

General Dental Practice Inspection (Announced)

Absolute Dental Care, Tenby

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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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Absolute Dental Care at Clifton Rock, Tenby SA70 7LG, within Hywel Dda University Health Board on the 11 December 2019.

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 Absolute Dental Care provided a quality patient experience, with friendly and professional staff.

The practice was committed to delivering safe and effective care in a modern, well-maintained and visibly clean environment.

In support of the above, the practice had undertaken a range of quality improvement activities and staff were appropriately supported and trained to carry out their roles effectively.

We have made some minor recommendations for improvement, in line with the relevant standards and regulations.

This is what we found the service did well:

- Investment in technology for the benefit of patients
- Emphasis on training for staff
- High quality record keeping
- Range of the quality improvement activities.

This is what we recommend the service could improve:

- Explore further methods for obtaining patient feedback
- Amendment to how infection prevention control audits are conducted
- Ensuring a further member of staff is first aid trained.

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

3. What we found

Background of the service

Absolute Dental Care provides services to patients in the Tenby and surrounding areas.

The practice has a staff team of four which includes one registered dentist and three registered dental nurses, one of whom is the practice manager.

The practice provides a range private general dental services, including:

- Routine dental treatments
- Whitening
- Bridges (including on-site CEREC¹ manufacturing), dentures and implants (including CBCT² screening)

¹ A CEREC machine is a tool for designing and creating metal-free tooth restorations.

² A dental cone beam CT scanner is a special type of x-ray equipment used when regular dental or facial x-rays are not sufficient for the intended 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 that Absolute Dental Care provided a positive experience for patients at the practice and we found suitable processes in place to support this.

We observed professional and friendly interactions with patients throughout the inspection process. We also found the information available to patients about their treatment to be suitable, and that patients were able to access care in a timely manner.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 18 questionnaires were completed. 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; all but two of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent'. Patient comments included:

"A professional and friendly orientated practice"

"I always feel respected, extremely professional all-round pleasant practice to put one at ease and the environment"

"First class equipment and service"

Patients were asked on the questionnaires how the dental practice could improve the service it provides, one patient commented:

"Nothing - sometimes explaining the aftercare before the treatment is given might be easier for me to take in"

Staying healthy

Health promotion protection and improvement

We saw that a good range of written information on preventative care and good oral hygiene for both children and adults was available within the waiting area for patients to read whilst on the premises. This covered a range of areas, including smoking cessation and gum disease.

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

Dignified care

Without exception, all of the patients who completed a HIW questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

We observed a range of staff speaking to patients in person and on the telephone in a polite and professional manner. Staff confirmed that should a patient wish to have a private conversation then this would be carried out in one of the available surgeries. We also observed that surgery doors were closed when patients were receiving treatment in order to protect their privacy and dignity.

The practice had a comprehensive confidentiality and data protection policy in place to protect patient privacy. This covered matters such as protecting patient details, access to records and disclosure to third parties.

We noted that the 9 Principles developed by the General Dental Council (GDC) were on display within the waiting area to ensure patients were aware of the standards of care they should receive from dental professionals.

Patient information

Where applicable, all of the patients who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. They also said that they had received clear information about available treatment options and that the cost was always made clear to them before they received any treatment. This was confirmed in the sample of patient records that we reviewed.

We saw that a price list for private treatments was on display in the waiting room in order to help patients understand the costs associated with their treatment.

The practice had copies of their patient information leaflet available in the reception area for patients to take away and read. A number of practice policies,

such the complaints procedure, were also on display in the reception. This also included the statement of purpose³ which included all of the information required by the regulations.

We saw that the practice had the names and qualifications for all of the dental team displayed in an area where it could be easily seen by patients, as required by the General Dental Council (GDC).

Communicating effectively

We found that the practice had a Welsh speaking dentist and was able to provide a bi-lingual service to patients. We also saw that some patient information material was available in the Welsh language.

The vast majority of patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

For patients whose first language was neither English nor Welsh, the practice advised us that they would make every effort to find out about a patient's needs, including their language needs, prior to their first appointment.

Timely care

All of the patients who completed a questionnaire felt that it was 'easy' to get an appointment when they needed it.

During the inspection we observed patients being treated in a timely manner. Staff told us that they would inform patients about any delays upon their arrival or as soon as possible thereafter.

We saw that details on how patients can access emergency out hours care was displayed on the outside of the practice and we were told that the same information is relayed to patients on the practice's answerphone system. Once a patient has left an answerphone, we were informed that this is then forwarded to one of the team to respond to as soon as possible.

³ Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used.

