

General Dental Practice Inspection (Announced)

**Aneurin Bevan University
Health Board, Sarratt
House Dental Surgery**

10 March 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Sarratt House Dental Surgery at High Street, Newbridge within the area served by Aneurin Bevan University Health Board on 10 March 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in Doing Well, Doing Better: Standards for Health Services in Wales¹.

HIW also understands that Sarratt House Dental Surgery is a mixed practice providing both private and NHS dental services, with approximately 33% NHS patients and 66% private patients. In this respect, any dentist working at the practice who is also registered with HIW to provide private dentistry will also be subject to the provisions of The Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff

¹ Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1st April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. www.weds.wales.nhs.uk/opendoc/214438

- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

3. Context

Sarratt House Dental Surgery provides services to patients in the Newbridge area of Caerphilly County. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board. At the time of the inspection, the practice staff team included two nurses, three dentists, one hygienist and one receptionist. We were told that two of the dentists planned to leave the practice in the months following the inspection, and the practice was due to be taken over by the remaining dentist.

A range of general dental and hygienist services are provided.

4. Summary

HIW explored how Sarratt House Dental Surgery meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Patients told us they were satisfied with the service they received from the dental practice and were given enough information about their treatment. Many patients had been attending the practice for over 20 years and we saw that staff knew the patients well. The practice needed to develop a robust system for gaining patient feedback and improve the information provided to patients.

Overall, we found the practice was being run with the intention to meet the relevant standards. We identified improvements needed to the decontamination process for cleaning instruments, quality assurance arrangements at the practice and the consistency of patient record keeping.

At the time of the inspection, the practice had plans in place for a change of ownership, but this transition had not been completed. The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients. However, we identified improvements needed for some of the management arrangements to help ensure the quality of the care provided, such as conducting staff appraisals/peer review and updating policies.

The practice was in an old building and was in need of general refurbishment. Overall, the practice provided a safe environment for patients to receive treatment. Access to the practice was generally suitable for wheelchair users due to the availability of a wooden ramp.

5. Findings

Patient Experience

Patients told us they were satisfied with the service they received from the dental practice and were given enough information about their treatment. Many patients had been attending the practice for over 20 years and we saw that staff knew the patients well. The practice needed to develop a robust system for gaining patient feedback and improve the information provided to patients.

The practice was asked to give out HIW questionnaires to obtain patient views on the dental services provided. Sixteen patient questionnaires were completed. We also spoke to one patient on the day of inspection and observed some general conversation between staff and patients. All patients said they were satisfied with the care they received at the practice and felt welcomed by staff. The majority of patients who completed the questionnaires had been at the practice between 20 and 50 years. We saw staff speaking with patients in a friendly and professional way and it was clear that the staff knew the patients well.

A sample of patient comments included the following:

“All good.”

“I have always received excellent treatment at this dental surgery.”

“This practice has always been a very friendly place to visit and the visits have never been as painful as one would expect. Excellent treatment and great attention to detail.”

The majority of patients said they had not experienced delay in being seen by the dentist. All patients said they received enough information about their treatment. We were told that the dentist explained treatment to patients verbally and we were shown examples of some written treatment information that was given to patients for particular procedures, such as teeth extractions.

Most patients knew how to access emergency dental services. We saw a sign outside the practice window with the emergency contact number and we confirmed there was a contact number provided on the practice’s answer phone message.

We saw examples of patient surveys that had been conducted by the practice in the past, but these had not been conducted recently. We discussed the need for the practice to develop a system of regularly gaining patient feedback, such as using a suggestions box and patient questionnaires.

Improvement needed

The practice should develop a robust method of gaining patient views and feedback to regularly assess the quality of the service provided.

Six patients told us they were unsure of how to make a complaint. We saw there was a complaints poster and policy on the notice board in the patient waiting/reception area, but we noticed the writing on the complaints policy was small and difficult to see from a distance. Given the comments from patients the practice may wish to consider how the complaints policy is made more visible. We have made a recommendation about updates needed to the complaints policy in Management and Leadership section of this report (page 18).

There was a flexible appointments system in place and patients could make appointments in advance and on an emergency basis. We were told there were dedicated slots for emergency appointments available each day, meaning that patients could be seen quickly when required.

The practice did not have a website, but the dentist told us they planned to develop a website in the future. We discussed the need for the practice to comply with the General Dental Council's guidelines for advertising when developing the website.

There were practice information leaflets available for patients in the waiting area. However, these leaflets were difficult to find as they were located behind other information and needed to be updated as they incorrectly referred patients to Caerphilly Local Health Board rather than Aneurin Bevan University Health Board.

