

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

Church Street Dental Practice,  
Caernarfon

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2018

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2019

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

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

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Church Street Dental Practice at 10 Church Street, Caernarfon, Gwynedd, LL55 1SW on the 13 November 2018.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that Church Street Dental Practice provided safe and effective care to their patients. We found the practice to have good leadership and clear lines of accountability.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained. However, we noted that the all clinical facilities were in need of refurbishment and upgrading.

This is what we found the service did well:

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

This is what we recommend the service could improve:

- Clinical areas are in need of improvement and upgrading
- Ensure the autoclave is tested using TST strips<sup>1</sup> at the first cycle of the day

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<sup>1</sup> The term TST is an abbreviation of Time/Steam/Temperature, the critical parameters for a sterilisation cycle

- Implement a more robust system of logging the expiry date of emergency equipment
- Undertake regular audits of expiry dates of materials stored in surgery drawers and stock room.

### 3. What we found

#### **Background of the service**

Church Street Dental Practice provides services to patients in the Caernarfon area.

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

The practice provides a range of:

- Private general dentistry
- Cosmetic treatment
- Implants
- Six months smiles treatment.

## Quality of patient experience

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

Overall, we found evidence that Church Street Dental Practice provides safe and effective care to their patients.

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

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

We received a total of 41 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive. Almost all patients who completed a questionnaire rated the care and treatment received as excellent.

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

*"Always excellent and with a smile"*

*"Very happy with the high standard of service"*

*"The level of service I have had has always been friendly and professional."*

## Staying healthy

### Health promotion protection and improvement

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

Without exception all patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We noted that information on prices was available by the reception desk and waiting room which meant patients had access to information on how much their treatment may cost.

A sign displaying 'No Smoking' was displayed by the main entrance which confirmed the emphasis being placed on compliance with smoke free premises legislation<sup>2</sup>.

## **Dignified care**

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

*“Great service, always friendly and welcoming”*

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

We noted that the General Dental Council's (GDC)<sup>3</sup> 9 Principles document was available to patients upon request in the waiting area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

## **Patient information**

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

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<sup>2</sup> The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

<sup>3</sup> <https://standards.gdc-uk.org/>

The majority of patients also told us that the cost of any treatment was always made clear to them before they received any treatment.

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

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

### **Communicating effectively**

The majority of Welsh speaking patients who completed a questionnaire told us that they could only sometimes speak to staff in Welsh. All non-Welsh speaking patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

Some staff working at the practice can communicate bilingually with patients. However, we found that this was not advertised in the physical surroundings. We advised the practice to consider introducing a system so that patients can identify Welsh speaking staff, which they agreed to do.

### **Timely care**

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

The majority of patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, provided on the answer phone message, patient information leaflet, social media and the practice website.

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

## **Individual care**

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

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

All of the patients who completed a questionnaire confirmed that the clinical team enquired about their medical history before undertaking any treatment. We found that patients' medical histories were updated using a clinipad<sup>4</sup>. We recognised this as good practice.

The treatments and services offered by the practice were in accordance with the statement of purpose.

### **People's rights**

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

Access to the practice is via steep steps. The practice informed us that all efforts had been made to provide wheelchair access. However, given the location of the steps, it is not possible to install a ramp. A handrail is available to assist patients with mobility difficulties.

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

We saw that the practice had a written complaints policy in place. The procedures for making a complaint or how to raise a concern were clearly on display in reception and the waiting area. Details were also included within the patient information leaflet.

We saw evidence that the practice had systems in place to record, monitor and respond to any complaints received. At the point of inspection there had not

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<sup>4</sup> <https://softwareofexcellence.co.uk/solutions/clinipad/>

been any formal complaints received by the practice since summer 2015, when it opened under the current ownership arrangements.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the waiting area. Details of all feedback analysis are discussed with the dental team and we saw the latest survey results which were extremely positive. The practice informed us that plans are in place to display an analysis of the patient feedback in the waiting area. This will demonstrate to patients visiting the practice that their feedback had been captured and acted upon to enhance learning and service improvement.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

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

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

However, we did identify that the clinical areas are in need of refurbishment and upgrading.

