

General Dental Practice Inspection (Announced)

Cardiff and Vale University
Health Board, High Street
Dental Practice -
Cowbridge

10 November 2015

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Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of the Patient Experience	5
	Delivery of Safe and Effective Care.....	9
	Quality of Management and Leadership.....	17
5.	Next Steps	21
6.	Methodology.....	22
	Appendix A	24

1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to High Street Dental Practice at 57 High Street, Cowbridge on 10 November 2015.

HIW explored how met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

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

High Street Dental Practice is a mixed practice providing both private and some NHS dental services

The practice staff team includes two dentists, one hygienist, three nurses and a practice manager who also works on reception.

A range of private and NHS and dental services are provided.

3. Summary

Patient feedback we gained through the HIW patient questionnaires was positive and patients told us they were satisfied with the care they received at the practice. However, we recommended the practice develop a system for regularly seeking patient feedback as a way of assessing the quality of the service provided. We also recommended updates were made to the complaints procedure and for this to be displayed for patients to see.

In general, we found the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice were adequate, but we identified some improvements were needed. We also identified a number of improvements needed mainly relating to aspects of clinical facilities, radiographic equipment, resuscitation equipment, and patient records.

The day to day management of the practice was provided by the principal dentists and the practice manager. Although staff we spoke to were committed to providing high quality care for patients, we found that a number of improvements were needed to the policies, procedures and risk assessments that underpin the safety of care provided and help protect the health, safety and welfare of patients and staff. We recommended that the practice ensure there are sufficient and effective management arrangements in place to address this.

4. Findings

Quality of the Patient Experience

Patient feedback we gained through the HIW patient questionnaires was positive and patients told us they were satisfied with the care they received at the practice. However, we recommended the practice develop a system for regularly seeking patient feedback as a way of assessing the quality of the service provided. We also recommended updates were made to the complaints procedure and for this to be displayed for patients to see.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Nineteen patient questionnaires were completed. Patient comments included:

“Always professional and on time. I have problems with two days a week and appointments are always and willingly arranged around me.”

“I have been very happy with the treatment that my family and I have received. Very professional and yet always family friendly.”

“I’m extremely happy with the level of care that I am receiving from the surgery. Excellent dentist and very friendly and nice people. Very high standard in all areas of care.”

Dignified care

We saw evidence to indicate patients were provided with care in a dignified and respectful manner. We found there was space for staff to have conversations with patients in a private area, away from other patients if required. We observed staff speaking to patients in a friendly and professional way. Feedback from the patients who completed the questionnaires was unanimously positive. All patients told us that they were satisfied with the care and treatment they received at the practice and felt welcomed by staff.

Timely care

The practice tries to ensure that care is provided in a timely way. We were told that there was a flexible appointment system in place whereby patients could book appointments both in advance and on an emergency basis. The majority

of patients told us they did not experience delay in being seen by the dentists. Those that had experienced delay said this had not been often or for very long.

The majority of patients told us they knew how to access out of hours dental care. We confirmed there was an out of hours emergency contact number provided on the practice's answer phone message, so that patients could access emergency dental care when the practice is closed. However, there was no sign displayed outside the practice with this information and we advised the practice to address this. We also advised the practice that the display of opening hours outside the practice should be made clearer.

Staying healthy

All patients who completed the questionnaires told us they received sufficient information about their treatment. We noticed there were minimal health promotion leaflets/posters in the waiting areas room. We advised the practice to consider providing further health promotion information such as mouth cancer awareness, smoking cessation and information on how patients could improve their oral health. Health promotion information assists in supporting patients to take responsibility for their own health and well-being.

Improvement needed

Further health promotion information should be provided to patients.

Individual care

The practice is located on the first floor and due to constraints of the building; access is via a flight of stairs and is not suitable for wheelchair users or patients with mobility difficulties.

We were told that the two principal dentists operated in different ways, with one dentist providing some NHS treatments and the other dentist providing solely private treatments. As a result, we found there were multiple patient information leaflets including different information, some for only one of the dentists. We found this could potentially confuse patients about the services provided at the practice and we advised that a single patient information leaflet should be created to include all services provided.

Improvement needed

Patients should be provided with clear information about all services provided and the dental professionals working at the practice. Specifically, by providing a comprehensive patient information leaflet.

