. We found that particularly in practices owned by UK-wide corporate providers, policies were generic and had not been adapted for use at the particular practice in Wales.

We found that most practices had a complaints policy and a designated member of staff who deals with complaints. However, we found in over half of the practices we visited the complaints procedure did not comply with the NHS 'Putting Things Right' arrangements for NHS patients in Wales. This is consistent with the recent Evans Review of concerns (complaints) handling in Wales, which found that many NHS services in Wales did not comply with the Putting Things Right arrangements.

We checked the supervision and appraisal process in place for all staff and found that in over a third of the practices we inspected, staff did not receive an annual appraisal.

In general we found practices were visibly clean and well maintained. However, we found that the standards of cleanliness could be significantly improved in a few practices. Accessibility for wheelchair users could sometimes be a problem, particularly in practices located in converted houses.

In general, we found that practices could improve the provision of information to patients, particularly around: oral and dental health promotion; how to make a

complaint; how to access dental care out of hours in an emergency; and how much dental treatment will cost.

Patient experience

Patients in most practices told us they were satisfied with the service they received and felt welcomed by the practice staff. On the whole we saw staff treating patients in a friendly and professional way.

Many practices we inspected did not have a system to regularly obtain patient views and feedback, which would be beneficial to ensure the service provided continues to meet patient need.

Many patients did not know how to access emergency dental treatment when their practice was closed, although some said they felt confident they could find out. The General Dental Council guidance states that patients should be given clear information on how to access out of hours services, so we made recommendations to a number of practices that they should ensure the out of hours number is easily accessible to patients. In some practices, we saw that the emergency number was on a sign in the window but this was often small and not easy to see.

Some practices had a website, and others were planning to develop a website in the future. We often found the practice website did not comply with the GDC guidelines for advertising, and often the practice were not aware that such guidance existed. We notified practices of this guidance so they could ensure their website is compliant.

We asked patients at all practices whether they knew how to make a complaint if they were unhappy with the service they received from their dental practice. We found variable results across Wales. Some patients told us they knew how to complain or felt happy to approach staff with any concerns. Other patients told us they would not know how to complain if they needed to. However, most patients told us they had not had a reason to complain. We saw that in most practices there was a complaints policy, however, this was not always displayed so that patients could see it. Where complaints information was available on display, it was often written in quite small font. We have suggested that practices consider how they could make information, such as the complaints policy/procedure, more accessible to a wider range of patients. For example, using larger font/text sizes and increased use of pictures. We suggested that the need for these alternative formats could be assessed through gaining patient feedback.

We have also discussed with, and provided information to, practices in relation to the provision of information to patients in a range of languages, including Welsh.

Delivery of Standards

Clinical Facilities

We looked at the clinical facilities in each of the surgeries at all practices we inspected. We checked that they contained relevant equipment for the safe treatment and care of patients and the safety of staff. In a very small number of practices, we found dental instruments (endodontic files and reamers) which should be single-use were being stored without any packaging, implying that they were not being treated as single-use instruments. We also saw in a small number of practices that ultrasonic scaler hand pieces and non disposable three in one syringe tips were not being sterilised between patients. We sought immediate assurance that single-use items were not being re-used, and relevant equipment was sterilised after each use.

In one practice we found sterilised dental instruments being stored beyond their safe storage date. We sought immediate assurance that these instruments were re-sterilised so that they could not be accidentally used. We recommended the practice develop a suitable system to ensure that instruments are not stored past their expiry date in future.

In some practices, we found out of date medicines in surgeries. We recommended that practices devise a system for checking materials in each of the dental surgeries to ensure no expired medicines or materials were being used.

We checked that staff had access to appropriate personal protective equipment to reduce the risk of cross infection. We found in some practices that this equipment was available, but was not always worn.