### Safe care

#### Managing risk and promoting health and safety

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

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

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly very clean.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months. However, we noted that staff at the practice had not received fire training. We were verbally assured that all staff would be trained by the end of November. We received confirmation following the inspection that all staff at the practice had received fire training.

Emergency exits were visible and a Health and Safety poster was displayed within the practice.

The practice had a range of policies and procedures, as well as various risk assessments in place. All risk assessments were current and we saw evidence that these were regularly reviewed.

The practice had a resuscitation policy in place and we saw that all staff had received cardiopulmonary resuscitation (CPR)/emergency resuscitation training.

### Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. However, it was noted that the work flow was poor and hindering full compliance to WHTM 01-05. It was also noted that the decontamination room, along with both dental surgery facilities were in need of refurbishment and upgrading.

We discussed our observations with the principal dentist who informed us that plans are in place to extend the practice to include additional surgeries and fully refurbish and upgrade the clinical areas. If plans for extending the practice do not take place, it was confirmed that the current clinical facilities will be refurbished and upgraded.

We recommended that when refurbishment of the decontamination room takes place, the facility must include:

- Storage cupboards rather than open shelves
- Improved work flow
- Coved or sealed flooring rather than carpet
- Splash back areas for clean surfaces
- Along with a handwashing sink, ensure two sinks are available for scrubbing and rinsing and all sinks to contain lever taps.

We also recommended that when refurbishment of the surgeries takes place, the facilities must include:

- Coved or sealed flooring. We found areas in both surgeries that contained carpet and lino flooring
- Wall mount sharps bin
- Sinks to include lever taps and no plugs on handwashing sinks

- Ensure no pipework is exposed on the worktop surfaces for effective cleaning
- Ensure dedicated handwashing sink is available

We also recommended that when refurbishment of the OPG / X-ray room takes place, the facility must include:

- Coved or sealed flooring and not carpeted.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave<sup>5</sup> and we saw evidence that start and end of the day safety checks were taking place. However, we did recommend that the practice ensures that the autoclave is tested using TST strips at the first cycle of each day and record the parameters of each cycle it performs, evidencing that the autoclave cycle has been performed successfully.

We saw evidence that several infection control audits had been completed using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit. The infection control audit had been completed and we saw evidence that the resulting action plan had been actioned.

The practice had a system in place to manage waste. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal. However, we found that the clinical waste bags and clinical mops were being stored in the decontamination room. Our concerns regarding the location of these items were brought to the attention of the practice manager who immediately arranged for the waste bags to be stored in a secure location and the cleaning mops removed from the decontamination area.

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

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

#### Improvement needed

Ensure that the surgeries, decontamination room and OPG room are refurbished and upgraded in line with WHTM 01.05.

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

#### Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the practice had two dedicated first aiders.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice.

We saw evidence that a system was in place to check the emergency drugs to ensure they remained in date and ready for use. However, we did find that the emergency kit contained some out of date needles, syringes and airways. We recommended to the practice that they implement a more robust system to log the expiry date of hardware items.

Our concerns regarding the emergency kit were dealt with immediately during the inspection. Further details are provided in Appendix A.

#### Improvement needed

Implement a more robust system of logging the expiry date of emergency equipment.

## **Safeguarding children and adults at risk**

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

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

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

The practice described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and / or undertaking Disclosure and Barring Service<sup>6</sup> (DBS) checks on staff appropriate to the work they undertake. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

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

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients. However, we did find some out of date composite restorative material in the drawers of surgery 1. We recommend that the practice undertakes regular audits of expiry dates of materials stored in surgery drawers and the stock room.

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<sup>6</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

As previously mentioned in the report, we found that the surgeries were in need of refurbishment and upgrading. The principal dentist informed us that all clinical areas will be refurbished as a priority if plans for the extension do not take place.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and regular image quality assurance audits of X-rays were completed. However, we did advise that the electrical cables in the OPG room should be tied together to prevent a trip hazard which the practice manager arranged.

We found that the principal dentist was due to renew the ionising radiation training. We were verbally assured that training would be renewed immediately and confirmation has since been forwarded to HIW.

We found that the practice had used the Welsh Deanery Quality Improvement Tool for ionising radiation.