Although we were told that patients are encouraged to speak to staff about any issues or concerns, we found that the practice did not have a system for regularly seeking patient feedback, such as through patient surveys, as a way of monitoring the quality of the care provided.

Improvement needed

The practice should develop a system for regularly seeking the views of patients as a way of monitoring the quality of care provided.

The practice had a procedure in place for patients to raise concerns (complaints). We found that the timescales provided for acknowledging and responding to complaints complied with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry Wales 2008 Regulations¹. However, the procedure was not clear about the process and organisations for patients to contact depending on whether they were receiving private or NHS treatment. We also found the procedure incorrectly referenced the healthcare commission in London, rather than HIW. Details of other organisations for patients to contact, such as the Community Health Council, local health board and Public Services for Wales Ombudsman, were needed.

Improvement needed

The practice must update the complaints policy/procedure to ensure:

- ***References to the healthcare commission are replaced with the contact details of HIW***
- ***Details of the local health board, Community Health Council and Public Services Ombudsman for Wales are included for patients receiving NHS treatment***
- ***The complaints procedure is clear regarding the process and relevant organisations for patients to contact depending on whether they are receiving private or NHS treatment.***

We saw that there was a poster that briefly referred to what patients should do if they were unhappy with their care, but this did not provide full details of the complaints procedure.

¹ The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

Improvement needed

The full complaints procedure should be displayed where this can be seen by patients. Patients should not have to ask for this information.

We were told that the practice had not received any written complaints. We were told that verbal and informal complaints were recorded within patient files. However, we advised the practice that it would be more appropriate to include this in a separate file, so that these complaints could be monitored.

Delivery of Safe and Effective Care

In general, we found the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice were adequate, but we identified some improvements were needed. We also identified a number of improvements needed mainly relating to aspects of clinical facilities, radiographic equipment, resuscitation equipment, and patient records.

Safe care

Clinical facilities

We saw that the testing of portable appliances (PAT) had been undertaken to ensure the safe use of small electrical appliances within the practice. However, the print out information from the PAT test was not sufficient as it did not specify which equipment had been tested.

Improvement needed

Complete records following PAT testing should be maintained, including details of the equipment tested.

We looked at the arrangements for maintaining the machine used to provide compressed air to the surgeries (compressor) and found there was some uncertainty about the type of servicing needed based on the model of the machine. We also found that regular checks of the compressor were not recorded.

Improvement needed

The practice must consult the manufacturer of the compressor regarding servicing and maintenance guidelines and ensure these are followed in order that the equipment is maintained in a safe condition.

Regular checks of the compressor performed by staff (in accordance with the manufacturer's guidelines) should be recorded.

The practice was visibly well maintained. Fire extinguishers were placed strategically and had been serviced within the last year. Contract documentation was in place for the disposal of non hazardous and hazardous waste. However, we found there were no formal arrangements for the disposal of unused medicines.

Improvement needed

The practice should ensure arrangements are in place for the disposal of unused medicines.

We were told that amalgam (mercury) separation, which is usually built into the suction unit, was built into the dental chairs. As this is not a common feature, we reminded the practice of their responsibility to ensure this arrangement is effective.

Both surgeries were visibly clean and tidy. However, we found that the seals between the floor and wall in some areas had come away and needed to be re-sealed to allow for effective cleaning.

Improvement needed

The practice should address the areas where the sealant between the floor and wall has come away, to enable effective cleaning.

We found that the practice was not using the recommended safe system for the disposal of needles, in order to prevent sharps injuries. We advised the practice to consider using a safer system.

Infection control

In general, we found the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice were adequate, but we identified some improvements were needed.

The practice had separate room for the decontamination of instruments in a room which was previously a surgery. We found that there was a dedicated hand washing sink and the practice were using separate bowls for cleaning and rinsing of instruments. However, potable water or freshly distilled was not used in rinsing the instruments as recommended by the Welsh Health Technical Memorandum 01-05² (WHTM 01-05) guidelines.

² <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

Improvement needed

The practice should ensure there is potable water or freshly distilled water for the rinsing of instruments, in accordance with WHTM 01-05 guidelines.

We found that the practice used a small type of steriliser (Statim cassette autoclave) for all instruments at the practice. Because this type of steriliser is commonly used for dental hand pieces only, rather than for all instruments, the practice need to ensure that it is appropriate to use in this way. While daily testing was conducted on the steriliser, the practice should ensure these checks are conducted in accordance with the manufacturer's guidelines.

