

General Dental Practice Inspection (Announced)

Bupa Dental Care Flint / Betsi
Cadwaladr University Health
Board

Inspection date: 15 February
2022

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Contents

1.	What we did	5
2.	Summary of our inspection.....	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	13
	Quality of management and leadership	21
4.	What next?	23
5.	How we inspect dental practices	24
	Appendix A – Summary of concerns resolved during the inspection	25
	Appendix B – Immediate improvement plan	26
	Appendix C – Improvement plan	Error! Bookmark not defined.

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 Bupa Dental Care at Unit 3, Acorn Business Park, Flint, CH6 5YN, within Betsi Cadwaladr University Health Board on the 15 February 2022.

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, the Health and Care Standards (2015) 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

We found that Bupa Dental Care Flint provided a positive experience for patients. The feedback we received confirmed that patients were very happy with the service they received.

We also observed professional and friendly interactions between all staff and patients throughout the inspection process.

However, we identified that improvements were needed in order to fully promote the delivery of safe and effective care.

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 very satisfied with the treatment and service received
- The staff team were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Very good standard of clinical records.

This is what we recommend the service could improve:

- Aspects of surgery equipment and medical devices
- Aspects of infection control
- Clinical audits and peer reviewing

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

3. What we found

Background of the service

Bupa Dental Care provides services to patients in the Flintshire area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes four dentists, two therapists, seven dental nurses, two receptionists and a practice manager.

The practice provides a range of NHS and private general dental services.

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.

We observed professional and friendly interactions between all staff and patients throughout the inspection process.

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 26 completed questionnaires.

Patient feedback was generally very positive with the majority of patients who completed a questionnaire rating the care and treatment received as very good.

Some of the comments included:

"I'm always made to feel comfortable as I have anxiety coming to the dentist"

"Just impressed"

"Always great service"

"Always helpful"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; comments provided by patients included:

"More staff to take phone calls."

"Make bookings online."

Staying healthy

Health promotion protection and improvement

We found that there were various posters and information sheets displayed which gave patients a range of information about the dental practice. Reading materials had been appropriately removed from the waiting area due to the pandemic.

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

A 'No Smoking' sign was displayed by the main entrance to reflect smoke free premises legislation.

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

Dignified care

The practice had arrangements in place to protect patients' privacy, including dedicated areas for patients to have private conversations with staff.

We found that the 9 Principles as set out by the General Dental Council (GDC)¹ was not displayed as it had been removed due to the pandemic. We brought this to the attention of the practice manager who immediately arranged for the poster to be displayed. The 9 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. All patients also stated that they had received clear information about the available treatment options and that the cost of any treatment was always made clear to them beforehand.

We found that treatment planning and options were recorded within the sample of patient records viewed. This meant that patients were able to make an informed decision about their treatment.

¹ <https://standards.gdc-uk.org>

General information about the practice was available on its website and was displayed around the reception and the waiting area.

The practice has a patient information leaflet which contained all the information required by the regulations.

Communicating effectively

The majority of patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language, which was English.

We were told that the practice has two full time dental nurses who are fluent Welsh speakers, which helps to meet the needs of Welsh speaking patients. We saw that this service was clearly promoted by the reception desk. We were also told that two members of staff at the practice can communicate with patients in Polish and Romanian and that the practice has access to translation services and an interpreter.

Timely care

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

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

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 was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, provided on the practice website, answer phone message, and patient information leaflet.

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were very detailed and of a high standard. We saw evidence of treatment options being recorded and consent to treatment was always obtained from each patient. We found that initial and updated medical histories were consistently and appropriately recorded. This is in line with professional guidelines and help dentists to highlight

potential diseases or to identify medication which might impact on a patient's dental treatment.

The treatments and services offered by the practice were in accordance with the statement of purpose².

All patients who completed a questionnaire confirmed that the clinical team enquire about their medical history before undertaking any treatment.

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.

