

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

Aneurin Bevan University  
Health Board,  
Angel Way Dental Care,  
Bargoed

23 March 2016

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In writing:

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

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

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## 1. Introduction

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.

HIW completed an inspection to Angel Way Dental Care at 58 Cardiff Road, Bargoed, Mid Glamorgan, CF81 8PA on 23 March 2016.

HIW explored how Angel Way Dental Care met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient Experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and Leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

## 2. Context

Angel Way Dental Care provides services to patients in the Bargoed area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

Angel Way Dental Care is a mixed practice providing both private and NHS dental services

The practice staff team includes one dentist; one hygienist (who also acts as the practice manager); two dental nurses and one receptionist. At the time of our inspection, one trainee dental nurse was also working at the practice.

A range of NHS and private dental services are provided.

### 3. Summary

Overall, we found that Angel Way Dental Care provides patients with high quality, safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Patients we spoke to were happy with the service provided.
- Staff we spoke to were happy in their roles and understood their responsibilities.
- Clinical facilities were well-equipped, visibly clean and tidy.
- There were arrangements in place for the safe use of X-rays.
- Team meetings and appraisals were conducted regularly and used to improve practice.

This is what we recommend the practice could improve:

- More robust decontamination and infection control processes to be implemented.
- Infection control audits and review systems to be completed.
- Record more detail about the start of day autoclave (equipment for sterilising dental instruments) checks.
- Quality of record keeping.

## 4. Findings

### *Quality of the Patient Experience*

**We found evidence that the practice was committed to providing a positive experience for their patients. The feedback gained from patient questionnaires was extremely positive. The practice had recently introduced a system for regularly seeking patient feedback, via patient surveys, as a way of assessing the quality of the service. There was a pleasant waiting area with evidence of dental health promotional material. However, there was no evidence of material in large print or in Welsh.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Seven questionnaires had been completed. Patient comments included:

*"Very good service"*

*"Very pleasant service and staff"*

*"All the staff are fantastic and make me and my three children really comfortable and happy"*

#### Dignified care

All patients stated they were satisfied with the care and treatment they had received at the practice and felt welcomed by the staff. We also observed the warm friendly and professional approach adopted by staff towards patients. The practice had arrangements to protect patients' privacy, including a space for patients to have private conversations with staff and discretion when dealing with patient telephone messages. Patients told us that they were extremely satisfied with the care and treatment they received.

#### Timely care

The practice tried to ensure that dental care was provided in a timely way. Of the questionnaires that had been filled in, only one of the patients had experienced minor delays in being seen by the dentist on the day of an appointment. Two thirds of patients also told us they knew how to access out of hours care. The out of hours telephone number for patients to call, when in need of urgent dental treatment, was displayed at the practice. It was also included in the information leaflet available in reception and in the practice answer phone message.

## Staying healthy

Angel Way Dental Care has been in its present location since 1997, when shop premises were converted into a dental practice. The reception area and waiting room provided a spacious and attractive first impression. There were dental health promotional leaflets on display around the reception areas. This meant patients had access to information on how to care for their own oral hygiene.

All the patients who completed questionnaires said they were given appropriate information about their treatment. Almost all patients said they had been asked about the option of communicating in the language of their choice. There was no evidence of information being available in Welsh. Therefore, in order to improve their communication methods, the practice should consider displaying information in Welsh.

## Individual care

Access to the practice was all at ground floor level with doorways and corridors wide enough to accommodate wheelchair users. There was a unisex toilet suitable for wheelchair users.

Staff told us that patients were encouraged to give verbal feedback regarding their views of the service when they attended the practice, but these were not recorded. We were told that patient surveys were being conducted and the data reviewed monthly. This showed that there were systems in place to allow patients to provide feedback to the practice on an on-going basis.

When asked about making complaints about their care or treatment, over half of patients who completed the questionnaires said that they knew how to make a complaint and had seen the notice in the waiting room. The notice did not record the timescales for responding to either NHS or private concerns (complaints), nor were addresses displayed of organisations (who could provide help and assistance) which can be contacted in the event of a concern (complaint) for either NHS or private patients.