Improvement needed

The practice must consult the manufacturer's guidance and ensure that the steriliser is appropriate for all instruments and not just dental hand pieces.

Daily checks on the steriliser should be conducted in accordance with manufacturer's guidelines.

We saw that stored instruments were dated with an expiry; however, as recommended by the WHTM 01-05 guidelines the date instruments were cleaned should also be included. We also found an inconsistency between the maximum storage period for instruments stated in the infection control policy and the storage period used by staff. Although both storage periods were appropriate, this should be consistent with the infection control policy.

Improvement needed

Wrapped instruments should be dated with both the date of cleaning and for infrequently used instruments, the date of expiry.

The practice must ensure that arrangements for infection control, including the storage period for instruments, are consistent with the infection control policy.

We saw evidence that the practice had recently completed an infection control audit, but we noticed the audit tool used was primarily designed for use in England and we advised the practice to use the tool developed by the Dental Postgraduate Section of the Wales Deanery, as recommended by the Wales specific WHTM 01-05 guidelines.

Emergency drugs and resuscitation equipment

Resuscitation equipment and emergency drugs were available at the practice in the event of a patient emergency (collapse). However, we found that the battery on the defibrillator needed to be replaced. We advised the practice to also keep a back-up battery and include the defibrillator as part of weekly checks on the resuscitation equipment.

Improvement needed

All resuscitation equipment, including the defibrillator, should be checked weekly to ensure it is safe for use.

A replacement battery for the defibrillator must be arranged as soon as practically possible.

We found that the practice had a brief resuscitation policy, but we advised that flow charts providing guidance on the procedure to follow in various medical emergencies should be sourced and included with the emergency drugs, to enable easy access to relevant information in an emergency.

We saw records to indicate staff had received up-to-date training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). However, the practice did not have trained and appointed first aiders. We also found that the first aid kit was missing some materials, including an eye wash, plasters and dressing tape.

Improvement needed

The practice should have staff trained in first aid and ensure a complete first aid kit is available.

Safeguarding

With the exception of one dentist, clinical staff had completed recent training in the protection of children and vulnerable adults.

Improvement needed

Training in the protection of vulnerable adults and children should be completed by all staff.

We found there was some child safeguarding information available which included local safeguarding contacts, but the practice did not have a formal policy on child protection. We found that the adult protection policy needed to be updated and did not include local adult safeguarding contacts.

Improvement needed

The practice must develop a child protection policy and update the adult protection policy.

We were told there were arrangements in place for staff to raise any concerns. We discussed the pre-employment checks of any potential members of staff before they join the practice and we advised the practice to include Disclosure and Barring Service (DBS) certificates as part of these checks. At the time of our inspection, we found that one dentist did not have a Disclosure and Barring Service (DBS) certificated dated within the last three years in line with the regulations for private dentistry. The dentist agreed to address this.

Radiographic equipment

We saw documentation to indicate that x-ray machines had been regularly serviced and maintained to help ensure they were safe for use. In addition to this, we were also able to confirm that all staff involved in taking radiographs had completed training to meet standards for personnel who carry out these procedures. This is in accordance with the requirements of the General Dental Council³ and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

We found that updates were needed to the radiation protection file, which includes details about the x-ray equipment and procedures for staff to follow, to include the names of the Radiation Protection Advisor and Radiation Protection Supervisor. We also found that the file included names of staff no longer working at the practice. We could not find evidence that the Health and Safety Executive had been notified of the radiographic equipment in use at the practice. We were told that this has been done some years ago.

Improvement needed

The radiation protection file must be updated to include all relevant information.

The practice must ensure that the Health and Safety Executive has been informed of the use of radiographic equipment and evidence of this should be retained.

³ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

We noticed that the two surgeries were connected by a sliding wooden door. The surgeries had limited space between the areas where x-rays were taken and this door, which did not provide protection against x-ray radiation. To help ensure that staff and patients in the connecting surgery are not exposed to radiation unnecessarily, we advised that the local rules should be updated to clearly indicate the controlled areas. We also advised the practice to ensure there were sufficient processes in place to prevent staff from entering either surgery through the connecting door while an x-ray is in progress.

Improvement needed

The local rules should be updated to clearly indicate the controlled areas in each surgery and ensure there are suitable systems to prevent staff entering the controlled area while an x-ray is in progress.