We found evidence at one practice that a Class 4 laser product was in use without the practice being appropriately registered for this. In order to operate a Class 4 laser product, a practice must comply with the requirements of the Independent Healthcare (Wales) Regulations 2011 and register as an independent hospital. Arrangements were made for this to be completed before the laser was used again.

Radiation

During each inspection, we checked how the practice was complying with the provisions of the Ionising Radiation (Medical Exposure) Regulations 2000 and the Ionising Radiation Regulations 1999. In general, we found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. However, not all practices were adhering to these regulations and we issued a number of immediate assurance letters in this regard.

HIW inspectors checked that there was evidence of the training undertaken by the practitioners and operators engaged to carry out medical exposures, or any practical

aspect of such exposures. The GDC recommends that all their registrants attend appropriate radiation training once in every five years as part of their continuing professional development. Continuing education is also required by the Ionising Radiation (Medical Exposure) Regulations 2000. In many practices we inspected, we found no evidence was available to inspectors to demonstrate that dental teams had completed appropriate radiation training within the last five years.

Under the provisions of the Ionising Radiation Regulations 1999, a letter should be sent to the Health and Safety Executive (HSE) to notify the HSE that the practice is using ionising radiation. In a handful of practices we visited, this letter regarding radiological protection was not available for inspection by HIW.

Also under the provisions of the IRR 1999, each practice should have a suitable radiation protection supervisor. One practice we visited did not have this resource in place.

In most practices we inspected, relevant documentation including safety checks, maintenance and testing were available. However, we noticed that just over a quarter of the practices we inspected did not conduct quality assurance audits for radiographic equipment. This means that the practice does not regularly monitor the quality of the image produced by the x-ray equipment and could mean that x-rays would need to be repeated if the image produced is of insufficient quality, meaning that patients could be exposed to more radiation than is necessary. We recommend that these audits are conducted by all practices.

Decontamination

There is dedicated guidance available to professionals in relation to decontamination in primary care dental practices and community dental services. This is known as the Welsh Health Technical Memorandum (WHTM 01-05). During our inspections, we examined the decontamination process followed by staff at the practice to confirm whether this guidance is followed. We found that although most practices were aware of the guidance, many did not comply fully with it.

The WHTM01-05 recommends that, where possible, decontamination takes place in a dedicated decontamination room. We found that many practices either have this separate room, or are working towards this. However, some practices are limited by the space available to them and do not have scope for a dedicated decontamination room. Where this is the case, we found that some practices did not have sufficient sinks for hand washing, and cleaning and rinsing of dental instruments. We made recommendations about the use of bowls to help with minimising infection risk where this was the case.

Where there was a dedicated decontamination room, the main issue we found was inadequate ventilation. We made recommendations in a number of practices that the

ventilation in the decontamination room/area ensures that dirty particles are not transferred to clean instruments.

We checked the sterilising equipment used by practices and the checks undertaken to ensure cleaning is effective and safe. In some practices, we found that daily and weekly checks on sterilising equipment were not carried out to ensure the sterilising equipment was working correctly. A lack of servicing of the sterilising equipment meant that the practice could not be sure the steriliser was operating effectively. We sought immediate assurance from practices where these issues were identified.

When an instrument is sterilised, it should be stamped with the date by which it needs to be used or re-sterilised. We found that the incorrect date had been stamped on some instruments, and made recommendations about this.

Many of the issues we found during our inspections regarding decontamination would be identified if practices conducted an infection control audit. This is recommended by the WHTM01-05 guidance, and assistance can be provided to dental practices with this by the Wales Deanery of Postgraduate Dental Education. We found that over a third of practices we inspected had not undertaken an infection control audit and developed an improvement plan to address any issues raised.

Emergency Drugs/Medication

In almost all practices we inspected, we found there were suitable procedures in place to respond to patient medical emergencies when they occur. We found that most practices had appropriate resuscitation equipment and emergency drugs available. However, we found that there was not always a process in place to check emergency drugs had not expired. As a result, we found out of date drugs in some practices. We also identified issues in some practices with the way these drugs were stored in terms of security and ease of access.

