

General Dental Practice Inspection (Announced)

Penylan Dental Practice, Cardiff
and Vale University Health Board

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2018

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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 Penylan Dental Practice at 86 Penylan Road, Cardiff CF23 5HX, within Cardiff and Vale University Health Board on the 28 November 2018.

Our team, for the inspection comprised of two HIW inspectors 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

Overall, we found evidence that Penylan Dental Practice provided a friendly and professional service to their patients.

The practice was patient focussed. We saw evidence of strong leadership and the practice had the necessary policies and procedures in place to support the practice, patients and staff.

We recommended that the practice move its emergency drugs and equipment to a place that is more accessible.

Clinical records were maintained to a high standard as were staff files and practice information.

This is what we found the service did well:

- There was evidence of strong management and leadership from the practice owners
- All the patients who completed the HIW questionnaire told us they were treated with dignity and respect.
- Appropriate arrangements were in place for the safe use of X-rays
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and were committed to providing a high quality service

.This is what we recommend the service could improve:

- The practice to ensure that all staff have completed appropriate safeguarding training.
- A feminine hygiene bin is to be installed in the staff toilet
- Emergency drugs with their appropriate algorithms to be stored in separate and labelled containers/bags

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

3. What we found

Background of the service

Penylan Dental Practice provides services to patients in the Cardiff area. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes three dentists, three hygienists, one therapist, three dental nurses, one receptionist and one 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.

The practice is committed to providing a positive experience for their patients. All the people who completed a questionnaire rated the service as excellent or very good.

The practice actively sought patient feedback through a variety of methods and all feedback was discussed at team meetings. The practice is considering additional methods to feedback to its patients.

We observed staff being professional and courteous to patients.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 34 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 very positive; all patients that completed a questionnaire said that they would rate the service provided by the practice as either 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"Very clear explanations. Very polite and friendly"

"I have always been very pleased with the treatment my family have received"

"Excellent, friendly service"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; one patient wanted more hygienist appointments to be made available:

"Possibly more availability of the hygienist appointments and offering the option of cleaning methods e.g. use of water"

Staying healthy

Health promotion protection and improvement

In the waiting areas we saw a selection of information was available about oral health and dental treatments. There was also a patient information folder containing a number of documents including, private dental treatment charges, patient information leaflet, information about the team, complaints procedure, equality and diversity policy, standards of conduct, access to information policy, policy for short cancellation, opening times, and the practice's commitment to patients. There were a number of copies of the complaints procedure for patients to remove.

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

Dignified care

On the day of the inspection we observed staff being polite and courteous to patients, both on the telephone and visiting the practice. Staff told us that when they have a conversation with a patient on the telephone they never disclose any personal information. But if required, or if there was a need to hold a private conversation in person, they could use phone in staff room or free surgery.

We noted that the practice had a patients' privacy, dignity and confidentiality policy and patient privacy notice.

All of the patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. One patient told us:

“This is an efficient practice, were I feel respected and listened to”

We found that in the main, both handwritten and electronic patient information was stored securely, ensuring that personal and sensitive information was protected. The practice had appropriate records management and data security policies.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We noted that the 9 Principles, as set out by the GDC¹, were included in the commitment to patients' policy that was in the patient information folder and displayed in the reception area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

Patient information

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 said that they had received clear information about available treatment options.

We saw posters displaying private treatment costs and NHS treatment costs displayed in the reception area. Where applicable, all but one of the patients who completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment.

We noted a number of relevant policies, including a new patient policy and a fees and payment policy.

In accordance with the Private Dental Regulations 2017, the practice had a patient information leaflet available in the reception area that contained all required information and was available upon request in the practice.

Outside the practice we saw that the practice's opening hours and the emergency contact telephone number displayed, together with the names and qualifications of all of the dentists.

We noted there were policies in place relating to the protection of data, including a patient data protection privacy notice.

Communicating effectively

All but one of the patients who completed a questionnaire told us that they have always been able to speak to staff in their preferred language.

¹ <https://standards.gdc-uk.org/>

We were told that if requested, staff could print off a number of documents, such as the patient information leaflet or complaints policy in large print. In addition, a magnifying glass and varifocal glasses are available on reception.