We noticed that radiation exposure warning signs to identify controlled areas were not displayed; specifically, this was missing from the door to the surgery. The Ionising Radiations Regulations 1999 state that in addition to describing controlled areas in local rules, there should be suitable and sufficient signs displayed giving warning of radiation controlled/supervised areas. The practice agreed to correct this.

Improvement needed

The practice should ensure suitable radiation warning signs are in place.

We found that radiographic quality assurance audits were not regularly conducted by both dentists. This is a requirement of the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).

Improvement needed

The practice must ensure that regular radiographic audits are conducted.

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. Clinical staff did not receive formal peer review, although we were told that ad hoc discussions about any clinical issues took place. We found that the practice's engagement in clinical audits, as a way of ensuring the quality of the care provided, was limited. We recommended that the practice formalise arrangements for both the peer review of clinical staff and regular audits at the practice as a way of ensuring the quality of the care provided.

Improvement needed

The practice should formalise quality assurance arrangements, including peer review of clinical staff and the conduct of regular audits.

We looked in detail at a small sample of patient records for both dentists at the practice. At the time of inspection, all patient records were in paper format only. This meant there was limited space on the patient record cards for the dentists to write notes. We identified the following areas for improvements:

- Patient medical histories were not consistently signed by the patient and countersigned by the dentist as a way of ensuring they were accurate and had been checked
- We found that it was not always possible to identify from the patient's notes who had treated them
- We noticed there was not sufficient space to include all patient details, including their address, in the private record cards
- We were not able to locate treatment plans for NHS or private patients as copies were not kept within patient records
- Treatment options were not consistently recorded
- Patients' social history including smoking, alcohol consumption and oral hygiene was not consistently recorded
- Justification for why x-rays were required and clinical findings from x-rays (what the x-rays showed) were not always recorded
- Although patient recalls (the frequency advised between patient visits) were recorded, there was no reference to the relevant guidelines⁴
- Basic Periodontal Examination⁵ was not noted in one record we examined

⁴ The National Institute for Health and Care Excellence (NICE) provide guidelines on the frequency of patient recall.

⁵ Basic Periodontal Examination is used to quickly obtain a rough picture of the periodontal condition and treatment needs of an individual.

- Extra oral (soft tissue) examinations were not consistently recorded.

We also advised the practice to record oral cancer screening within patient records.

Improvement needed

The following improvements should be made to patient notes, including the consistent recording of:

- ***Signed medical histories***
- ***Identification of the dental professional providing treatment***
- ***Sufficient space to include patient details, including their address in private records***
- ***Treatment plans (copies should be available in patient records)***
- ***Treatment options***
- ***Social history***
- ***Justifications and clinical findings from x-rays***
- ***Patient recalls***
- ***Basic Periodontal Examination***
- ***Extra oral examination.***

Quality of Management and Leadership

The day to day management of the practice was provided by the principal dentists and the practice manager. Although staff we spoke to were committed to providing high quality care for patients, we found that a number of improvements were needed to the policies, procedures and risk assessments that underpin the safety of care provided and help protect the health, safety and welfare of patients and staff. We recommended that the practice ensure there are sufficient and effective management arrangements in place to address this.

The day to day management of the practice is the responsibility of the two principal dentists and practice manager (who also works as a receptionist). We were told that the practice manager had previously worked at the practice for several years, but was relatively new to this role and was being supported by the principal dentists with management duties. The practice team were well established and there was a low turn over of staff. Staff we spoke to were committed to providing high quality care to patients.

We saw an example of records to show that staff were able to access training relevant to their role and for their continuing professional development (CPD).

We were told that the practice did not have a formal induction programme as the majority of staff had been employed at the practice for many years. However, we were told that agency staff were occasionally used, meaning that an induction programme for temporary staff was needed.

Improvement needed

The practice should ensure that any new and temporary staff receive an appropriate induction, specifically an induction training programme should be created.

We were told that appraisals were not conducted. Annual appraisals of staff are important to help ensure the quality of care provided and to identify any training needs.

Improvement needed

All staff should have regular appraisals as a way of ensuring the continued quality of the care provided.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, all dentists

providing private treatment were registered with HIW and their registration certificates were available within the practice. We noticed that the HIW registration certificate for one dentist needed to be updated and the dentist agreed to address this.