### ***Improvement needed:***

***The practice's complaints procedure notice must be updated to provide information on timescales for responding to concerns (complaints) and the addresses of organisations that can be contacted by both NHS and private patients.***

## *Delivery of Safe and Effective Care*

**We found that generally patients were provided with safe and effective dental care. We saw evidence to show that the X-ray equipment was used appropriately and safely. We identified improvements were needed around aspects of the decontamination process for dental instruments.**

### Safe care

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice provided a clean environment. The surgeries were light and airy.

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients and the dental team. We noted that the surgeries were visibly clean and in good repair, although there was slight damage to the floor in the downstairs surgery. The practice was advised to repair this part of the surgery floor in order to prevent the accumulation of dirt.

The surgeries were well organised to help nurses to work efficiently. There were refillable liquid soap and alcohol dispensers being used. The practice was advised to consider the use of hands free single use soap and alcohol rubs. We noted that sterilised burs (instruments for cutting hard tissues, tooth or bone) were returned to a non-sterile plastic bur stand in the surgery. This arrangement may increase the likelihood of cross contamination.

### ***Improvement needed:***

***Burs should be appropriately stored after sterilisation to reduce cross contamination.***

When purchasing new dental instruments, including burs, the practice should consider whether appropriate single use devices would meet requirements.

We inspected the machine for providing compressed air to the surgeries (compressor). There was a safety check certificate available and we saw a service contract was in place for its maintenance.

We noted that portable appliance testing (PAT) had been completed on all the electrical equipment in March 2016, to help ensure that small appliances were safe to use. Fire equipment was in place and had been checked in February 2016. There was a fire risk assessment completed in March 2008. The practice manager told us that the engineer who attends to check the fire extinguishers

does a thorough check of the building and emergency equipment, but there was no record of this. The practice was advised to ask the engineer to record the checks on the visit sheet. There was clear signage to the emergency exits. There was a public liability insurance certificate and a health and safety poster on display in the practice.

We found that all chemicals were kept securely behind locked doors. There was a file available containing a number of data sheets relating to Control of Substances Hazardous to Health (COSHH) with some of the relevant risk assessments, indicating the current control measures in place to prevent harm, for chemicals kept on the premises. However, Health and Safety Executive (HSE) guidelines require a data sheet and a clear risk assessment for every chemical or hazardous substance kept on the premises. According to HSE guidelines there should also be health and safety risk assessments in place and we saw no evidence of any being completed.

***Improvement needed:***

***Data sheets and risk assessments should be completed for all chemicals held on the premises. Health and safety risk assessments should also be in place.***

We saw that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and we saw evidence of up-to-date ionising radiation training for the dentist.

The arrangements for protecting patients and staff when the X-ray equipment was in use were acceptable. We found evidence of safety checks, equipment maintenance and testing. Local rules for the use of X-ray equipment were also seen on the wall outside the surgery. Most of the information regarding the radiographic equipment was held electronically. The practice was advised to keep a hard copy of all the paperwork in the radiation file for completeness.

Staff also confirmed that the quality of the X-rays taken were considered and recorded on a daily basis, which we saw. No in depth radiographic audit had been conducted, therefore we advised for this to be considered periodically, as further evidence of their quality assurance process.

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated that the team had received training on how to perform cardiopulmonary resuscitation (CPR). The dentist was the designated first aider. The practice had been using a note book to record accidents rather than an accident book of an approved style.

***Improvement needed:***

***In line with HSE guidance, the practice should use an accident book which is data protection compliant and includes the HSE address, telephone number and protocol.***

The resuscitation equipment and emergency drugs were stored in the downstairs surgery and were immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the equipment and emergency drugs weekly. However, the needles had reached their expiry date and, although not used, had been opened when first aid training had taken place. The practice was recommended to check needle expiry dates regularly and to ensure that they are stored safely.

***Improvement needed:***

***Ensure needle expiry dates are included in the check list and stored in a safe condition.***

There were flow charts for medical emergencies but no overall resuscitation policy in place. A policy specific to the practice should be put in place, which should identify the staff roles in an emergency.

***Improvement needed:***

***A practice specific resuscitation policy should be put in place, identifying staff roles. In this respect, the practice should refer to the Resuscitation Council (UK) guidelines for primary dental care.***

The practice had a dedicated area for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>1</sup>. There was an effective system in place for removing used dental equipment from the surgery to the decontamination room in sealed containers. The practice used an ultrasonic

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<sup>1</sup> [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

bath for cleaning and had two autoclaves<sup>2</sup> in place. The area was visibly clean and uncluttered. However, we did not feel satisfied that there were appropriate and well established procedures in place to minimise the risk of cross infection to protect both patients and staff.