All patients who completed a questionnaire confirmed that they can access the right healthcare at the right time (Regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation). However, one patient reported that they had faced discrimination on the grounds of disability and the following comment was made:

“Be respectful with telephone manner and at desk when somebody is disabled and can't take all information in one go. Made a complaint once”

We found that there was suitable disabled access to the building. The clinical facilities and staff areas are all located on the ground floor. Wheelchair users, or patients with mobility problems, could access all five surgeries, the reception, waiting area and toilet facilities. There is ample car parking facilities for both staff and patients.

Listening and learning from feedback

We saw that there was a complaints policy in place. The procedures for making a complaint, or how to raise a concern, were clearly on display in the waiting area. However, we noted that the complaint policy did not include details of

² Regulation 5 and Schedule 1 of the Private Dentistry (Wales) Regulations 2017 set out the information required in a statement of purpose.

advocacy services. We discussed this with the practice manager who updated the procedure following our visit.

We saw that there were systems in place to record, monitor and respond to complaints.

We discussed the mechanism for actively seeking patient feedback; which is done by emailing patients after each appointment encouraging them to provide feedback. Patients are also able to give feedback via the practice website. Feedback analysis is discussed with the dental team and published on the practice website. This demonstrates that feedback is 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.

The practice staff were committed to providing patients with safe and effective care.

The practice was visibly clean and a number of changes had been made in response to the pandemic, in line with professional guidelines and procedures.

However, we identified that improvements were needed in order to fully promote the delivery of safe and effective care.

Safe care

Managing risk and promoting health and safety

During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards.

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.

We were told that patients are screened for COVID-19 symptoms, prior to their appointment, over the telephone and again immediately on arrival to the practice. We saw that chairs in the waiting room had been positioned to enable effective social distancing.

We saw that the practice had a hand gel station by the entrance and hand gel was also available at various locations around the practice. Reception staff also had ample stock of face masks should patients not have their own.

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

There was a separate toilet for staff. However, we saw that there was no toilet roll holder or a dispenser for the paper hand towels within the toilet cubicle. Toilet rolls and paper hand towel were stored loosely on top of the toilet cistern. The

registered provider should ensure that a toilet roll holder and dispenser are installed in the staff toilet cubicle.

There was a kitchen available for staff to use, along with changing room facilities and lockers. However, we noted that there were tiles missing by the kitchen sink and some damage on the wall. The registered provider should ensure that any damage to the wall and missing tiles are repaired/replaced to aid effective cleaning.

Fire safety equipment was available at various locations around the practice and we saw that these had been serviced within the last 12 months. We noted that all staff working at the practice had received fire training.

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

Improvement needed

The registered provider should ensure that:

- A toilet roll holder and paper hand towel dispenser are installed in the staff toilet cubicle.
- Damage to the kitchen wall and missing tiles are repaired/replaced to aid effective cleaning.

Infection prevention and control

The practice had facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05³. The facilities were very clean, well organised and uncluttered.

³ WHTM 01-05 includes information on an audit of compliance with decontamination. The audit has been developed by dentists in Wales and is supported by the Dental Section, HEIW.

We considered the arrangements for decontamination of dental instruments and found the process to be satisfactory. Staff demonstrated the decontamination process and we saw that:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- Personal protection equipment (PPE) was available to protect staff against injury and/or infection
- Daily maintenance checks were taking place
- Instruments were stored in containers with secure lids.

However, we found that dirty dental instruments were placed on a tray with a disposable liner. We were told that once used, the liner would be disposed of and the metal tray wiped clean by hand. We informed staff that the dental instrument tray should be cleaned and sterilized in the autoclave⁴.

We also noted that the sharps bins were not stored near the point of use and were situated outside the surgeries. Sharps bins should be relocated within the surgeries.

We found that safer sharps⁵ are not used by all clinicians and no risk assessment in place for those that use the local anaesthetic syringe system. A robust risk assessment should be in place as there is an increased risk of sharps injury.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for recording the autoclave start and end of day checks.