We saw records relating to Hepatitis B immunisation status for the majority of clinical staff working at the practice. However, records were not available for one of the nurses.

Improvement needed

Records of immunisations for all staff should be maintained.

The practice had a small staff team, therefore communication between staff and the principal dentists mainly occurred on a regular informal basis. Formal staff meetings were held approximately every three months and we saw evidence they were recorded. We advised the practice to include further detail in the notes of future meetings, to provide a comprehensive record of discussions and actions.

We looked at a selection of various policies and procedures at the practice and found that the majority were in need of review. We also found that some required policies were not in place. Overall, the policies were in need of organisation and we found various pieces of out-dated information were included alongside current policies, meaning we had difficulty in identifying the latest information. We identified the following improvements were needed to the policies, procedures and documentation, with the exception of those policies already stated in previous sections of this report:

- Data security policy did not include details of the arrangements for staff information
- Health and safety policy required updating to include the arrangements for manual handling operations and provision and use of work equipment
- Risk assessments in relation to health and safety had not been completed
- Arrangements for protection of patients privacy and dignity were needed
- Control of Substances Hazardous to Health (COSHH) assessments were found to be significantly out of date and needed to be reviewed in accordance with the latest guidelines from the Health and Safety Executive

- Freedom of information act compliance document was not in place
- Further detail was needed in the radiation protection policy, including the names of the Radiation Protection Advisor and Supervisor
- Mercury handling policy was not in place
- Infection control policy needed to be updated to include further details of the arrangements for hand hygiene, personal protective equipment and the procedures for decontamination in accordance with the guidelines from the revised version of the WHTM 01-05 (information currently displayed in the decontamination room for staff had been taken from superseded versions of the WHTM).
- Equal opportunities policy needed to be updated to reflect how this would be implemented at the practice
- Health and Safety Executive poster was out of date and needed to be replaced
- Completed accident records needed to be removed and stored securely to protect the confidentiality of staff and patient information. The practice was advised to replace the accident book with one in line with the latest guidance from the Health and Safety Executive.

We were told that the policies and procedures had been the responsibility of the previous practice manager who had left the practice and that the current practice manager was attempting to update policies alongside their reception duties. Given the number of improvements needed to the policies, procedures and risk assessments, we recommended the practice ensure there were sufficient management arrangements so that these documents could be updated in a timely way. We also advised that the practice manager would benefit from further training, to help with these aspects of management.

Improvement needed

The practice must ensure there are sufficient and effective management arrangements in place for the creation, review and regular update of all policies, procedures and risk assessments as an important aspect of underpinning the safety of care provided and to protect the health, safety and welfare of patients and staff.

Given the number of improvements 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.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at High Street Dental Practice will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008⁶ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁷. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

⁶ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁷ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

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
- 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 (where applicable)
- 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.

Appendix A

General Dental Practice: Improvement Plan

Practice: High Street Dental Practice

Date of Inspection: 10 November 2015

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	Further health promotion information should be provided to patients	Health and Care Standards 1.1	Practice will start to introduce information (posters/leaflets) regarding health promotion into the waiting area.	Angharad Bater	Ongoing
6	Patients should be provided with clear information about all services provided and the dental professionals working at the practice. Specifically, by providing a comprehensive patient information leaflet.	Health and Care Standards 4.2 and 6.1	One general practice leaflet will be provided encompassing all services and professionals at the practice.	Angharad Bater	Jan - Feb 2016
7	The practice must update the	Private	A new and up to date policy will be	Saleem Ikram	In progress.

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>complaints policy/procedure to ensure:</p> <ul style="list-style-type: none"> References to the healthcare commission are replaced with the contact details of HIW Details of the local health board, Community Health Council and Public Services Ombudsman for Wales are included for patients receiving NHS treatment The complaints procedure is clear regarding the process and relevant organisations for patients to contact depending on whether they are receiving private or NHS treatment. 	<p>Dentistry (Wales) Regulations section 15(4a); Health and Care Standards 6.3; General Dental Council Standards 5</p>	<p>written up including the details mentioned here with regards to specific contact details.</p>		
8	<p>The full complaints procedure should be displayed where this can be seen by patients. Patients should not have to ask for this information.</p>	<p>Health and Care Standards 6.3; General Dental Council</p>	<p>A comprehensive poster will be set up and displayed informing patients of the procedure.</p>	Saleem Ikram	In progress.