The practice has a website, which was in line with General Dental Council ethical advertising guidance and contained details of the private dental treatments that it provides, together with a price list. It also provides details of the practice team, opening hours, the complaints policy and how to obtain emergency dental treatment. There was also an electronic booking system.

Timely care

Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance of the practice and provided on the practice's answerphone message and website. Around a quarter of the patients who completed a questionnaire said they would not know how to access the out of hours dental service, if they had an urgent dental problem. We were told that each day there are a small number of slots allocated for urgent appointments so if a patient contacts the practice during opening hours with a problem every effort will be made to accommodate them on the same day.

Just over half of the patients that completed a questionnaire told us that it was “very easy” to get an appointment when they needed it.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay and if appropriate offer them the opportunity to wait or make another appointment.

Individual care

Planning care to promote independence

The practice provides treatments as set out in their Statement of Purpose².

² A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

A review of patient dental records showed that patients are asked about their medical history at the time of their visit. The review also evidenced that patients are asked about any changes to their medical history.

Where applicable, all of the patients who completed a questionnaire told us that the dentist asked them about their medical history before undertaking any dental treatment.

People's rights

The practice did not have a car park, but there was ample parking available on the street nearby. The practice was accessible from the street for wheelchair users and people with mobility difficulties. The reception, waiting area and surgeries were all based on the ground floor, and the practice had made efforts to ensure that all public areas of the practice were accessible to all, including replacing internal steps with a wheelchair friendly slope.

The patient toilet was also situated on the ground floor, and had handrails and a call bell and was suitable for a wheelchair user. We noted that the practice had also provided a baby changing unit.

The practice had in place appropriate policies to protect people's rights, including an equality and diversity policy and a disability policy.

Listening and learning from feedback

The practice had a complaints policy for both NHS and private dental treatment. Where relevant, the policy followed the NHS Putting Things Right³ complaints process, and with regard to private dental treatment to the Private Dentistry Wales 2017 Regulations⁴.

The practice manager was the named lead for any complaints. The practice maintained a comprehensive folder for the filing of complaints in which details

³ "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

⁴ <http://www.legislation.gov.uk/wsi/2017/202/made>

of the nature of the complaint, action taken and outcome are recorded, together with any lessons learnt.

There was a patient suggestion box in reception. We were told that following treatment, patients are asked by reception staff for their views on their appointment. They are also invited to provide feedback via email and/or Google Review, to which the principal dentist always responds. The practice also recorded all informal feedback received. All feedback was discussed at team meetings. The practice was also aware of any new patients that are the result of current patient recommendation. The practice has not undertaken any patient surveys yet but this was being considered as a further avenue of gathering patient feedback.

The practice provides feedback to patients through social media, and its private patients receive a letter each year. We were told that the practice is also considering how it can provide additional feedback and patient information via the television screen in the waiting area.

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, we found evidence that patients were provided with safe and effective dental care. Medical records were maintained to a high standard but the practice is advised to reduce the complexity of its medical history form.

We noted that clinical facilities were well equipped and were visibly clean and tidy. There were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and wellbeing of patients visiting and for staff working at the practice.

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

Externally, the building appeared to be well maintained. Overall, the surgeries were clean with instruments and equipment stored appropriately.

We noted that regular portable appliance tests are undertaken, to help ensure the safe use of electrical appliances within the practice.

We noted that a fire risk assessment had been undertaken at the beginning of the year and all actions identified had been addressed. There was a fire precautions log book demonstrating regular checks are undertaken by staff of fire systems and equipment. There was also a maintenance contract in place for the annual checking of the fire extinguishers and systems. We also noted that all of the staff had received appropriate fire safety training.

The practice undertook a number of risk assessments, including a practice risk assessment and health and safety risk assessment.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. Clinical waste was stored correctly and securely. We noted the absence of a feminine hygiene bin in the staff toilet and this needs to be rectified.

The practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR) book which included the Health and Safety Executive (HSE) contact details and protocols. There was a health and safety policy in place and we noted that the health and safety poster, with relevant information, was on display in the staff room.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. The practice had a Control of Substances Hazardous to Health (COSHH) controls policy and data sheets providing information on substances that are hazardous for supply and instructions for safe use in respect of other substances used within the practice.