Every patient who completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

Individual care

Planning care to promote independence

All of the patients who completed a HIW questionnaire stated that the dentist enquires about their medical history before undertaking any treatment. This is required by professional guidelines to help a dentist understand potential diseases or identify medication that might impact on a patient's dental treatment. We confirmed that histories were consistently and appropriately being recorded in the sample of patient records that we reviewed.

As observed on the day of the inspection, we noted that the practice had invested in technology, including a CBCT⁴ scanner and a CEREC⁵ machine, which allows the practice to fit implants and to create crowns and some bridges on the premises. For patients, this provides convenience and efficiency in the delivery of their care and treatment.

The treatment and services offered by the practice were in accordance with their statement of purpose⁶.

People's rights

The practice had an equal opportunities policy in place which demonstrates a commitment to ensure that everyone has access to fair treatment. In line with the

⁴ A dental cone beam CT scanner is a special type of x-ray equipment used when regular dental or facial x-rays are not sufficient for the intended treatment.

⁵ A CEREC machine is a tool for designing and creating metal-free tooth restorations.

⁶ Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used.

Equality Act 2010, the policy acknowledged the need to deliver services and treatment to all patients regardless of a protected characteristic⁷.

The practice had a new patient policy as required by the regulations which outlined the arrangements for accepting new patients into the practice. This included what patients can expect from the practice, eligibility and access to treatment.

In terms of physical access, the practice is located within the vicinity of a number of public car parks. The practice is situated over two floors, however, the waiting room, reception area, one of the two surgeries and toilet facilities were available on the ground floor.

Listening and learning from feedback

We saw evidence to confirm that the practice obtains patient feedback through a range of methods. This included distributing satisfaction questionnaires to patients on an ad-hoc basis and the recording of verbal feedback on patient files and in the minutes of staff meetings. We were also told by the registered manager that patients are telephoned following their treatments to ensure their satisfaction. We noted this as an example of worthy practice.

In order to provide patients with an option to provide feedback either anonymously or without being prompted by the practice, the practice may wish to explore further methods for patients to provide feedback. For example, by providing comment or feedback forms in the waiting area.

The formal procedure for patients to raise a complaint or concern about their care was outlined in a complaints policy which was displayed for patients in the waiting area. The procedure enabled staff to handle any such complaints effectively and in a timely manner and was consistent with the Private Dentistry (Wales) Regulations 2017.

⁷ The Equality Act 2010 makes it an offence to discriminate against someone because of a protected characteristic. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

Improvement needed

The practice should explore further methods to allow to patients to provide feedback.

Delivery of safe and effective care

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

Overall the practice was committed to providing patients with safe and effective care.

We found the practice to be modern, visibly clean and well-maintained, which was underpinned by a range of appropriate policies and procedures.

The practice had undertaken a range of quality improvement activities and this was reflected in our findings.

We found an excellent standard of record keeping throughout the sample of patient notes that we reviewed.

Safe care

Managing risk and promoting health and safety

Overall, we found suitable arrangements were in place to protect the safety and wellbeing of staff and visitors to the practice. The practice had a range of localised policies and procedures in place to ensure the premises were safe and fit for purpose.

All areas of the practice were welcoming, visibly clean and free from obvious hazards. There were no concerns given by patients over the cleanliness of the dental practice; every patient that completed a questionnaire felt that, in their opinion, the dental practice was 'very clean'.

The building appeared to be well maintained internally and externally and we found all areas of the practice to be modern and in a good state of repair.

We found that appropriate arrangements were in place to adequately protect staff and people visiting the practice in the event of a fire:

- Fire extinguishers throughout the practice had been serviced within the last twelve months and a fire equipment maintenance contract was in place

- A fire risk assessment had been undertaken within the last twelve months
- All staff had received appropriate fire safety training
- Emergency exits were appropriately signposted
- Fire alarm checks were conducted regularly and a log of these checks was kept
- A valid gas safety certificate was seen.

We also saw evidence that fire drills had been undertaken, but we could not confirm when precisely these had taken place. We recommend that the practice ensures that the date of fire drills is recorded appropriately.

We saw evidence to confirm that the dental laboratory was registered with the Medicines & Healthcare products Regulatory Agency (MHRA)⁸ to manufacture and provide custom made dental appliances.

A no smoking sign was displayed to remind staff and patients of the smoking free premises legislation. A health and safety poster was also displayed within the practice to inform staff how they can best protect their own health and safety within the workplace.

We found that two members of staff had been trained in first aid, which ensured the availability of first aid trained staff at all times, and a first aid kit was available to ensure that any persons or patient at the practice can be appropriately treated.

We saw that the practice had a localised business continuity policy, as required by the regulations, which detailed the contingencies and responsibilities that were in place to ensure the safe running of the practice in the case of an emergency.

⁸ Manufacturers of custom-made dental appliances are legally required to register with the UK Medicines and Healthcare Products Regulatory Agency (MHRA).

