

General Dental Practice Inspection (Announced)

Cardiff and Vale University
Health Board

Alison Jones Dental, 101
Whitchurch Road, Cardiff.

12 March 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Alison Jones Dental at 101 Whitchurch Road, Cardiff within the area served by Cardiff and Vale University Health Board on 12 March 2015.

During the inspection we considered and reviewed the following areas:

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

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in Doing Well, Doing Better: Standards for Health Services in Wales¹.

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

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website

¹ Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1st April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. www.weds.wales.nhs.uk/opendoc/214438

- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

3. Context

Alison Jones Dental provides services to patients in the Heath area of Cardiff. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board. The practice staff team includes the principal dentist, an associate dentist, a dental hygienist, four dental nurses and two reception staff. A practice manager was available to staff on the telephone, but was mainly based at another practice owned by the principal dentist. The practice manager was present at the practice on the day of the inspection.

A range of dental services are provided. The practice provides dental services for NHS and privately paying patients. We were told that 95% of patients at the practice are privately paying.

As Alison Jones Dental is a mixed practice providing both private and NHS dental services, any dentist working at the practice who is also registered with HIW to provide private dentistry will also be subject to the provisions of The Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011.

4. Summary

HIW explored how Alison Jones Dental meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Patients told us they were satisfied with the service they received at Alison Jones Dental and received enough information about their treatment. Feedback from patient questionnaires and comments from patients on the day of the inspection were positive about all areas of care. Over half of patients told us they did not know how to access out of hours dental care, and two thirds of patients told us they did not know how to make a complaint about the service they receive at the practice.

Overall, we could not be satisfied that the practice was meeting the applicable standards. We found that the clinical facilities at the practice were satisfactory. There is a dedicated room for the cleaning and sterilisation of instruments, but we made some recommendations for improvement in decontamination processes. We sought immediate assurance that the practice undertakes daily checks that the sterilising equipment is working effectively. We also made recommendations about radiographic processes, emergency drugs and improvements to record keeping at the practice.

The practice changed ownership in February 2012 when the current principal dentist took over. Whilst a practice manager was employed to handle finances and administration, we were told that day-to-day management of the practice was the responsibility of the principal dentist. Staff at the practice praised the principal dentist for the work done since taking over the practice. However, we have made recommendations about policies, staff appraisals and staff contracts.

We were told the practice has undergone significant refurbishment including installing central heating since the current principal dentist took over. Patients and staff commented that the practice was more comfortable since the refurbishment work has been carried out. Access to the practice is not suitable for wheelchair users, especially as the main dental surgery is located on the first floor.

5. Findings

Patient Experience

Patients told us they were satisfied with the service they received at Alison Jones Dental and received enough information about their treatment. Feedback from patient questionnaires and comments from patients on the day of the inspection were positive about all areas of care. Over half of patients told us they did not know how to access out of hours dental care, and two thirds of patients told us they did not know how to make a complaint about the service they receive at the practice.

Prior to the inspection, we asked the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In addition, we spoke with two patients who were receiving treatment on the day of the inspection. Thirty seven questionnaires were returned.

Patient feedback was unanimously positive. All patients told us they were satisfied with the service they received and felt welcomed by the practice staff. We saw staff treating patients in a welcoming, friendly and professional way.

A sample of patient comments included:

“Very helpful and feel relaxed.”

“Have always had excellent treatment...staff are always helpful and pleasant.”

“The dentist is amazing from the receptionist, hygienist, dentist and assistant, I have a really bad phobia and hated coming they have made me feel so comfortable it is now not a fear or worry. Nothing is too much for any of them.”

“Excellent service always given to me and my family.”

There was a flexible appointment system in place whereby patients could book appointments both in advance and on an emergency basis. This meant patients could be confident that when they experienced dental pain, there was a system in place to try to ensure they were seen quickly.

Most patients told us they had not experienced any significant delays when waiting to be seen. Staff described how they would inform patients should their dentist be running late, so that patients were advised as quickly as possible if there would be a delay.

All patients felt that they were given enough information regarding their treatment, with one stating that they felt they could “ask for additional info if required”.