Improvement needed

The information provided on the practice leaflets should be updated with the correct health board details for patients to contact.

We found there was a selection of health promotion information leaflets in the reception/waiting area. This included information on smoking cessation, caring for children's teeth, hygiene and protecting teeth from acid erosion. However, there was limited health promotion information displayed on the walls at the practice and we did not see information about mouth cancer awareness.

Improvement needed

The practice should consider providing patients with further health promotion information, including mouth cancer awareness/prevention.

We suggested the practice should consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages, including Welsh. The need for this could be assessed through gaining patient feedback.

Delivery of Standards for Health Services in Wales

Overall, we found the practice was being run with the intention to meet the relevant standards. We identified improvements needed to the decontamination process for cleaning instruments, quality assurance arrangements at the practice and the consistency of patient record keeping.

Clinical facilities

We looked at the clinical facilities in each surgery and found these contained relevant equipment for the safety of patients and staff. We found that portable appliance testing (PAT) had been recently conducted which ensured that small electrical appliances used at the practice were fit for purpose and safe to use.

The main surgery was in generally good order and was clean and tidy. The second surgery was infrequently used and was not as clean as the main surgery. We advised the practice to consider their arrangements for cleaning this surgery. We also saw the second surgery was in need of some refurbishment to address marks to the walls and damage to the plaster work. This second surgery also needed to have the flooring replaced as it was partly carpeted which meant the floor could not be adequately cleaned. We noticed that both surgeries did not have appropriate floor to wall seals to allow for effective cleaning. The dentist who intended to take over the practice showed us his plan to replace the flooring throughout the practice which would address this issue.

Improvement needed

The practice should make improvements to the flooring in both surgeries so that the joints between the floor and the wall are sealed to allow for effective cleaning.

The carpet should be removed from the second surgery as this is not suitable flooring for a clinical area.

Decontamination of instruments

The practice used a separate area for the cleaning and sterilisation of dental instruments. However, this area had not been purposefully designed and did

not meet some aspects of basic criteria outlined by the Welsh Health Technical Memorandum 01-05² (WHTM 01-05) guidelines, such as dedicated sinks for hand washing to help with infection control. The surfaces in this room were not easily cleaned due to the age of the units. The practice was using a separate bowl and jug for the cleaning and rinsing of instruments. We discussed the issues about the decontamination area with the dentist and advised the practice that an infection control audit should be conducted. We saw evidence that this type of audit had been started in 2014, but it had not been completed. There was also no improvement plan to progress to best practice regarding infection control.

Improvement needed

The practice should conduct infection control audits at least annually and develop an improvement plan to address the issues highlighted.

We watched one of the nurses conduct decontamination of dental instruments and noticed that a disposable apron was not worn. This meant that staff may not be adequately protected from cross infection when cleaning instruments.

Improvement needed

The practice should ensure that all appropriate personal protective equipment, including disposals aprons are available for staff to use when conducting decontamination.

In general, the cleaning equipment used at the practice was satisfactory. However, we found that maintenance checks had not been conducted for one piece of cleaning equipment to ensure it was working correctly.

Improvement needed

The practice should ensure that all cleaning equipment (i.e. the ultrasonic bath) has regular maintenance checks to ensure it is working correctly.

The nurse talked us through the routine daily checks that were performed at the start and end of end of each day and these complied with the requirements in the WHTM 01-05. However, we were told that a list of these daily checks was not recorded or described in the infection control policy. This meant that staff had to rely on their memory as to which checks would need to be conducted.

² The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

Improvement needed

Routine daily checks should be detailed in the infection control policy for staff to refer to. It is also advisable that these checks are recorded each day to ensure they have been completed.

In general, we found that instruments were stored appropriately and there was a system to ensure that instruments were used within the recommended storage period. However, we noticed that when the instruments were cleaned, they were only stamped with the date they expired and not the date they were cleaned. In accordance with WHTM 01-05 guidelines, instruments should include the date they were cleaned and the date when the recommended storage period will expire.

Improvement needed

The practice should ensure that wrapped instruments include the date they were cleaned and especially for infrequently used instruments, the date of expiry.

We did not find evidence that staff had completed individual training in decontamination in accordance with WHTM 01-05 guidelines.

Improvement needed

All staff involved in decontamination, should have individual training records.

Waste disposal

Waste was handled, stored and disposed of appropriately at the practice. We saw evidence from waste collection receipts that a current waste disposal contract was in place.