Improvement needed

The practice must ensure that a further member of staff is first aid trained to ensure that there is a training member of staff available throughout the week.

The practice must ensure that the fire drill log includes the dates on which the drills were undertaken.

Infection prevention and control

We found evidence that suitable infection and control measures were in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05⁹. The dedicated decontamination room was modern and visibly clean, following a dirty to clean decontamination route. Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections.

We saw evidence to confirm that the autoclave¹⁰ recorded its cycles appropriately and that staff had been undertaking appropriate weekly checks to ensure that sterilisation equipment was functioning correctly and meeting validation requirements. This also included evidence of a valid maintenance inspection certificate.

We saw that staff were appropriately transporting clean and used instruments between the surgeries and the decontamination room in secure boxes to help prevent cross-contamination. We also noted that the practice had appropriate methods and tools available to ensure the correct pre-sterilisation of instruments as part of the overall decontamination process.

We saw that a contract was in place with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste and that

⁹ 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.

¹⁰ A medical autoclave is a device that uses steam to sterilize equipment and other objects

clinical waste was stored securely on the exterior of the premises. We also saw evidence that the practice had a mercury spillage kit available.

We looked at staff records and found an acceptable Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Staff and patient toilet and changing facilities were available on the ground floor of the practice. We saw that the toilet had appropriate feminine hygiene facilities available and that there was sufficient space for staff to store personal items within the practice.

Medicines management

We saw evidence that the practice had emergency drugs and emergency resuscitation equipment available that met the Resuscitation Council (UK) standards¹¹ and that these items were stored appropriately. We also saw a valid service maintenance certificate of the practice's oxygen cylinder.

We saw that the practice had been undertaking regular weekly checks of the emergency drugs and equipment and that these checks had been appropriately logged.

The practice had a policy in place for resuscitation and managing medical emergencies in line with national guidelines for resuscitation. We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

Staff were aware of the need to report any adverse reactions to medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme¹² to help the MHRA ensure healthcare products are acceptably safe for patients and those that use them.

¹¹ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

¹² <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Private prescriptions were created through a password protected IT system, thereby held securely. A record of any prescribed medication was appropriately maintained.

Safeguarding children and adults at risk

The practice had an up-to-date safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. The policy included contact details for staff to appropriately report any concerns to the relevant local safeguarding agencies.

The safeguarding lead for the practice was the registered manager who had oversight of safeguarding matters. The practice manager confirmed that knowledge of safeguarding issues is disseminated through induction and on-going CPD training. We saw evidence that all clinical and non-clinical staff were formally trained to an appropriate level and that refresher training had been booked in the forthcoming year.

The practice was advised to download and familiarise themselves with latest the latest All Wales Safeguarding Procedures 2019.

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the practice and found that the dental equipment in the dental surgeries was modern and well maintained.

We looked at the arrangements in place for the safe use of radiographic (X-ray) equipment and found that the practice was meeting the guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. This is because:

- Clinical staff had received up-to-date ionising radiation training

- A radiation policy was in place and local rules¹³ were displayed by the X-ray equipment to set out the working procedures that ensure radiation exposure to staff is restricted
- X-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment.
- Image quality audits of x-rays had been completed as part of the practice's quality assurance mechanism in order to identify any possible issues with the taking of x-rays. In the sample of records that we reviewed, results showed all had been audited as grade 1 (highest quality).

Effective care

Safe and clinically effective care

We were pleased to see evidence that the practice had undertaken a range of audits in order to quality assure the care that they provide to patients. These included: radiographic, record keeping and infection prevention control audits. All audits had been undertaken at regular intervals and we saw that, where necessary, improvements had been made as a result.

We noted that a comprehensive infection prevention control audit had been completed by the practice. However, this audit made reference to the Health Technical Memorandum (HTM) throughout. We would advise the practice to complete the Health Education and Improvement Wales (HEIW) audit tool to ensure that any Wales specific measures in the Wales Health Technical Memorandum (WHTM) are taken into account in any future audits.

In support of quality improvement, we were told that the practice had made plans to commence peer review with another practice in the area. Through discussions that we held with the principal dentist, it was clear that they demonstrated a good

¹³ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

knowledge of professional developments within their area of practice and specialism.

We saw evidence of a consent policy which outlined how the practice assesses patient consent and capacity for treatment.

Information governance and communications technology

The practice had a data protection and security policy in place that set out procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulation (GDPR).

Patient records were electronically stored on password protected computers. Copies of the electronic records are regularly backed-up and stored off site so that the original data can be accessed if required.