Practice information was available to patients in a document which was available at the reception desk.

The practice does not have a website, although we were told by the practice manager that there are plans to introduce one in the near future. We suggested that the practice should look at the General Dental Council guidelines for advertising when designing their website.

We were told that the practice does not regularly ascertain patient views. However, we were told that verbal suggestions made by patients are considered. We were told that patient feedback about the practice environment was acted upon. We discussed the need for the practice to develop a system of regularly gaining patient feedback, such as using a suggestions box or patient questionnaires.

Improvement needed

The practice should develop a robust method of gaining patient views and feedback to regularly assess the quality of the service provided.

19 out of 37 patients who completed our questionnaire (51%) told us they did not know how to access out of hours dental care. However, we saw a sign on the front door of the practice with the emergency out of hours dental care number printed and we confirmed that the emergency number is provided on the practice’s answer machine message.. We noticed that the sign on the front door with details of the emergency contact telephone number was written in small font, making it difficult to for many patients to read.

When asked about making complaints, two thirds of patients told us they did not know how to make a complaint about their dental service. We saw the practice complaints procedure was displayed, but this was also written in small font, and was located behind the reception desk, making it difficult for patients to read.

Improvement needed

The practice should ensure that the complaints policy is displayed where it is easily visible to patients.

We suggested the practice should consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages, including Welsh. The need for this could be assessed through gaining patient feedback.

Delivery of Standards for Health Services in Wales

Overall, we could not be satisfied that the practice was meeting the applicable standards. We found that the clinical facilities at the practice were satisfactory. There is a dedicated room for the cleaning and sterilisation of instruments, but we made some recommendations for improvement in decontamination processes. We sought immediate assurance that the practice undertakes daily checks that the sterilising equipment is working effectively. We also made recommendations about radiographic processes, emergency drugs and improvements to record keeping at the practice.

Clinical facilities

We looked at the clinical facilities in each surgery and found these contained relevant equipment for the safety of patients and staff. The downstairs surgery is used for hygiene treatment only and therefore did not contain instruments and materials for general dentistry. We noted that both surgeries were clean and tidy. Instruments were stored appropriately to avoid contamination.

We noticed that the type of instruments used for holding filing material in place (matrix bands) used at the practice were not single use. It is recommended by the Welsh Health Technical Memorandum (WHTM 01-05)² that these instruments should be replaced by single-use matrix bands. We recommended that the practice move towards single use equipment where this is appropriate.

Improvement needed

The practice should consider replacing the matrix bands with single use types.

We found that portable appliance testing (PAT) had been conducted to check that small electrical appliances used at the practice were fit for purpose and safe to use.

Personal protective equipment (PPE), such as disposable gloves and eye protection was available for staff to use to help prevent cross infection. Dedicated hand washing sinks were also available to help with infection control.

² The Welsh Health Technical Memorandum 01-05 is a set of guidelines intended to raise the quality of decontamination (cleaning and sterilisation) work in primary care dental services.

Decontamination of instruments

The practice had a dedicated room for the cleaning and sterilisation of dental instruments and we saw suitable processes in place to prevent patients from cross infection. Whilst this room was small, it was a suitable size to allow instruments to be cleaned effectively. Dedicated hand washing sinks were available to help with infection control and all appropriate personal protective equipment for staff was available.

We did not see evidence that staff had completed individual training in decontamination, but the decontamination policy/procedure was displayed in the cleaning area.

Improvement needed

All staff involved in decontamination should have individual training records.

Logbooks had been maintained for cleaning equipment but there was no evidence that standard checks were performed by nursing staff at the start and end of each day. Therefore, there was no way to confirm that the steriliser was working effectively at the beginning of each day. We sought immediate assurance about this on the day of the inspection, and we wrote to the practice immediately after the inspection to request that daily checks were started. The practice confirmed to us that the appropriate checks are now carried out, and that this was implemented straight away after our inspection. Confirmation of the action taken by the practice can be found at Appendix A.