There was no weekly protein test being completed on the ultrasonic bath, although the practice showed us that they had recently bought the kit, and there were no quarterly foil tests being completed. There was, however, evidence that they had been completed in the past. We saw that there was no dedicated hand washing sink in the decontamination room. The dental nurse did not adhere to infection control guidelines, which recommend wearing a protective apron. Following the cleaning and sterilisation (decontamination) process, some instruments were left uncovered to dry before being taken, in the sealed box, into the surgery. The practice was advised to cover the instruments whilst they were drying to prevent cross contamination.

We saw that cleaning and sterilising equipment had been serviced regularly. The practice had recorded daily and weekly checks on the autoclaves to ensure that equipment remained in good working order and that the decontamination process was effective. However, although a test was being completed at the start of day checks which indicated that the autoclaves had reached a suitable temperature for an appropriate time, there were no records (including pressure readings) as recommended by WHTM 01-05 to verify this. During the inspection the practice rang the equipment maintenance contractor and booked an appointment for the engineer to visit the practice and install the data printers. In the meantime the practice was advised to manually record time, temperature and pressure.

***Improvement needed:***

**To comply with WHTM 01-05:**

- **Ultrasonic equipment must have a weekly protein test and a quarterly ultrasonic activity test (foil test).**
- **Staff should always wear the appropriate personal protective equipment in the decontamination room and surgery.**

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<sup>2</sup> An autoclave is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

- **The practice should consider installing a dedicated hand wash sink in the decontamination room.**
- **Start of day checks must record time, temperature and pressure achieved and each cycle should be validated.**

Frequently used instruments were being stored in unsealed bags and then these bags were sealed at the end of the day. Those instruments, in unsealed bags, that have not been used by the end of the dental session must be cleaned and sterilised again before being used.

***Improvement needed:***

***Any unused instruments held in unsealed bags in the surgeries must be returned to the decontamination room at the end of the session for reprocessing (in line with Welsh Health Technical Memorandum (WHTM) 01-05 guidelines).***

Other dental instruments were packaged, clearly labelled and dated before being stored in drawers in the surgery in accordance with WHTM 01-05. All dated items were removed at the end of the month and reprocessed.

The practice provided new staff with in-house decontamination training and staff had signed to confirm they had read and understood the practice infection control policy. All staff had also completed a recognised infection control course. The practice manager showed us evidence of her infection control certificate and told us that all the staff had attended the same training. However, there were no certificates available to confirm this.

***Improvement needed***

***Decontamination training records to be added to staff files. Copies of current staff training certificates are to be forwarded to HIW.***

Staff informed us they had never completed an in depth infection control audit. The practice was advised to use the Welsh Deanery audit tool which complies with the Welsh Health Technical Memorandum 01-05 guidelines for future audits. They were advised to use the audit tool to identify areas of improvement in the decontamination room and surgeries, making sure that an action plan was completed with realistic timescales.

***Improvement needed:***

***An in depth infection control audit should be completed annually. The practice is advised to refer to WHTM 01-05 guidelines regarding decontamination reviews and monitoring.***

We could see that the practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We also saw that the waste had been segregated into the designated coloured bags/containers in accordance with the correct method of disposal. These were stored in lockable bins in a separate area whilst awaiting collection. On the day of the inspection the bins were unlocked. The practice was advised to keep the bins locked at all times.

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults. The dentist had completed training in the protection of children and vulnerable adults and some of the other staff had completed child protection training. We saw the certificates for the dentist and hygienist but the training certificates for some of the other staff were not available for inspection. New staff had not yet completed safeguarding training but we were told they were booked on a course for May 2016. Other staff were also due to attend a safeguarding course for vulnerable adults in May.

***Improvement needed:***

***Monitoring of staff training could be improved by the use of a centralised training records system and retaining copies of training certificates. This should include copies of the safeguarding training certificates provided to staff as they are completed.***

Effective care

During our discussions with staff there was evidence that the practice was seeking to continuously improve the service provided. However we were unable to see that any audits had been completed by the practice. In discussion with the dentist it was agreed that he would undertake audits and would plan to start with a periodontal audit.

***Improvement needed:***

***For quality assurance purposes and to demonstrate continuous improvement, regular audits should be undertaken.***

Our review of patient records found that improvements were required to bring them up to a higher standard as recommended by professional clinical guidelines.