⁴ Autoclaves are commonly used in healthcare settings to sterilize medical devices. The items to be sterilized are placed inside a pressure vessel, commonly referred to as the chamber. Three factors are critical to ensuring successful steam sterilization in an autoclave: time, temperature and steam quality.

⁵ The term 'safer sharp' means medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. For example, a range of syringes and needles are now available with a shield or cover that slides or pivots to cover the needle after use.

An ultrasonic bath is used for pre-sterilisation cleaning with manual cleaning used as a back-up. However, the practice only has one small ultrasonic bath which is not sufficient for a five surgery practice.

We saw evidence that an infection control audit had been completed using recognised audit tools, including the Health Education and Improvement Wales 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. However, we found that the audit had not been completed correctly and there was no action plan in place. The audit had not identified that safer sharps were not used by all clinicians and that the dental instrument trays were not autoclaved. The practice should arrange for the audit to be repeated more thoroughly with a suitable improvement plan drawn up.

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 training.

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 saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal. However, we recommended that the practice arranges for the hazardous (clinical) waste bin, located in the courtyard, to be secured to the wall.

Improvement needed

The registered provider should ensure that:

- Dental instrument trays are autoclavable
- The sharps bins are relocated within the surgeries
- There is a robust risk assessment in place for clinicians who do not use safer sharps
- There are sufficient number of ultrasonic baths available for a five surgery practice
- The WHTM 01-05 audit be repeated and an improvement plan developed
- The hazardous clinical waste container to be secured to the wall.

Medicines management

There were procedures in place showing how to respond to patient medical emergencies. The majority of staff had received up to date cardiopulmonary resuscitation (CPR) training. We noted that three members of staff were due to renew their training and we were informed that training had been booked for those members of staff at one of Bupa's other practices. The practice also had one trained first aider.

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. There was an effective system in place to check the equipment and emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, we did note that the expiry dates of the needles and syringes were not recorded in the log book.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff described the procedure they would follow if there was a medical emergency or if they had to report an untoward drug related incident.

Improvement needed

The registered manager should ensure that the expiry dates of the needles and syringes contained in the emergency drugs equipment are recorded in the log book.

Safeguarding children and adults at risk

There were safeguarding policies in place to protect children and vulnerable adults.

We saw 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 for providing advice and guidance to staff on safeguarding issues.

Medical devices, equipment and diagnostic systems

All radiological (X-ray) equipment was maintained in good working order. Arrangements were in place for the safe use of radiographic equipment and regular image quality assurance audits of X-rays were completed.

We saw evidence of up-to-date ionising radiation training for all clinical staff.

We noted that there was no rectangular collimator⁶ on the X-ray machines to limit the radiation dose a patient receives during a routine dental X-ray. We recommend that a rectangular collimator is used at all times.

We saw that there were some corrosion present on all dental chairs. These need repairing in order to ensure effective cleaning in line with infection control procedures. We also noted that some of the dental chair lights were damaged and missing the clear protective covers.

We saw that surgery hand washing sinks had a pump unit installed to expel residual water. However, the pumps were not working correctly and as a result water did not drain well from the sinks.

We also found that three of the five dental scalers⁷ in the surgeries did not work.

⁶ The [Medical and Dental guidance Notes](#) recommend that rectangular collimation should be provided on new equipment and should be retro-fitted to existing equipment at the earliest opportunity.

⁷ A dental scaler (or otherwise known as a plaque scraper) is a tool that's used to remove hardened plaque that builds between on our teeth, and under our gums.

Improvement needed

The registered provider should ensure that:

- A rectangular collimator is used to reduce patient dose when X-rays are taken
- The dental chairs are repaired
- Missing or damaged protective covers on the dental chair lights are repaired or replaced
- Water pumps in the hand washing sinks are repaired or replaced
- Broken dental scalers are repaired or replaced.