The practice had a second floor that was only used for storage, but we found there was a box of out of date medication and some unused instruments stored in this area. We advised the practice to dispose of these items appropriately to ensure they were not used accidentally.

Improvement needed

The practice should ensure that any out of date medication and instruments no longer suitable for use are disposed of appropriately.

Radiographic (x-ray) equipment

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. We saw some certificates that showed clinical staff had conducted appropriate training on ionising radiation. The training certificates we did not see on the day were sent to HIW following the inspection. We saw that a quality assurance audit to ensure image quality of x-rays had been conducted. However, given the very variable quality of the x-rays seen, the practice should ensure image quality audits are conducted more frequently.

Improvement needed

The practice should conduct quality assurance audits to for image quality regularly due to the variability of images found.

Medical emergency equipment and medication

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. The practice had a suitable system to ensure that equipment and medication was checked regularly to ensure it was safe to use. We saw some evidence that staff had received up-to-date training on how to deal with medical emergencies and there was an appointed first aider. This meant that in the event of a patient collapsing, staff had the necessary skills and access to life saving equipment and drugs to respond promptly. Training certificates were not available for one of the dentists and the hygienist on the day of inspection, but they were later sent to HIW. We advised the practice to have copies of these certificates so that they could be assured these staff members had conducted this training.

Patient records

We looked in detail at a sample of eight patient records. At the time of inspection, patient dental records were stored on an electronic system, with some information such as treatment plans kept as paper copies.

In general, we found that historical patient record keeping at the practice was poor and lacked sufficient detail, but we noticed this had improved recently.

We looked at the notes regarding radiographs (x-rays) and found that in the past there was a lack of routine x-rays taken. However, we saw this had been addressed recently. In the records we looked at, we found that clinical evaluation of x-rays (what the x-rays showed) needed to be improved. However, we discussed this with the dentist who showed us the information they were now including in patient notes which addressed this.

X-rays taken at the practice were developed manually with chemical solution and we found that the quality of the x-ray images was inconsistent, with a number of poor quality images. However, we also noticed this had improved recently. We reminded the practice of the importance of maintaining the quality of x-ray images, including conducting quality assurance audits, so that patients were not exposed to further radiation by taking additional x-rays to replace poor quality images.

The practice had three types of patients, those treated under the NHS, patients paying privately and patients paying privately under a pay monthly scheme. We found patient consent was not consistently recorded across these different types of payment schemes and across treatments. Whilst most consent for NHS patients was recorded correctly, this was not the case for most private and pay monthly patients. We advised the practice to implement a robust consent process. In discussions with staff, it was also not clear whether all patients, including those on a pay monthly scheme, were provided with treatment plans. Treatment options discussed with patients were not consistently recorded in patient notes.

We found there needed to be a robust system for obtaining patient medical histories as these were not always signed by the patient and countersigned by the dentist. Updated medical histories were also not consistently recorded. Social history such as smoking and alcohol consumption had not been recorded until recently. We also found that it was not clear if mouth cancer screening had been carried out and explained to patients as this was not recorded in patient notes.

We found the practice needed to develop a robust system for recording the patient's risk of tooth decay (known as caries risk) and this should be used in conjunction with the relative guidelines³ to assess recall frequency which should be recorded and updated as necessary. For example, if a patient has been identified as having a high risk for decay, they should be seen more frequently than a patient with a low risk of decay. The practice also needed to ensure consistency of bitewing x-rays taken (a dental x-ray taken, often as part of a dental examination, to identify tooth decay that may not be visible and identify if there is any underlying gum disease) as previously this was conducted too infrequently.

³ The National Institute for Health and Care Excellence (NICE) dental recall clinical guidelines help clinicians assign recall intervals between oral health appointments that are appropriate to the needs of individual patients.

We were shown some of the written treatment information available in the surgery for patients having certain procedures, such as teeth extractions. The principal dentist also showed us other treatment information cards for a range of procedures, but these were not routinely given to patients. We discussed the need to provide patients with additional written information so that they could have time to consider and make an informed decision.

Improvement needed

The following improvements should be made to patient record keeping:

- ***Ensure consistency in x-ray image quality***
- ***Develop a robust method of obtaining patient consent***
- ***Consistently record treatment options discussed with patients and provide all patients with treatment plans***
- ***Develop a robust system for obtaining patient medical histories***
- ***Record information on mouth cancer screening***
- ***Record caries risk (a patients risk of tooth decay) in conjunction with NICE recall guidelines***
- ***Ensure appropriate frequency of bite wing x-rays.***

Management and Leadership

At the time of the inspection, the practice had plans in place for a change of ownership, but this transition had not been completed. The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients. However, we identified improvements needed for some of the management arrangements to help ensure the quality of the care provided, such as conducting staff appraisals/peer review and updating policies.