In general, we found that instruments were stored appropriately. However, we noticed that when the instruments were cleaned, they were sometimes stamped with the date they expired and sometimes with the date they were cleaned. This could lead to confusion about whether an instrument should be used. In accordance with WHTM 01-05 guidelines, all instruments should include the date they were cleaned and, for infrequently used instruments, the date when the recommended storage period will expire. We advised the practice that they could also keep a written record of infrequently used instruments and when they expire.

Improvement needed

The practice should ensure that wrapped instruments include the date they were cleaned and especially for infrequently used instruments, the date of expiry.

We also noticed that some clean, bagged equipment was stored in a cupboard on the dirty side of the decontamination room. We advised that for best practice, equipment should be stored in a clean and dry environment and we suggested the equipment be moved to an empty cupboard in the clean area of the room. The practice agreed to do this on the day of the inspection.

We discussed the benefits of the practice completing an infection control audit, which will help them to identify where improvements could be made to their decontamination procedures and to help to move towards best practice. We recommended that the practice complete the audit recommended by the Welsh Health Technical Memorandum 01-05³ (WHTM 01-05) guidelines.

Improvement needed

The practice should conduct an infection control audit at least annually and develop an improvement plan to address any issues highlighted by the audit.

Waste disposal

Waste was handled, stored and disposed of appropriately at the practice and a current waste disposal contract was in place. However, we were told that dental models were disposed of in the hazardous waste rather than in a separate container.

Improvement needed

The practice should ensure that dental models are disposed of in an appropriate gypsum (plaster) container.

Radiographic (x-ray) equipment

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing was available.

We noticed that the practice did not routinely check that the chemicals used in developing x-ray images were at the correct levels to ensure a good quality x-ray image. This meant that patients could be exposed to radiation for an x-ray

³ The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

which could be of insufficient clinical quality. We suggested that a test film, ideally a step-wedge image, should be developed regularly to check proper functioning. This should be done with every change of chemicals, and ideally at the start of every day. We also reminded the practice that they should conduct quality assurance audits to ensure the image quality of x-rays.

Improvement needed

The practice should conduct quality assurance audits for radiographic equipment as required in the Ionising Radiation (Medical Exposure) Regulations. Processing solutions should be changed at regular intervals as indicated by routine monitoring tests.

We were told that whilst dentists had conducted appropriate training on ionising radiation, nurses who also operated the x-ray machine had received no such training. Additionally, a certificate confirming that one of the dentists had attended the required training was not available on the day of inspection. We wrote to the practice separately about this immediately following the inspection to seek assurance that all staff members taking x-rays had received appropriate training. The practice confirmed that the dentist had carried out training within the last two years, and that nursing staff would be carrying out the training within the four weeks following the inspection.

Medical emergency equipment and medication

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. However, we found the practice did not have a resuscitation policy to advise staff of the procedure to follow in the event of a medical emergency.

Improvement needed

The practice should develop a resuscitation policy, so that all staff are aware of the procedure to follow in the event of a medical emergency.

Emergency drugs and resuscitation equipment were stored in a single emergency bag in the staff room. This room was not secure and emergency drugs could therefore potentially be accessed inappropriately. We advised the practice to consider the security of the staff room, or to move the emergency drugs to a place where they can be stored securely. We also noted that the drugs and equipment were stored together in one bag, which was not ordered systematically. This means that during an emergency it might be difficult for staff to quickly locate the equipment or drugs they need. We advised the practice to consider reorganising this bag so that emergency drugs and equipment are easy to locate.

Improvement needed

The practice should ensure that all emergency equipment and drugs are stored securely and that they are ordered in a way that makes them easy to identify and locate during an emergency.

We noticed that the practice had an eye bath, for use when chemicals are splashed into the eye. However, there was no eye wash. We advised the practice to ensure that eye wash was available in the surgery and in the decontamination room, as this is where accidents with chemicals are most likely to occur.

We were told that resuscitation equipment and emergency medication was regularly checked to ensure it was safe to use. However, we noticed that some resuscitation equipment was out of date. We pointed this out to the practice on the day of the inspection.

Improvement needed

The practice must ensure there is a robust system to ensure that all resuscitation equipment and emergency medication are present, in date and safe to use.