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 relevant audits had been completed and acted upon such as; cross infection, record keeping, X-ray quality, antibiotic prescribing, hand hygiene and patient feedback. However, we recommended that the practice include the following Health Education and Improvement Wales (HEIW) audits to the planned programme:

- Quality improvement tool for ionising radiation
- Clinical audit and peer review (CAPRO) of antibiotic prescribing
- Smoking cessation audits.

We also advise that the practice make use of the HEIW audit tool to support them with the audit programme.

Improvement needed

The registered manager should ensure that the HEIW quality improvement tool for ionising radiation, CAPRO of antibiotic prescribing and smoking cessation audits are completed as part of the annual programme of audits.

Quality improvement, research and innovation

Staff told us that there was no formal peer review system in place between clinical staff. However, we were told that clinical staff attend practice meetings. We recommend that the clinical team formally meet to discuss clinical issues. Implementing formal peer review audits will enhance the quality and safety of care provided to patients.

We were provided with the most recent responsible individual report, as required by The Private Dentistry (Wales) Regulations 2017. The report evidenced that the way the quality of the service provided is being managed and assessed to ensure compliance with the regulations and relevant standards.

Improvement needed

The registered manager should establish and maintain records of a clinical peer review process.

Information governance and communications technology

A data protection policy was in place and the storage of patient files was appropriate in order to ensure the safety and security of personal data. Electronic files were being backed up regularly and access to computer screens was secure and discreet.

Record keeping

A sample of patient records were viewed. We found evidence of good clinical record keeping, demonstrating that care was being planned and delivered in a way that ensures patient safety and wellbeing.

The records seen were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were very clear, legible and of high quality.

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 by the practice manager.

Staff appeared to work well together and had access to training, regular staff meetings and annual appraisals to help fulfil their roles.

Governance, leadership and accountability

The practice manager of Bupa Dental Care is the registered manager⁸.

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

Staff told us that they were confident in raising any issues or concerns directly with the practice manager and felt very well supported in their roles. Staff had worked together for some time and we could see there was a good rapport between them.

We found that staff were very clear and knowledgeable about their roles and responsibilities. The staff were committed to providing a high standard of care for patients, supported by a range of policies and procedures.

We were provided with a copy of the statement of purpose which conformed to the Private Dentistry (Wales) Regulations 2017. We noted that the statement of purpose was not on display in the waiting area. We discussed this with the

⁸ "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.

practice manager who immediately arranged for the statement of purpose to be displayed.

All clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place. The practice had public liability insurance cover.

Staff and resources

Workforce

Staff confirmed they felt able to raise any work related concerns directly with the practice manager and were very confident that concerns would be acted upon.

The practice manager 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 (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 in place.

We saw that the practice had an induction programme in place, which covered mandatory training and overview of relevant policies and procedures.

We saw that there was a training matrix in place which is monitored by the practice manager. 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 regular team meetings are held and we saw there detailed records of these meetings were being kept on file. We also noted that staff appraisals were being conducted annually.

The registered manager 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 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
There were no immediate concerns identified on this inspection.			