A sample of patient records was reviewed. Overall, we found that patient care entries did not contain sufficient information regarding discussions held about treatment options, or evidence of appropriate treatment planning. We also saw

that counter signatures to show that patient medical histories had been checked by the dentist were not in place or that they had been updated prior to treatment, anaesthetic or extractions.

Although generally there was good clinical note writing in some areas, some records showed no evidence of discussion on oral cancer screening or of ongoing consent. Questions about alcohol consumption were missing from the patient questionnaire. The basic periodontal examination (BPE)<sup>3</sup> was not being recorded and as a result the periodontal condition of a patient was not being assessed. Recall (the time period in which a patient is called back for examination) should be recorded in line with National Institute for Health and Care Excellence (NICE) guidelines.

***Improvement needed:***

***Clinical notes must be improved, to contain evidence of:***

- ***Oral cancer screening and ongoing consent.***
- ***Information regarding treatment options.***
- ***Records of treatment planning.***
- ***Counter signatures on medical histories.***
- ***Medical history up dates.***
- ***Recording of BPE.***
- ***Recall recorded as per NICE guidelines.***
- ***Include a question on alcohol consumption on the patient questionnaire.***

There was evidence that patients were offered X-rays at appropriate time intervals. The quality of the X-rays had been monitored and all X-rays were stored electronically.

We found the practice had suitable arrangements in place to back up patient records to ensure continuity of care. The paper records were kept in locked cabinets.

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<sup>3</sup> The BPE is a screening tool which is used by dentists to identify gum disease.

## *Quality of Management and Leadership*

**Although, improvements were required in some areas of clinical practice (as noted under the previous theme), we found evidence of effective systems to support overall practice management and leadership. A range of relevant policies and procedures were in place. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.**

The practice had been in the converted shop premises in a busy mixed commercial/residential area of Bargoed, near to the town centre since 1997. The day to day management of the practice was the responsibility of the practice manager, who also worked at the practice as a hygienist.

We saw completed staff induction folders. These were well planned. All staff had been given access to the policies and procedures and we saw evidence that these were had been read and signed by staff. Yearly appraisals had been carried out and objectives set. We also saw minutes of six monthly team meetings. The minutes showed learning outcomes from the meetings.

We confirmed that all relevant staff were registered with the General Dental Council and there were signs displaying the name and qualification of the dentist. Indemnity insurance was in place. The dentist's HIW certificate was on display as required by Private Dentistry (Wales) Regulations 2008. We advised the practice to update the certificate to contain the HIW address in Merthyr Tydfil and the practice agreed to follow this up.

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice except one. One staff member was waiting for the results of a follow up immunity blood test. We saw confirmation of the appointment and advised the practice to keep a copy of the results in the staff file.

We looked at the policies and procedures in place. We found that they were quite thorough and saw evidence that they reflected actual practice.

## 5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

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

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections of the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>4</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>5</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

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<sup>4</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>5</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

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 (where applicable)
- 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.

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Angel Way Dental Care, Bargoed**

**Date of Inspection: 23 March 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
6	The practice's complaints procedure notice must be updated to provide information on timescales for responding to concerns and the addresses of organisations that can be contacted by both NHS and private patients.	The Private Dentistry (Wales) Regulations 2008 Regulation 15 (4a) Health and Care Standards Standard	Patient complaint leaflet has been updated to reflect existing Practice complaints policy with timescales and relevant organisation details included.	CP	Completed 28,3,2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		6.3			
<b>Delivery of Safe and Effective Care</b>					
7	Burs should be appropriately stored after sterilisation to reduce cross contamination. [WHTM (01-05) paragraphs 4.27-4.28]	Health and Care Standards Standard 2.4	Appropriate autoclaveable metal bur stands purchased and in use.	CP	Completed 28/4/2016.
8	Data sheets and risk assessments should be completed for all chemicals held on the premises. Health and safety risk assessments should also be in place.	Health and Care Standards Standard 2.1	Full risk assessment of all chemicals held on premises carried out and data sheets now in place.	CP	Completed 25/4/2016
9	In line with HSE guidance, the practice should use an accident book which is data protection compliant and includes the HSE address, telephone number and protocol.	Health and Care Standards Standard 2.1	Appropriate document now in place.	CP	Completed 25/4/2016
9	Ensure needle expiry dates are included in the check list and stored in a safe condition.	Health and Care Standards Standard 2.9	Needle expiry dates now included in CPR folder.	CP	Completed 24/3/2016
9	A practice specific resuscitation policy should be put in place, identifying	Health and Care	Practice specific policy developed following guidelines recommended	CP	Completed 13/6/2016.