We saw evidence that all staff had received up-to-date training on how to deal with medical emergencies.

Patient records

We looked in detail at a sample of nine patient records. At the time of inspection, both paper and electronic records were kept, so we looked at a sample of each.

In general, we found that there was insufficient detail recorded in patient notes.

We found that medical histories were not routinely updated at each treatment. It is important for patient safety that medical histories are checked at each appointment and that the dentist has countersigned to demonstrate their awareness of any medical conditions. There was no information recorded in patient notes to evidence that mouth cancer screening was completed.

We did not find evidence of an adequate consent process for patients as the treatment options discussed with a patient were not documented. We found that patient information leaflets, to give patients written information about their treatment, were not being used. Alternative treatment plans and options should be noted in patient records, together with reasons as to why treatment has been selected or rejected.

We found that the recall frequency (how often patients were recommended to have appointments) was not always recorded. This means it was not possible to assess whether the relevant guidelines⁴ on recall frequency had been followed.

We found that some x-rays (bitewing x-rays) were not carried out at the recommended frequency. We saw that clinical findings (what the x-rays showed), and justification (the reason for why x-rays are needed) were not always recorded in patient notes.

Improvement needed

Improvements should be made to patient record keeping at the practice. In particular, dentists at the practice must ensure the following are recorded in individual patient notes:

- ***Mouth cancer screening***
- ***Justification and clinical evaluation of x-rays***
- ***Treatment options discussed***
- ***Patient consent***
- ***Recall frequency.***

Dentists at the practice should ensure that bitewing x-rays are taken at an appropriate frequency.

⁴ The National Institute for Health and Care Excellence (NICE) dental recall clinical guidelines help clinicians assign recall intervals between oral health appointments that are appropriate to the needs of individual patients.

Management and Leadership

The practice changed ownership in February 2012, when the current principal dentist took over. Whilst a practice manager was employed to handle finances and administration, we were told that day-to-day management of the practice was the responsibility of the principal dentist. Staff at the practice praised the principal dentist for the work done since taking over the practice. However, we have made recommendations about policies, staff appraisals and staff contracts.

We saw that there was a well established staff team with some having worked at the practice for many years. This meant that patients received care from familiar staff. On the basis of our interviews with staff and our observations, we concluded that staff worked efficiently together as a team.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place. However, we noticed that most policies were not dated, did not include version dates and did not have a date when the policy would be reviewed. We advised the practice to add review dates to all policies to show they were the latest version. The policies had not been signed by staff to indicate they were aware of them.

We noticed that most policies were not practice specific as they were generic and printed from computer software. For example, we saw a clinical governance policy which stated that various audits are carried out at the practice. Discussion with the principal dentist revealed that these audits were not done. We also saw that the health and safety risk assessment was generic and had not been completed for the practice. We advised the practice to review all policies to ensure they are appropriate for the practice.

Improvement needed

The practice should have a robust system for ensuring all policies and procedures are current, applicable for the practice, and that staff are aware of them.

Most staff members had employment contracts, but we noticed that the dental hygienist did not have a contract of employment. We advised the principal dentist to address this as it is important that all members of staff are clear about their roles and responsibilities.

Improvement needed

All staff should have contracts of employment.

Discussion with staff members and the principal dentist revealed that annual appraisals were not completed at the practice. We discussed the importance of appraisals which ensure that any training needs are identified and addressed.

Improvement needed

All staff should have annual appraisals.

We looked at a sample of staff files at the practice. We confirmed that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance. We saw some evidence of personal continued professional development (training) records for staff. Staff also told us they had access to training opportunities relevant to their role. We saw that whilst the principal dentist had undertaken child protection training within the last three years, none of the other staff had done so. We saw that there was no adult protection policy and that no training had been completed by staff.

Improvement needed

The practice should ensure all staff are aware of the signs of abuse of both children and vulnerable adults and of the local procedures that should be followed if abuse is suspected.

In accordance with the relevant regulations⁵ for private dentistry, both dentists were registered with HIW and their registration certificates were displayed within the practice. Some details required updating and arrangements were made for this following the inspection.