Appendix B – Immediate improvement plan

Service: Bupa Dental Care, Flint

Date of inspection: 15 February 2022

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: Bupa Dental Care, Flint

Date of inspection: 15 February 2022

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				
N/A				
Delivery of safe and effective care				
The registered provider should ensure that a toilet roll holder and a paper hand towel dispenser is installed at the staff toilet.	2.1 Managing risk and promoting health and safety; The Private Dentistry (Wales) Regulations 2017.	Install new toilet roll holder. Hand towel dispenser already installed, but hand towels were left on side. To make sure dispenser is being used accurately.	PM	Completed. New toilet roll holder installed, paper hand towel dispenser used correctly.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider should ensure that the damage to the kitchen wall and missing tiles are repaired to aid effective cleaning.	2.1 Managing risk and promoting health and safety; The Private Dentistry (Wales) Regulations 2017.	Contact property management to arrange date for repairs.	PM	3 months.
The registered provider should ensure that dental instrument trays are autoclavable.	2.4 Infection Prevention and Control (IPC) and Decontamination, The Private Dentistry (Wales) Regulations 2017.	Order autoclavable instrument trays.	Lead Nurse	2 months.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The sharps bins should be relocated within the surgeries.	2.4 Infection Prevention and Control (IPC) and Decontamination, The Private Dentistry (Wales) Regulations 2017.	Make arrangements for Engineer to attend to relocate sharps bins.	PM	2 months.
The registered manager should ensure that a robust risk assessment is in place for clinicians who do not use safer sharps.	2.4 Infection Prevention and Control (IPC) and Decontamination, The Private Dentistry (Wales) Regulations 2017	Robust Risk Assessment to be completed for Clinicians who do not use safer sharps.	Lead Nurse	Completed.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider should ensure there are sufficient numbers of ultrasonic baths available for a five surgery practice.	2.4 Infection Prevention and Control (IPC) and Decontamination, The Private Dentistry (Wales) Regulations 2017.	Purchase more Ultrasonic Baths.	Lead Nurse	2 months.
The registered provider should arrange for the WHTM 01-05 audit to be repeated and an improvement plan developed.	WHTM 01-05, 1.8.	WHTM 01-05 Audit to be recompleted and improvement plan in place.	Lead Nurse	Completed.
Hazardous clinical waste bin should be secured to the wall.	2.4 Infection Prevention and Control (IPC) and Decontamination, The Private Dentistry	Arrangements to be made for Engineer to secure Hazardous Clinical Waste bin to wall.	PM	3 months.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	(Wales) Regulations 2017.			
The registered manager should ensure that the expiry dates of the needles and syringes contained in the emergency drugs equipment are recorded in the log book.	2.6 Medicines Management; Resuscitation Council (UK).	Create new log book to include recording of expiry dates of the needles and syringes contained in in the emergency drugs equipment.	Lead Nurse	Completed.
The registered provider should ensure that a rectangular collimator is used to reduce patient dose when X-rays are taken.	2.9 Medical devices, equipment and diagnostic systems; Medical and Dental guidance Notes.	Ensure collimators are used in each surgery.	Lead Nurse	Completed.
The registered provider should ensure any corrosion present on the dental chairs are repaired.	2.9 Medical devices, equipment and diagnostic systems;	Arrange for repairs to be done on dental chairs.	PM	3 months.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	The Private Dentistry (Wales) Regulations 2017.			
The registered provider should ensure any missing or damaged protective covers on the dental chair lights are repaired or replaced.	2.9 Medical devices, equipment and diagnostic systems; The Private Dentistry (Wales) Regulations 2017.	Arrange for Engineer to replace damaged covers on dental lights.	PM	2 months.
The registered provider should ensure that the water pumps in the hand washing sinks are repaired or replaced.	2.9 Medical devices, equipment and diagnostic systems; The Private Dentistry (Wales)	Arrange for Engineer to attend to repair/replace water pumps in surgeries.	PM	2 months.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulations 2017.			
The registered provider should ensure that any broken dental scalers are repaired or replaced.	2.9 Medical devices, equipment and diagnostic systems; The Private Dentistry (Wales) Regulations 2017.	Arrange for broken scalers to be sent off for repair.	Lead Nurse	2 months.
The registered manager should ensure that the HEIW quality improvement tool for ionising radiation, CAPRO of antibiotic prescribing and smoking cessation audits are completed as part of the annual programme of audits.	3.1 Safe and Clinically Effective care; The Private Dentistry (Wales) Regulations 2017.	Liaise with Clinical governance and assurance lead , to complete CAPRO, smoking cessation.	PM	2 months.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager should establish and maintain records of a clinical peer review process.	3.3 Quality Improvement, Research and Innovation; The Private Dentistry (Wales) Regulations 2017.	Arrange to establish and maintain records of a clinical peer review process.	PM	2 months.
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): Andrea Parker

Job role: PM

Date: 25/03/22