We noted the practice had a business continuity policy and disaster recovery strategy and first aid and medical emergencies policy.

Improvement needed

The practice to arrange for a feminine hygiene bin to be installed in the staff toilet

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) 01-05⁵. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

⁵ 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

There was a daily maintenance programme in place and we saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

We saw evidence that all of the clinical staff had certificates on file to confirm their infection control training was up to date.

The only concern we had with regard to this area was that the staff toilet was accessed through the decontamination room and the implications this has for infection control and we asked the practice to consider the layout.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy that was displayed in each surgery.

The staff held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁶. These were stored securely but were in the far corner of one of the surgeries. We would recommend that these are moved to a more accessible space. We also recommend that the emergency drugs are stored with their appropriate algorithms in separate containers/bags and clearly labelled, again for ease of access.

We noted that the practice had in place a system to check that emergency drugs and equipment were in date and ready for use.

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardio respiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to their role⁷. We saw evidence that all staff had received training within the last twelve months, on

⁶ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

⁷ <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). A number of clinical and non-clinical staff had also undertaken training in first aid.

We also noted that prescription pads were kept securely.

Improvement needed

The practice to store its emergency kit and drugs in an area that is easily accessible in times of an emergency.

The practice to store its emergency drugs with their appropriate algorithms in separate containers/bags that are clearly labelled

Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults. Contact numbers for the relevant safeguarding agencies were annexed to the All Wales Child Protection procedures. We would suggest they are also added to the policies. In addition, they had a chaperone policy and for mental capacity assessment.

All but two staff had completed training in the protection of children and protection of vulnerable adults. We recommend that all staff complete this training.

There were arrangements in place for staff to raise any concerns, and we were told they were encouraged to do this in the practice. The practice had an identified safeguarding lead, namely the principal dentist.

Both clinical and non-clinical staff held Disclosure and Barring Service (DBS) certificates

Improvement needed

The practice to ensure that all staff have completed training in the protection of children and the protection of vulnerable adults.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment was in good working order, and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and was comprehensive, and contained all the essential information. We also noted the radiation protection policy.

In accordance with the requirements of the General Dental Council⁸ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000⁹ all clinical staff had completed the required training

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence that the practice had a policy supporting arrangements for clinical audits. Audits currently in place included; clinical records, radiography, infection control and waste management, and access to the Disability Discrimination Act.

We noted the practice had policies in place for arrangements to accept patients and assessment, diagnosis and treatment of patients, including a new patient policy.

Quality improvement, research and innovation

Whilst there were no specific dentist peer reviews taking place we were told that the dentists take the opportunity to discuss clinical issues in team meetings. The meetings involve all clinical staff who are encouraged to make suggestions as to how to improve systems and processes. One example is a change to the decontamination process, which following a meeting was adopted. Meeting minutes were also recorded to ensure that staff who were

⁸ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁹ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

unavailable to attend, could see what was discussed. In addition, the practice and three other local practices work together to undertake a number of peer review audits.

We were told that the practice has made enquiries to undertake the Welsh Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

Information governance and communications technology

The practice had electronic and paper records and we noted that the storage of these was appropriate to ensure the safety and security of personal data. Electronic files were regularly backed up.

The practice had a number of appropriate policies and procedures in place including a patients' data protection privacy notice and data security policy.

Record keeping

We reviewed a sample of patients records. Overall, we found there was a very good standard of record keeping that indicated good patient care had been provided. No improvements were noted in this area and therefore the quality of clinical record keeping is to be commended.

We would suggest the practice review its medical history form with a view to making it less complex. We would recommend that the form is to be reviewed at the start of each treatment and countersigned by the dentist. We also noted one dentist used a number of their own abbreviations which made patient notes difficult to interpret and would suggest that this practice is stopped.

Improvement needed

The practice to ensure that all medical histories are reviewed at the start of each course of treatment and are countersigned by the dentist.