Sarratt House Dental Surgery is an established practice and has been under the ownership of the current principal dentist for the last 30 years. At the time of inspection, there were plans in place for the practice to be taken over by one of the dentists currently working at the practice, but a date for this had not been confirmed.

The practice had an established staff team who had been working at the practice for many years. Staff we spoke to on the day of inspection said they were happy in their roles and felt supported by the principal dentist.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place. However, we noticed the majority of policies were not dated and did not have a date when the policy would be reviewed to show they were the latest version. The majority of policies had not been signed by staff to indicate they were aware of them.

Improvement needed

The practice should have a robust system for ensuring all policies and procedures are current and that staff are aware of them.

We were told all staff had employment contracts in place, but they were not available on the day on inspection.

The principal dentist told us that staff meetings were conducted approximately every three months, but the practice mainly used informal meetings to discuss any issues and areas of clinical work. Staff told us they were encouraged to raise any concerns during these meetings. Meeting minutes were not available on the day of inspection and staff we spoke to said they did not receive copies. We advised the practice to formalise their communication, so clear records of discussions could be seen and referred to at a later date.

Annual appraisals had not been conducted for any staff members at the practice. Appraisals are important to ensure the competency of staff and to identify any training needs.

Improvement needed

The practice should ensure all staff members have annual appraisals.

We discussed the importance of having formal arrangements for clinical supervision and peer review for the dentist to help ensure the quality of the care provided, especially as he would be working alone in future. The dentist said there were no formal arrangements in place, but agreed to consider this.

Improvement needed

The practice should formalise quality assurance arrangements and peer review for clinical staff at the practice.

We looked at a sample of staff files at the practice. We confirmed that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance. However, insurance information relating to the hygienist was not available on the day of inspection.

We looked at a sample of personal continued professional development (training) files and these indicated staff had access to training opportunities relevant to their role. This meant patients could be assured that they are treated by staff who have appropriate skills and up-to-date training and who were confident and acquainted with their place of work. Training files were not available for one of the dentists and the hygienist as these files were kept by the individual staff members. We advised the practice to keep copies of core training and staff information, such as resuscitation training and immunity records, so they could be assured this had been completed.

We saw training certificates for most staff members to show they had completed child and adult protection training, but we noticed that some of the certificates had been incorrectly dated. We advised the practice to contact the trainer to correct this. Adult protection training had not been completed by the receptionist.

In accordance with the relevant regulations⁴ for private dentistry, all dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice. Some details required updating and arrangements were made for this following the inspection.

At the time of our inspection, one of the dentists did not have a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations for private dentistry. We discussed this with the dentist who agreed to ensure their DBS check was updated in order to comply with current regulations. It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. We discussed the provisions for staff checks with the practice who confirmed this would be completed for any new staff.

The practice had arrangements for occupational health support through the health board. We saw some records to show that clinical staff had received appropriate vaccinations to protect them against blood-borne viruses, except for the hygienist whose records were not available. We were told the hygienist had received appropriate vaccinations.

The practice had suitable arrangements for the recording of accidents and incidents and completed records were stored separately from the accident book to maintain the confidentiality of staff and patient information.

Staff told us that only one complaint had been received by the practice in the last few years. We were told that verbal complaints were recorded onto the electronic system and passed onto the principal dentist. However, we discussed with the practice the need to record all complaints together in a suitable log, including verbal and informal complaints, so that any emerging themes could be identified and the complaints could be used as a way of improving their service.

We found the complaints process generally complied with arrangements in the NHS patient complaints procedure known as 'Putting Things Right' and gave a list of relevant organisations for patients to contact in the event they had a complaint. However, the policy needed to include the contact details of the

⁴ The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009. Amendments were made that came into force on 1 January 2012. These set out the legal requirements in relation to dentists providing private dentistry services.

Public Services Ombudsman for Wales for NHS patients and should also refer to the Community Health Council who could provide advocacy support for patients. We noticed the policy could also be clearer regarding who patients could contact depending on whether they were receiving private or NHS treatment.

Improvement needed

The policy should be updated with the contact details of the Public Services Ombudsman and Community Health Council. The policy should also be clear regarding who patients can contact depending on whether they were receiving private or NHS treatment.