At the time of our inspection, neither of the dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the regulations for private dentistry. We discussed this with the principal dentist who agreed to ensure that all dental staff update their DBS check in order to comply with current regulations. It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. We discussed the provisions for staff checks with the principal dentists who confirmed this would be completed for any new staff.

⁵ The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009. Amendments were made that came into force on 1 January 2012. These set out the legal requirements in relation to dentists providing private dentistry services.

The practice had arrangements for occupational health support through the health board. We saw records to show that staff had received appropriate vaccinations to protect them against blood-borne viruses. The practice had suitable arrangements for the recording of any accidents and incidents.

We were told that staff meetings were held at the practice approximately once every three months. The principal dentist took some notes at these meetings, but the meetings were informal and notes were not shared with staff members. We suggested that an appropriate record of staff meetings should be taken so that this can be shared with team members who are not present at the meeting as staff working patterns varied.

We were told that the practice has not received any complaints. However, we looked at the complaints policy and found the process generally complied with arrangements in the NHS patient complaints procedure known as 'Putting Things Right'. It gave a list of relevant organisations for patients to contact in the event they had a complaint. However, the policy should refer to the Community Health Council who could provide advocacy support for patients. We discussed with the practice the need to record all complaints, including verbal and informal complaints, so that they could assess if there were any emerging themes and use complaints as a way of improving their service.

Improvement needed

The complaints policy should include the details of the Community Health Council.

Given the number of recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Quality of Environment

We were told the practice has undergone significant refurbishment including installing central heating since the current principal dentist took over. Patients and staff commented that the practice was more comfortable since the refurbishment work has been carried out. Access to the practice is not suitable for wheelchair users, especially as the main dental surgery is located on the first floor.

The practice is located on the shopping high street of Whitchurch Road in the Roath area of Cardiff. Car parking is available on nearby streets. Whilst access to the practice is at street level, there is a tight turn into the practice doorway which is a standard width. Access for wheelchair users would therefore be difficult. Additionally, the main dental surgery is located on the first floor.

There was a sign on the door of the practice with the names and qualifications of both dentists, opening hours and emergency contact number for out of hours services. However, we found that the names and registration numbers for all clinical staff were not displayed at the practice in accordance with the General Dental Council guidelines. This should be easily visible to patients.

Improvement needed

The practice should display information about staff (including their registration number where appropriate), in an area where it can be easily seen by patients.

A tour of the building confirmed the practice was satisfactorily maintained although it remained in need of general refurbishment. Despite this, the practice was generally clean and tidy throughout. Staff told us of they appreciated the significant improvements that had been made to the working environment.

The practice has one surgery used by the hygienist and a waiting room/reception area on the ground floor of the building.

The waiting area was a suitable size for the number of surgeries and was clean and tidy. Price lists for both NHS and private patients were displayed in the reception area. We found there was a selection of health promotion information leaflets in the reception/waiting area. However, we did not see information about mouth cancer awareness and smoking cessation. We discussed the need to provide patients with further health promotion with the practice.

Improvement needed

The practice should consider providing patients with further health promotion information, including smoking cessation and mouth cancer awareness/prevention.

The main dental surgery, staff room, decontamination room and toilet are located on the first floor. The toilet was unisex and for use by patients and staff. It was visibly clean and contained suitable hand washing facilities to prevent cross infection. As noted earlier in this report, the staff room was not secure. As emergency drugs are kept in this room we advised the practice to increase the security of this area. We found there were suitable arrangements to ensure patient records were stored securely in locked filing cabinets.

The fire exit was signposted and fire extinguishers recently inspected.