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Standards 5.1.5			
Delivery of Safe and Effective Care					
	Complete records following PAT testing should be maintained, including details of the equipment tested.	Health and Care Standards 2.9; The Electricity at Work Regulations 1989	PAT test recordings to highlight which item has been tested. Full certificate to be provided.	Angharad Bater/ Electrical Engineer	At next test July 2016
9	The practice must consult the manufacturer of the compressor regarding servicing and maintenance guidelines and ensure these are followed in order that the equipment is maintained in a safe condition. Regular checks of the compressor performed by staff (in accordance with the manufacturer's guidelines) should be recorded.	Private Dentistry (Wales) Regulations section 14 (3); Health and Care Standards 2.9	Regular checks are underway. Engineer has now conducted a full service of the compressor. Certificate to be provided.	Angharad Bater/ Service engineer	Dec 2015

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
10	The practice should ensure arrangements are in place for the disposal of unused medicines.	Health and Care Standards 2.4; General Dental Council Standards section 1.5	In discussions with the local pharmacist to arrange disposal of any unused medicines.	Angharad Bater	Completed
10	The practice should address the areas where the sealant between the floor and wall has come away, to enable effective cleaning.	Health and Care Standards 2.4; WHTM 01-05 sections 6.46-6.50	New floor being fitted.	Saleem Ikram	Feb 2016
11	The practice should ensure there is potable water or freshly distilled water for the rinsing of instruments, in accordance with WHTM 01-05 guidelines.	Health and Care Standards 2.4; WHTM 01-05 section 3.31	Distilled water is produced on a daily basis for use in the Autoclave and for rinsing.	Rebecca Close	Ongoing
11	The practice must consult the	Private	We have consulted the	Rebecca	December

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>manufacturer's guidance and ensure that the steriliser is appropriate for all instruments and not just dental hand pieces.</p> <p>Daily checks on the steriliser should be conducted in accordance with manufacturer's guidelines.</p>	<p>Dentistry (Wales) Regulations section 14 (3); Health and Care Standards 2.9</p>	<p>manufacturer's guide for the steriliser and can confirm that <i>"The STATIM 2000S is a Type S steriliser suitable for the sterilization of all types of dental and medical instruments designed to withstand steam sterilisation."</i></p> <p>Sterilisation indicators are used with every cycle and kept as a record to ensure the instruments are sterile. Annual service of steriliser is conducted with Optident.</p> <p>Further guidance has been sought regarding the sterilisers suitability for the surgery via email to the manufacturer. Regarding system checks advice from manufacturer has also been sought.</p>	<p>Close</p> <p>Service Engineer</p>	<p>2015</p> <p>Awaiting response from manufacturer (Jan 2016)</p>
11	<p>Wrapped instruments should be dated with both the date of cleaning</p>	<p>Health and Care</p>	<p>Both dates are now recorded on wrapped instruments and in</p>	<p>Rebecca Close</p>	<p>Ongoing</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>and for infrequently used instruments, the date of expiry.</p> <p>The practice must ensure that arrangements for infection control, including the storage period for instruments, are consistent with the infection control policy.</p>	Standards 2.4; WHTM 01-05 section 1.24	conjunction with our policy.		
12	<p>All resuscitation equipment, including the defibrillator, should be checked weekly to ensure it is safe for use.</p> <p>A replacement battery for the defibrillator must be arranged as soon as practically possible.</p>	Health and Care Standards 2.9; General Dental Council Standards 6.6.6; UK Resuscitation Council - Primary dental care guidelines	<p>Actioned</p> <p>Introduced check list for defibrillator.</p> <p>Battery replaced in defibrillator and date recorded. The defibrillator was also used within our CPR training 3rd Dec 2015.</p>	Angharad Bater	Nov 2015
12	The practice should appoint trained first aiders and ensure a complete first aid kit is available.	Health and Care Standards	All staff will undergo first aid training in order to appoint a first aider at the practice to replace the first aider that	Whole team	First aid kit complete.