Given the number of recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Quality of Environment

The practice was in an old building and was in need of general refurbishment. Overall, the practice provided a safe environment for patients to receive treatment. Access to the practice was generally suitable for wheelchair users due to the availability of a wooden ramp.

The practice is located on the high street of Newbridge, close to the main shopping area. The practice has two surgeries and a waiting room/reception area on the ground floor. The first floor of the practice was only used for storage. Limited car parking is available at the rear of the practice. Car parking is also available at public car parks nearby.

The main access to the practice was via a door at the side of the building, which had a large step. There was a handrail by this door to assist patients with mobility difficulties. Access for wheelchair users was available at an alternative door and there was a wooden ramp available for use. However, there were standard size doorframes at the practice which may not be suitable for larger wheelchairs. We discussed improvements to disabled access and the dentist said they would consider this in future plans for refurbishment at the practice.

We found there was very poor signage and there was no easily visible sign outside the building to indicate it was a dental practice. This meant it would be difficult for any new patients to find. There were no signs to indicate which of the doors to the building was the main entrance. There was a small sign with the opening hours and emergency contact number for out of hours services on the door to the practice. However, the emergency contact details were very small and not easily visible to patients. The principal dentist agreed to address this.

Improvement needed

The practice should improve the signage outside the building to ensure it is easily visible to patients.

There was a sign with the names and registration numbers for all clinical staff displayed inside the practice which was installed on the day of inspection. Price lists for both NHS and private patients were displayed in the reception area. The waiting area was a suitable size for the number of surgeries and was clean and tidy.

A tour of the building confirmed the practice was tired and in need of refurbishment, but it was generally clean and tidy. However, damp was visible in some areas and around the windows. The main surgery was in a satisfactory

condition, but the flooring in both surgeries (including the partial carpet in the second surgery) needed to be replaced to allow for effective decontamination. We included this in a recommendation within the Delivery of Standards for Health Services in Wales section of this report (page 9). We were shown some plans for the extensive refurbishment work to be carried out once the practice had changed ownership, which including new windows, doors, flooring and a new decontamination room.

The practice had a unisex patient toilet on the ground floor, but this was not easily accessed as it was partly blocked by an open door to the decontamination area. The toilet was generally clean and contained suitable hand washing facilities to prevent cross infection. There was a sign for a staff toilet on the door leading to the first floor of the building. This door was locked and keys kept by staff members. The toilet on the first floor was very dirty and not suitable for use. We discussed this with the principal dentist who confirmed this toilet was no longer used by staff and we advised the practice to remove the sign.

The fire exits were signposted and fire extinguishers recently inspected. Detailed examination of other fire protection systems were not part of this inspection, however, it is the responsibility of the practice to ensure that suitable measures and systems are in place to protect staff and patients in the event of a fire.

We found there were suitable arrangements to ensure patient records were stored securely. Staff told us electronic records were backed-up daily onto an external device. Some patient information was also stored in filing cabinets behind the reception desk and we were told these were locked when not in use. This means the practice has taken measures to ensure the safety and security of patients and their information.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the improvements identified in this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at Sarratt House Dental Surgery will be addressed, including timescales.

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

Appendix A

General Dental Practice: Improvement Plan

Practice: Sarratt House Dental Surgery

Date of Inspection: 10 March 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
7	The practice should develop a robust method of gaining patient views and feedback to regularly assess the quality of the service provided. [Doing Well, Doing Better: Standards for Health Services in Wales section 5a-c]	Suggestion box to be placed in reception, Questionnaires to be used more frequently	RD	Commence immediately
7	The information provided on the practice leaflets should be updated with the correct health board details for patients to contact. [General Dental Council Standards section 1.3.3]	Update contact details in leaflet	MTE	Done
8	The practice should consider providing	Further leaflets/posters to be provided	MTE/HS	4weeks

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>patients with further health promotion information, including mouth cancer awareness/prevention.</p> <p>[Doing Well, Doing Better: Standards for Health Services in Wales section 3b-c]</p>			
Delivery of Standards for Health Services in Wales				
9	<p>The practice should make improvements to the flooring in both surgeries so that the joints between the floor and the wall are sealed to allow for effective cleaning.</p> <p>The carpet should be removed from the second surgery as this is not suitable flooring for a clinical area.</p> <p>[WHTM 01-05 guidelines section 6.46 – 6.48]</p>	To be incorporated with redecorating/ redevelopment plans on practice changeover	HS	From changeover
10	<p>The practice should conduct infection control audits at least annually and develop an improvement plan to address the issues highlighted.</p> <p>[WHTM 01-05 guidelines section 1.8.]</p>	Audit commenced and registered with post grad, Plan to audit annually and actions planned according to audit results	BP	2months
10	<p>The practice should ensure that all appropriate personal protective equipment, including disposals aprons are available for staff to use when conducting</p>	Protective wear to be available for staff	ME	done