The second floor of the practice is used only for storage. We noted that clinical waste was stored on the second floor and that the area was cluttered and untidy. We suggested that the practice should consider removing the clutter from this area to minimise risk for staff accessing the area to place or remove waste bags.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at Alison Jones Dental will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

Appendix A

General Dental Practice: Improvement Plan

Practice: Alison Jones Dental, 101 Whitchurch Road, Cardiff

Date of Inspection: 12 March 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	IMMEDIATE ASSURANCE REQUIRED			
	<u>Finding</u> No routine checks are carried out on the autoclave at the start of each day. Failure to carry out routine periodic tests and maintenance tasks could compromise patient safety. <u>Improvement Action Required</u> Daily and weekly checks should be carried out in accordance with the guidance contained within section 4 of the Welsh Health Technical Memorandum on Decontamination in Primary Care Dental	Daily test were already being done using TST strips and kept in the record book. However the pressure and time daily checks weren't being done and recorded. This has been corrected with immediate effect: the log books are now being completed as per instruction.	Alison Jones	Action already been taken, immediately following inspection.

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>Services (WHTM01-05). Sterilisers should not be used until the daily tests have been carried out and the results found to be satisfactory.</p>			
	<p><u>Finding</u></p> <p>There was no evidence available on the day of the inspection that one of the dentists had completed ionising radiation training within the last five years as required by the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R2000). In addition, none of the dental nurses had completed this training within the last five years. It is recommended by the General Dental Council that a registered dental professional completes at least five hours of radiography and radiation protection training in every five year cycle of continuing professional development.</p> <p><u>Improvement needed</u></p> <p>All clinical staff should complete training in ionising radiation urgently in line with the Ionising Radiation (Medical Exposure) Regulations and GDC requirements</p>	<p>The dentist in question was not available on the day, but has confirmed and provided evidence that radiation training had been done in the last five years. It was carried out on the 19th November 2013 at the holiday Inn Bristol Filton.</p> <p>All the nurses are going to do e- learning on radiography until a day course becomes available</p>	<p>Alison Jones</p>	<p>Certificate available immediately,</p> <p>All nurses will do e-learning within 4 weeks</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
7	The practice should develop a robust method of gaining patient views and feedback to regularly assess the quality of the service provided.	The practice will provide questionnaires to patients in order to assess the quality of our service	Victoria Ross	To be done in 6 months following inspection as patients were given questionnaire at the time of the inspection.
7	The practice should ensure that the complaints policy is displayed where it is easily visible to patients.	The practice has now placed a copy of the complaints policy on the patient notice board	Joanne Tyler	Completed
Delivery of Standards for Health Services in Wales				
8	The practice should consider replacing the matrix bands with single use types.	Currently we do not reuse the matrix strips just the holders which are sterilised prior to use. We will now begin to look at alternatives	Alison Jones Victoria Ross	12 months
10	All staff involved in decontamination should have individual training records.	Records of training i.e. cross infection courses is already kept but as we review policies and carry out training we will ensure documents are produced and kept. On May 18 th we had a staff	Alison jones	May 2015 And as required