We saw records that indicated almost all staff across all the practices we inspected had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). However, we reminded some practices that to comply with the Resuscitation Council (UK) training requirements, dental practitioners must be trained in CPR and should update their skills at least annually. It is also important that all staff members know their particular role in the event of a patient emergency.

Patient Records

We looked in detail at a sample of records from each of the dentists working at each practice to check the quality of patient notes. On the whole, we found that patient records were of a satisfactory quality. We found some practices where note keeping was excellent. We found others where the standard of record keeping by some dentists was not robust and notes were not recorded in sufficient detail.

We found that most dental practices now use computer systems and keep electronic patient records. Some of the practices we visited do not use computer systems and keep handwritten records on record cards. We found examples of satisfactory and unsatisfactory record keeping in both electronic and paper notes.

Where we identified issues with patient notes, they were generally in the following areas:

- Medical history – we found that patients were not always asked to complete a medical history form at the required time and where this had been done there was no evidence the dentist had discussed this with the patient. We also saw some examples where no social history (including alcohol intake and whether the patient smoked) or previous dental history had been taken.
- Treatment planning – we saw numerous examples where there was no evidence that treatment options had been discussed with the patient.
- Consent – we saw many examples where patient consent for the treatment plan proposed and the associated costs had not been recorded.
- Radiography – we saw several examples where there was no documented justification or clinical evaluation of x-rays. Patient notes should contain information about why an x-ray was needed and what it showed.
- Recall frequency – we checked how often patients were invited back to the practice for check ups, and found that in some cases this was not recorded, or was not in line with guidelines from the National Institute of Clinical Excellence (NICE).

Management and leadership

We found that most practices had relevant policies and procedures to ensure patient care and treatment was delivered safely. However, many of the policies we saw were not dated and did not have a version number, so it was not easy for staff to know that the policy was up to date. Additionally, we did not often see evidence that staff had been made aware of the policies, for example by signing the policy to confirm it had been read.

We found that particularly in practices owned by corporate providers, policies were generic and had not been adapted for use at the particular practice. Another issue in some practices owned by corporate providers was that policies and procedures were based on English legislation and guidance and had not been adapted for use in Wales.

We considered whether practices have policies regarding child protection and the protection of vulnerable adults, and whether staff have been trained in these areas. We found that most practices had a child protection policy and staff had received suitable training. Whilst many practices had a policy relating to the protection of vulnerable adults, we were told that training was available on this topic but courses are often over subscribed and therefore some staff had not yet received this training.

We found that most practices had a complaints policy and a designated member of staff who deals with complaints. However, we found in over half of the practices we inspected the complaints procedure did not comply with the NHS 'Putting Things Right' arrangements for NHS patients. In fact, we found that most practices were not aware of 'Putting Things Right'. For patients receiving private treatment, the practice complaints procedure needs to comply with the Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011. We found in many cases it was not clear to patients to whom they could turn for assistance with making a complaint, if this was required.

We found that some practices did not keep a log of complaints received. Of those who did record complaints, only some kept a record of informal or verbal complaints received. It is important that complaints are recorded, separately from patient notes, as this enables the practice to identify any trends or themes arising from this potentially rich source of information.

We found that in nearly a quarter of practices we inspected, no clinical audits or peer review was undertaken. These methods help to ensure the quality and safety of the care provided by the practice.

We checked that all clinical staff were registered with the GDC and had appropriate indemnity insurance for the protection of patients. We checked that suitable pre-employment checks were carried out for new staff. This includes undertaking a risk assessment of each role to determine whether a Disclosure and Barring Service

criminal records check is required. Where necessary, we reminded dentists that the Private Dentistry (Wales) Regulations 2008 require dentists registered with HIW to provide private dentistry services to have an enhanced CRB/DBS certificate issued within the last three years. We checked that all dentists who provide private treatment are registered with HIW in accordance with the relevant regulations[2] for private dentistry.