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>staff roles. In this respect, the practice should refer to the Resuscitation Council (UK) guidelines for primary dental care.</p> <p>[General Dental Council Standards for the Dental Team, Standards 6.2.6, 6.6.6]</p>	Standards Standard 5.1			
10	<p>To comply with WHTM 01-05:</p> <ul style="list-style-type: none"> <li>• Ultrasonic equipment must have a weekly protein test and a quarterly ultrasonic activity test (foil test).</li> <li>• Staff should always wear the appropriate personal protective equipment in the decontamination room and surgery.</li> <li>• The practice should consider installing a dedicated hand wash sink in the decontamination room.</li> <li>• Start of day checks must record time, temperature and pressure achieved and each cycle should be validated.</li> </ul>	Health and Care Standards Standard 2.4	<p>Weekly protein test now in place and quarterly activity test will be actioned.</p> <p>All staff wearing disposable plastic aprons provided.</p> <p>This will be addressed at next refurbishment of this area within the next Practice development cycle.</p> <p>[Named] data logging devices now fitted to all autoclaves.</p>	<p>CP</p> <p>CP</p> <p>DCP</p> <p>CP</p>	<p>Completed 25/3/2016.</p> <p>Completed 24/3/2016.</p> <p>13/6/2016.</p> <p>Completed 7/4/2016.</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	WHTM (01-05) paragraphs 4.16-4.23, Table A3, Page 34 note, paragraphs 15.6-15.12				
10	Any unused instruments held in unsealed bags in the surgeries must be returned to the decontamination room at the end of the session for reprocessing (in line with Welsh Health Technical Memorandum (WHTM) 01-05 guidelines). [WHTM (01-05) paragraph 2.4j]	Health and Care Standards Standard 2.4	All daily use instruments are reprocessed at the end of the day and stored overnight in dated sealed bags.	CP	Completed 7/4/2016.
11	Decontamination training records to be added to staff files. Copies of current staff training certificates to be forwarded to HIW. WHTM (01-05) paragraphs 1.26 and 2.4(o)	Health and Care Standards Standard 7.1	Copies of all core subject staff training now held at Practice.	CP	Completed 7/4/2016.
11	An in depth infection control audit should be completed annually. The practice is advised to refer to WHTM 01-05 guidelines regarding decontamination reviews and monitoring. [WHTM01-05, paragraph 2,23]	Health and Care Standards Standard 3.1	Annual in depth infection control audit tool obtained and will commence 30/6/2016 and thence annually as required.	CP	To be actioned 30/6/2016.
12	Monitoring of staff training could be	Health and	Acknowledged as above.	CP	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	improved by the use of a centralised training records system and retaining copies of training certificates. . This should include copies of the safeguarding training certificates provided to staff as they are completed.	Care Standards Standard 7.1			7/4/2016.
12	For quality assurance purposes and to demonstrate continuous improvement, regular audits should be undertaken.	Health and Care Standards Standard 3.3	Audit tools obtained and more frequent and verifiable audit to be undertaken.	DCP	To be actioned 30/6/2016.
13	Clinical notes must be improved, to contain evidence of: <ul style="list-style-type: none"> <li>• Oral cancer screening and ongoing consent.</li> <li>• Information regarding treatment options.</li> <li>• Records of treatment planning.</li> <li>• Counter signatures on medical histories.</li> <li>• Medical history updates.</li> <li>• Recording of BPE.</li> </ul>	Health and Care Standards Standard 3.5	Comments will be acted upon and relevant records updated.	DCP	Actioned 24/3/2016.

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> <li>Recall recorded as per NICE guidelines.</li> <li>Include a question on alcohol consumption on the patient questionnaire.</li> </ul> <p>General Dental Council Standards for the Dental Team, Standard 4.1</p>				
<b>Quality of Management and Leadership</b>					
	No improvement plan required.				

**Practice Representative:**

**Name (print):** ...David Phillips.....

**Title:** ..Dentist.....

**Date:** ...13/6/2016.....