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		2.1	left. Extra items have been purchased for our first aid kit as directed including eye wash.		Training will be booked for whole team March/April 2016
12	Training in the protection of vulnerable adults and children should be completed by all staff.	Health and Care Standards 2.7; General Dental Council Standards 8.5	All staff will complete their training	Whole team	Completed
13	The practice must develop a child protection policy and update the adult protection policy.	Health and Care Standards 2.7; General Dental Council Standards	A new child protection policy has been produced and the adult protection policy will be updated. These include details on who to contact.	Saleem Ikram	Completed

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		8.5			
13	<p>The radiation protection file must be updated to include all relevant information.</p> <p>The practice must ensure that the Health and Safety Executive has been informed of the use of radiographic equipment and evidence of this should be retained.</p>	Health and Care Standards 2.1 and 2.9; Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000; Health and Safety Executive	<p>Actioned.</p> <p>Letter and radiographic equipment documents sent to Health and Safety Executive. Awaiting response.</p>	Dentist	In progress
14	The local rules should be updated to clearly indicate the controlled areas in each surgery and ensure there are suitable systems to prevent staff entering the controlled area while an x-ray is in progress.	The Private Dentistry (Wales) Regulations (2008), regulation	Local rules have been updated and explained to staff and in operation in both surgeries.	Saleem Ikram & Rebecca Close	Completed

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		14(1); Health and Care Standards, 2.1 and 2.9:			
14	The practice should ensure suitable radiation warning signs are in place.	Health and Care Standards 2.1; Ionising Radiations Regulations 1999 - 18 (1) (a) and (ii)	Red light above surgery door is now in use during exposure. Warning signs have also been ordered.	Saleem Ikram & Rebecca Close	Completed
14	The practice must ensure that regular radiographic audits are conducted.	Health and Care Standards 2.9; Ionising Radiation (Medical Exposure) Regulations 2000	Radiographic audit is now in progress.	Saleem Ikram	In progress

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15	The practice should formalise quality assurance arrangements, including peer review of clinical staff and the conduct of regular audits.	Health and Care Standards 3.1 and 3.3	Peer reviews will now be implemented at the end of each year. Audits will be conducted throughout the year where necessary.	Saleem Ikram & Rebecca Close	Ongoing
16	<p>The following improvements should be made to patient notes, including the consistent recording of:</p> <ul style="list-style-type: none"> • Signed medical histories • Identification of the dental professional providing treatment • Sufficient space to include patient details, including their address in private records • Treatment plans (copies should be available in patient records) • Treatment options • Social history • Justifications and clinical 	Health and Care Standards 3.5; General Dental Council Standards 4	All these points are now being noted fully in patient notes and updates of medical history forms are now under way.	Saleem Ikram & Rebecca Close	Ongoing

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	<p>findings from x-rays</p> <ul style="list-style-type: none"> • Patient recalls • Basic Periodontal Examination • Extra oral examination. 				
Quality of Management and Leadership					
17	The practice should ensure that any new and temporary staff receive an appropriate induction, specifically an induction training programme should be created.	Health and Care Standards 7.1	Practice is now in the process of formulating an induction programme for all new/temporary staff including agency staff.	Rebecca Close & Saleem Ikram	Jan 2016
17	All staff should have regular appraisals as a way of ensuring the continued quality of the care provided.	Health and Care Standards 7.1	Appraisals will be introduced for current staff to assess progress, needs, training and any areas for improvement.	Saleem Ikram & Rebecca Close	Within the next year
18	Records of immunisations for all staff should be maintained.	Health and Care Standards 2.4; General Dental Council Standards	All records are present and up to date for the staff with the exception of 1 member. They have been advised to speak to their GP to get a copy of their immunisation details.	Angharad Bater	Jan 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		1.5.2			
19	The practice must ensure there are sufficient and effective management arrangements in place for the creation, review and regular update of all policies, procedures and risk assessments as an important aspect of underpinning the safety of care provided and to protect the health, safety and welfare of patients and staff.	Health and Care Standards 2.1 and 7.1; General Dental Council Standards 6.6	<p>In talks with the principal dentists and practice manager to ensure time allocation, support and necessary training is provided in order to undertake a complete overhaul of the policies/procedures and risk assessments within the practice.</p> <p>Practice will be prioritising policies for update. Those core policies including Child and Adult protection have been completed as has our Infection control policy. Risk assessments are currently underway alongside COSHH and our Health & Safety policy.</p>	Saleem Ikram, Rebecca Close & Angharad Bater	<p>Over the course of 2016</p> <p>Core policies March 2016</p>

Practice Representative:

Name (print): ANGHARAD BATER

Title: PRACTICE MANAGER

Date: 8/1/16