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	decontamination. [WHTM 01-05 guidelines section 6.25-6.26]			
10	The practice should ensure that the ultrasonic bath has regular period testing to ensure it is working correctly. [WHTM 01-05 guidelines section 14.4]	Testing materials ordered and log books completed. Check to be made as per schedule	BP	In progress
11	Routine daily checks should be detailed in the infection control policy for staff to refer to. It is also advisable that these checks are recorded each day to ensure they have been completed. [WHTM 01-05 guidelines section 4.19]	Daily check list to be inserted into policy and tick list provided for staff	MTE	done
11	The practice should ensure that wrapped instruments include the date they were cleaned especially for infrequently used instruments, and the date of expiry. [WHTM 01-05 guidelines section 1.24 and 24k]	Stamp with both dates	BP/LD	done
11	All staff involved in decontamination, should have individual training records. [WHTM 01-05 guidelines section 24o]	Individual training records to be kept, staff booked on training course	MTE	In progress
12	The practice should ensure that any out of	All out of date drugs have been disposed of	MTE	complete

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	date medication and instruments no longer suitable for use are disposed of appropriately. [General Dental Council Standards section 1.5]			
12	The practice should conduct quality assurance audits to for image quality regularly due to the variability of images found. [Doing Better: Standards for Health Services in Wales standard 6a; Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000]	Frequency of audits to be increased to two monthly	LD	Auditing commenced
14	The following improvements should be made to patient record keeping: <ul style="list-style-type: none"> • Ensure consistency in x-ray image quality • Develop a robust method of obtaining patient consent • Consistently record treatment options discussed with patients and provide all patients with treatment plans • Develop a robust system for obtaining patient medical histories 	<p>Ensure use of beam aiming devices, correct settings, use of collimator and frequent chemical checks</p> <p>Consent form developed –to put into general use</p> <p>Ensure record made of discussions and options</p> <p>Ensure all proformas are updated and signed</p>	<p>HS</p> <p>HS</p> <p>HS</p> <p>HS</p>	Improvement commenced and ongoing

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> Record information on mouth cancer screening Record caries risk (a patients risk of tooth decay) in conjunction with NICE recall guidelines Ensure appropriate frequency of bite wing x-rays. <p>[General Dental Council Standards 4; Doing Well, Doing Better: Standards for Health Services in Wales standards 20c; 7a]</p>	<p>Ensure cancer specified within soft tissue examination</p> <p>Develop system for recording caries risk with NICE recalls and place in accessible position in notes</p> <p>Develop x ray frequency in line with risk assessment and again record in notes in an easily noticed position</p>	<p>HS</p> <p>HS</p> <p>HS</p>	
Management and Leadership				
15	<p>The practice should have a robust system for ensuring all policies and procedures are current and that staff are aware of them.</p> <p>[Doing Well, Doing Better: Standards for Health Services in Wales standard 22b; 25e]</p>	<p>Review all policies and ensure they are current and signed by staff</p>	MTE	In progress-over next 2weeks
16	<p>The practice should ensure all staff members have annual appraisals.</p> <p>[Doing Well, Doing Better: Standards for Health Services in Wales standards 20c]</p>	<p>Initial Appraisals to be set up and a rolling review can then take place annually</p>	MTE	commenced
16	<p>The practice should formalise quality assurance arrangements and peer review for</p>	<p>Audits and peer review to be arranged with neighbouring practices as soon as convenient</p>	HS	3 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	clinical staff at the practice. [Doing Well, Doing Better: Standards for Health Services in Wales standards 6a-e]			
18	The policy should be updated with the contact details of the Public Services Ombudsman and Community Health Council. The policy should also be clear regarding who patients can contact depending on whether they were receiving private or NHS treatment. [General Dental Council Standards 5.1.5]	Policies updated with the correct details	MTE	done
Quality of Environment				
19	The practice should improve the signage outside the building to ensure it is easily visible to patients [Recommended Improvement]	Signage to be changed on handover of practice	HS	When handover done

Practice Representative:

Name (print): Michael Thomas Evans

Title: Practice Owner

Date: 1st April 2015