#### Improvement needed

Undertake regular audits of expiry dates of materials stored in surgery drawers and stock room.

## Effective care

### Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that audits had been completed and/or arranged by the practice such as; cross infection, X-ray quality, H&S, patients' records, and clinical waste. We were also informed that plans were in place to complete the CAPRO<sup>7</sup> Integrating Smoking Cessation audit. We advised the practice to ensure these audits are conducted annually.

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<sup>7</sup> Clinical Audit Peer Review Office

## Quality improvement, research and innovation

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

The practice confirmed that they are considering using the Welsh Dental Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix is a dental practice team development tool that encourages the team to focus on best practice, quality and safety, legislative requirements and on how they work as a practice team.

## Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place to guide staff about what was required of them

## Record keeping

A sample of patient records was reviewed. Overall, there was evidence that the practice as a whole is keeping very good quality clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

In all cases, the records we reviewed were individualised for each patient and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were very clear, legible and of very good quality.

We did discuss with the principal dentist the need to record the justification for each x-ray and record the risk assessment for caries, periodontal condition, etc which the principal dentist agreed to implement immediately.

### Improvement needed

Record the justification for each x-ray and record the risk assessment.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

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

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

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

A range of relevant policies and procedures were in place.

### **Governance, leadership and accountability**

The principal dentist / owner of Church Street Dental Practice is the nominated responsible individual<sup>8</sup>. The practice manager is the registered manager<sup>9</sup>.

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

The day to day management of the practice was the responsibility of the practice manager.

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<sup>8</sup> "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

<sup>9</sup> "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

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

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

The practice had a range of policies and procedures in place.

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

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

## **Staff and resources**

### **Workforce**

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

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

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

Staff told us that the practice holds regular team meetings and we saw there were detailed records being kept on file.

The Private Dentistry (Wales) Regulations 2017 require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) certificate issued within the previous three years. As previously mentioned in the report, we saw evidence that DBS clearance checks had been carried out for all clinical staff.

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

## 4. What next?

Where we have identified improvements and immediate non compliance issues during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

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

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

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

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that the emergency kit contained out of date syringes and needles for the administration of adrenaline. We also found that all airways (sizes 0,1,2,3 and 4) were out of date.	This meant that children and adults were at risk in an emergency situation.	We brought this to the attention of the staff who immediately arranged for the items to be purchased.	The staff immediately ordered the items on the day of our inspection for delivery the next day.

## Appendix B – Immediate improvement plan

**Service:** Church Street Dental Practice

**Date of inspection:** 13 November 2018

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

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

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

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Church Street Dental Practice

**Date of inspection:** 13 November 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
N/A				
<b>Delivery of safe and effective care</b>				
Ensure all surgeries, decontamination room and the OPG room are refurbished and upgraded in line with WHTM 01.05.	2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01.05 Chapter 5 & 6	Surgery, OPG and decontamination room refurbishment to take place in accordance with the WHTM 01:05	Simon Gallier	April 19
Ensure the autoclave is tested using TST strips at the first cycle of the day.	WHTM 01.05, Chapter 4, section 4.18	TST strips are being used daily on the first cycle of the day by all team members carrying out decontamination	Gemma Andrew	

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Implement a more robust system of logging the expiry date of emergency equipment.	2.6 Medicines Management; PDR 8 (d), 31	Along with recorded weekly checks, a 6 monthly audit is in place	Gemma Andrew	
Undertake regular audits of expiry dates of materials stored in surgery drawers and stock room.	2.9 Medical devices, equipment and diagnostic systems; PDR 8 (d)	All stock is checked weekly by nurses and regular audits are in place to ensure any out of date materials are disposed of appropriately and reordered	Gemma Andrew	
Record the justification for each x-ray and record the risk assessment.	3.5 Record keeping; IRMER 2017 & FGDP guidance	Justification for each x-ray and risk assessment are being recorded in accordance with the relevant guidelines from IR(ME)R17 and FGDP.	Simon Gallier	
Quality of management and leadership				
N/A				

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

## Service representative

**Name (print): Gemma Andrew**

**Job role: Registered Manager**

**Date: 9.1.19**