We saw records of hepatitis B immunity for clinical staff at each practice. We found that in some practices this information was either not available, or we identified that a booster injection was required and there was no evidence this had taken place. Where appropriate, we recommended that all clinical staff have appropriate vaccinations, including any recommended boosters, to protect against blood borne infections.

We talked to staff about their training and development. We found that in some practices there was no evidence to demonstrate that new staff had completed an induction and mandatory training programme and received adequate supervision and support in their role. We checked the supervision and appraisal process in place for all staff and found that in over a third of the practices we inspected, staff did not receive an annual appraisal. Appraisals are important to ensure that any training and development needs are identified at an early opportunity,

[2] The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009

Quality of environment

In general we found practices were visibly clean and well maintained. However, we found that standards of cleanliness could be improved in a few practices. For example we found one practice with a leaking sink, and other practices which had worktops and flooring which were not sealed, making effective cleaning difficult to achieve. We found some dental chairs which had rips in them, which made them impossible to clean properly.

Most concerning was a practice where there had been a previous rat infestation. On the day of inspection, we could not be satisfied that sufficient remedial actions had been taken by the practice to prevent further rat infestation, as we noted visibly unclean areas throughout the dental practice, including the decontamination room and uncovered food in the staff areas. The practice was closed down on the day of the inspection and remedial work was conducted before the practice re-opened.

Most of the practices we inspected were located in converted houses. This meant that access for wheelchair users could sometimes be a problem. We suggested practices explore whether they could make access easier for wheelchair users, but we accepted the limitations many practices face in making structural changes to their building. Where a practice was wheelchair accessible, we checked that the facilities such as patient toilets were safe for disabled patients. We found in some practices that toilets were designated as accessible but were not always safe, for example they did not contain suitable handrails. We found a general lack of awareness in practices about their obligations under the Equality Act 2010.

We looked at the information on display for patients at dental practices. In order to comply with GDC guidance, practices must display information about staff, including their registration number where appropriate, in an area where it can be easily seen by patients. They must also display a price list for NHS and private treatment, where applicable, and the complaints policy where it is easily visible to patients. In a number of practices we found that this information was not available on the day of inspection.

We saw some excellent examples of health promotion information for patients, including a visual display about the amount of sugar in various every day foods, which patients reported they found useful. However, in general, we found that practices could increase the health promotion information available to patients, particularly about mouth cancer awareness.

Appropriate security measures were in place in most practices to prevent unauthorised access. We found in most practices there were suitable arrangements to ensure patient records were stored securely. We checked that electronic records were backed-up daily and that paper records were stored securely, and found that practices had usually taken steps to ensure the security of patient information.

Next Steps

The first year of HIW dental practice inspections have been a success. The inspections have allowed HIW to independently test how dental practices are meeting the relevant standards. Inspections have identified that most dental practices are, on the whole, meeting these standards and are safe environments for patients to receive care and treatment. Inspections have also identified several areas for dental practices to make improvements which will have positive outcomes for the delivery of patient care.

The findings from HIW inspections have been useful to other agencies, such as health boards, by providing evidence which independently verifies the information provided by practices in their self assessment.

The majority of the dental practices we inspected engaged well with the inspection process. HIW encouraged feedback from practices and most considered it to be a fair and proportionate process which allowed them to learn and develop. Feedback from practices has been invaluable in the evolution of the inspection process to ensure it is as successful as possible.

HIW continues to meet regularly with its stakeholder reference group to ensure communication with the dental profession remains positive and effective.

HIW believes that the information provided in this report should be used by relevant bodies such as Welsh Government, health boards and the Postgraduate Department of the Wales Deanery to drive improvement. The report provides transparency in relation to performance against relevant standards and regulations and can be used to inform future training, support and guidance to dentists in Wales.