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 strong leadership and lines of accountability. The Practice Manager was responsible for the day to day management of the practice.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

We noted a comprehensive range of relevant policies and procedures in place. All staff had received the necessary training for their roles and responsibilities

Governance, leadership and accountability

Penylan Dental Practice is owned by the principal dentist who is both the responsible individual¹⁰ and registered manager¹¹. We found the practice to have good leadership and all staff understood their roles and responsibilities.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. We noted that there was provision

¹⁰ "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.

¹¹ "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.

for each member of staff to evidence that they had read and understood the policies.

We had sight of the Statement of Purpose which contained all the relevant information.

The principal dentist confirmed that he was aware of his duties as registered manager, regarding notifications, including serious injury to patients and absence or changes that must be sent to HIW under regulations 25-29 of the Private Dentistry Regulations.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We noted the practice's public liability insurance certificate and HIW registration certificates were displayed.

Staff and resources

Workforce

The practice had a wide range of Human Resource (HR) related policies and procedures in place to support the recruitment and retention of staff, including a recruitment policy, staff induction training policy and a practice commitment to staff policy. A number of these policies are set out in an employee handbook which is emailed to each member of staff.

We noted that all staff had a contract of employment kept in their staff files and in the policy folder there were job descriptions for a dental nurse, practice manager and receptionist. We also saw evidence of information gathered at time of recruitment, including references and identification.

We saw evidence that staff appraisals take place on an annual basis which are documented, together with personal development plans.

We were told that when agency staff were engaged on a temporary basis there was a procedure in place to make them aware of the systems and processes in place at the practice. This was evidenced by a temporary staff orientation check list.

We saw certificates that evidenced that, with the exceptions addressed earlier in this report, all of the clinical staff and non-clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The practice holds regular team meetings for all staff. We saw minutes relating to these meetings that are signed by all staff to evidence that they have been read and understood.

The Regulations for Private Dentistry 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. We were told that the practice reviews these every three years.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all members of clinical staff.

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 summarizes 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: Penylan Dental Practice

Date of inspection: 28 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
No immediate non compliance issues were 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: Penylan Dental Practice

Date of inspection: 28 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
Delivery of safe and effective care				
The practice to arrange for a feminine hygiene bin to be installed in the staff toilet	2.1 Managing risk and promoting health and safety The Workplace (Health, Safety and Welfare) Regulations 1992	Practice waste disposal company contract updated to include female hygiene bin in both patient and staff toilet.	Stephen Clark	Completed Jan 2019
The practice to store its emergency kit and drugs in an area that is easily accessible in times of an emergency. The practice to store its emergency drugs with their appropriate algorithms in separate containers/bags that are clearly labelled	2.6 Medicines Management; Private Dentistry Regulations 2017 Section 31 (3)(b)	Practice emergency kit relocated to one surgery rather than corridor and surgery. All medical drugs separated into separate bags along with algorithms. All bags are clearly labelled and placed within one box for easy access to	Stephen Clark	Completed Jan 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The practice to ensure that all staff have completed training in the protection of children and the protection of vulnerable adults.</p>	<p>2.7 Safeguarding children and adults at risk; Private Dentistry Regulations 2017 Sections 8 and 14</p>	<p>clinical and non-clinical staff</p> <p>All clinical staff are already up to date with their protection of children and vulnerable adults. Identified non clinical staff will complete level 2 training on protection of children and vulnerable adults via Isopharm dental training. Ongoing learning needs for all staff working at Penylan Dental practice is reviewed and assessed continuously in accordance with GDC CPD requirements.</p>	<p>Stephen Clark</p>	<p>12weeks from January 2019</p>
<p>The practice to ensure that all medical histories are reviewed at the start of each course of treatment and are countersigned by the dentist.</p>	<p>3.5 Record keeping; Private Dentistry Regulations 2017 section 20</p>	<p>Dentists/hygienist currently review all medical histories at the start of each course of treatment and update patient notes electronically. Following the inspection in November 2018. We now also have the medical history document countersigned by the dentist or hygienist accordingly prior to being scanned onto the patients notes.</p>	<p>Stephen Clark</p>	<p>Completed November 2018</p>

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): Stephen Clark

Job role: Practice Manager

Date: 27/01/2019