Record keeping

Overall, we found record keeping to be of a high standard in the sample of patient records that we reviewed, which supports the practice to deliver quality patient care. This is because the patient records we reviewed:

- Contained clear and well-written patient notes
- Included comprehensive patient medical and social histories were maintained
- Included evidence of effective oral health promotion advice
- Included well documented soft tissue examinations
- Recorded at all times justifications and clinical findings of radiographs
- Contained evidence of appropriate treatment planning and options.

Quality of management and leadership

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

We found evidence of good management and leadership from the registered manager and principal dentist which was evidenced through regular staff meetings and annual staff appraisals.

Staff appeared to work well together and had access to the appropriate and individualised training opportunities in order to fulfil their roles and in support of their professional development.

Governance, leadership and accountability

Absolute Dental Care is co-owned by the principal dentist, who is the responsible individual, and the registered manager. The practice is supported by a small and committed team of clinical and non-clinical staff.

We found the practice to have good leadership and clear lines of accountability. We observed the staff working well together, evidenced by their interaction with patients and their co-operation and demeanour throughout the inspection process.

We saw that registered manager had also undertaken additional training in order to ensure that their skills and knowledge in the running of the practice remained up-to-date. This included academic courses and a comprehensive GDPR (General Data Protection Regulations) course to appropriately safeguard patient data.

The practice had a wide range of localised policies and procedures were in place to ensure the safety of both staff and patients. We saw that policies had been regularly reviewed in line with the regulations and that staff had been made aware of these during their induction process.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We noted that certificates were on display evidencing that the practice had public liability insurance.

Staff and resources

Workforce

Overall, we found suitable governance arrangements in place at the practice. Staff had a contract of employment and a job description setting out their roles and responsibilities and we saw that these were retained on staff files. New members of staff are provided with an induction and a probationary period.

We saw evidence that all staff receive appraisals on a minimum of an annual basis and that staff had attended training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements. It was positive to note the practice placed emphasis on providing staff with individualised training opportunities, in line with the specialism and development goals.

Both formal and informal practice meetings are held regularly to allow staff to identify lessons learned and provide an opportunity for staff to raise any issues they may have. Minutes of each meeting are taken and sent to all staff to ensure any absent members of staff are aware of what was discussed.

We were told that the practice manages to maintain an appropriate number of qualified staff working at the practice at all times without having to use temporary locum dental nurses.

A recruitment policy was in place that set out the process to follow to recruit potential new members of staff and described appropriate pre-employment checks the practice would undertake to ensure new staff are suitably qualified and protected to work with patients.

The regulations 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. We saw evidence that DBS clearance checks had been carried out for both clinical and non-clinical staff to help ensure the safety of patients and staff.

The practice had a whistleblowing (speaking-up) policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care. We would recommend that the practice adopts a single clear policy position and includes HIW as an external point of contact.

We saw that the practice had an inoculation injury policy in place, including use of safer sharps equipment and a sharps injuries protocol to follow in the event of a needlestick injury.

Improvement needed

The practice should add HIW as an external point of contact to their whistleblowing policy.

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 2017](#), and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

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

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

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service:

Date of inspection:

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 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: Absolute Dental Care, Tenby

Date of inspection: 11 December 2019

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

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice should explore further methods to allow to patients to provide feedback.	Health and Care Standards 2015 6.3 Listening and Learning from feedback,	Comment cards for patients to complete have been designed and are in print (see attached PDF). These will be placed in reception with a box for posting completed cards and will be reviewed on a monthly basis.	Kate Evans	immediate
Delivery of safe and effective care				
The practice must ensure that a further member of staff is first aid trained to ensure that there is a training member of staff available throughout the week.	2.1 Managing risk and promoting health and safety;	2 members of staff are already trained first aiders. There may have been a misunderstanding during the inspection as GC had just undertaken First Aid	Kate Evans	Already implemented

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must ensure that the fire drill log includes the dates in which the drills were undertaken.	Private Dentistry Regulations (Wales) 2017 s 17(a) s 22	training and was therefore the nominated First Aider Exact dates will be recorded rather than just the month and year.	Kate Evans	Implemented
The practice should to complete the HEIW WHTM audit tool to ensure that any Wales specific measures are taken into account.	3.1 Safe and Clinically Effective care; Private Dentistry Regulations (Wales) 2017 s 16	I will use this audit tool in future. However I did use the BDA audit tool which covers all of the necessary areas for an infection control audit. I compared the 2 audits and they contain the same information in a different order.	Kate Evans	At next audit date in April 2020
Quality of management and leadership				
The practice should add HIW as an external point of contact to their whistleblowing policy.	7.1 Workforce;	The Practice Whistleblowing policy has now been updated to include HIW as an external contact.	Kate Evans	Already implemented

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): Kate Evans

Job role: Practice Manager

Date: 28/01/2020