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		meeting where we looked at the decontamination and cross infection policies and training was carried out with all staff member of the up to date methods for cleaning and sterilising of instruments. This was recorded in the staff meeting notes and added to each staff members file.		
10	The practice should ensure that wrapped instruments include the date they were cleaned and especially for infrequently used instruments, the date of expiry.	Following the inspection we have ensured that all staff are working the same. Instruments are stamped with the date sterilised, and every month a nominated staff member (Victoria Ross) is checking the instruments that are infrequently used are re sterilised according to the recommended guidelines.	Victoria Ross	Immediate
11	The practice should conduct an infection control audit at least annually and develop an improvement plan to address any issues highlighted by the audit.	We have applied to carry out the cross infection decontamination audit with Cardiff dental postgraduate centre	Alison Jones	May 2015
11	The practice should ensure that dental models are disposed of in an appropriate gypsum (plaster) container.	We have contacted our clinical waste collection (cannon hygiene) who says we don't need separate collection facilities as we have the hard yellow tubs, however we have requested a	Joanne Tyler	May –June 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		separate container. We have received and are using the specialised containers for gypsum materials. Collection will be arranged when required with cannon hygiene.		
11	The practice should conduct quality assurance audits for radiographic equipment as required in the Ionising Radiation (Medical Exposure) Regulations. Processing solutions should be changed at regular intervals as indicated by routine monitoring tests.	We were already conducting audits of radiographs taken. A test radiograph is now taken every week and placed on the xray viewer to compare with daily radiographs taken to check processing chemicals.	Alison Jones	Immediately
12	The practice should develop a resuscitation policy, so that all staff are aware of the procedure to follow in the event of a medical emergency.	All practice members are fully trained for resuscitation , however we didn't have a written protocol for which staff member carried out each procedure. This has now been rectified and will be discussed with staff members at resuscitation training on 15 th May	Victoria Ross	May 2015
12	The practice should ensure that all emergency equipment and drugs are stored securely and that they are ordered in a way that makes them easy to identify and locate during an emergency.	The drugs and equipment were stored in an accessible area for all staff members however this door did not have a lock, this has now been rectified. The keys for the door are kept on reception, in both surgeries and four staff members also have additional keys. Following the CPR course we are now going to purchase a clear box to keep all the relevant drugs in and have clearly labelled bags for each drug.	Alison Jones	Immediately lock placed 3 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
13	<p>The practice must ensure there is a robust system to ensure that all resuscitation equipment and emergency medication are present, in date and safe to use.</p>	<p>The practice already has in place a system for checking drugs are present and in date. A copy of which is kept with the resuscitation equipment and by the practice manager (at the other practice). To improve our system we also have a log book which is signed and dated to check that all drugs are present and in date and this is carried out monthly. We are also purchasing a clear box to keep the emergency drugs in to make it easier to identify as our current bag made it very difficult to access the drugs in an emergency and for checking.</p> <p>We have purchased two eye bath solutions one to be kept in the decontamination room and one to be kept with the emergency drugs.</p>	Victoria Ross and Joanne Tyler	<p>Already in place</p> <p>As soon as possible</p>
14	<p>Improvements should be made to patient record keeping at the practice. In particular, dentists at the practice must ensure the following are recorded in individual patient notes:</p> <ul style="list-style-type: none"> • Mouth cancer screening • Justification and clinical evaluation of x-rays • Treatment options discussed 	<p>Clinical notes keeping has now been looked at and discussed with all dentists. The clinical record book from the FDGP has also been purchased to assist with this.</p> <p>Radiographs are also being taken more frequently, in line with current guidelines.</p>	Alison Jones	immediately

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> • Patient consent • Recall frequency <p>Dentists at the practice should ensure that bitewing x-rays are taken at an appropriate frequency.</p>			
Management and Leadership				
15	The practice should have a robust system for ensuring all policies and procedures are current, applicable for the practice, and that staff are aware of them.	Even though all policies are available to staff we didn't not have a record to show that staff had seen and read these policies, or a review date for the policies. We are now going to allocate specific time at the staff meeting to discuss the policies and produce a record of this. The policies will also be reviewed annually unless any updates occur between these dates	Alison Jones	Over 12 months
15	All staff should have contracts of employment.	All nurses and dentists had contracts, the hygienist contract is now being drawn up.	Alison Jones	2 months
16	All staff should have annual appraisals.	Staff appraisals will be carried out on an annual basis and personal development plans formulated for each staff member	Joanne Tyler	12 months
16	The practice should ensure all staff are aware of the signs of abuse of both children and	All staff have already completed a child protection course in the last three years (2013), and we	Alison Jones	June 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	vulnerable adults and of the local procedures that should be followed if abuse is suspected.	have arranged to attend a vulnerable adult course at Llandough hospital in June 2015		
17	The complaints policy should include the details of the Community Health Council.	We were unaware of the Community Health Council, this has now be rectified	Joanne Tyler	Immediately
Quality of Environment				
18	The practice should display information about staff (including their registration number where appropriate), in an area where it can be easily seen by patients.	A list of the staff members names and general dental council registration numbers has been compiled and placed in the waiting room in a large font	Joanne Tyler	Immediately
19	The practice should consider providing patients with further health promotion information, including smoking cessation and mouth cancer awareness/prevention.	We already have smoking cessation cards available for patients. Victoria has now been nominated to look in to and display health promotion e.g smile awareness in May-June 2015. We will discuss issues to be promoted at our staff meetings.	Victoria Ross	3-4 months

Practice Representative:

Name (print):Alison Jones.....

Title: ...Mrs.....

Date:21/5/2015.....