

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Keir Hardie Health Park Dental Services**

**Date of Inspection: 22 February 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
7	A clear complaints notice should be on display which includes time scales for responding to complaints	Health and Care Standards 6.3	Carried out during the inspection by Mrs. N. Thomas (NT)	NT	Completed
8	The practice should implement a system to capture verbal complaints.	GDC guidance 5.1.7	Discussed at CDS Q&S meeting 7/4/16 – process and form to be disseminated to all CDS clinics – update to be provided at locality staff meetings	Mrs Bev Withers – Concerns lead	June 2016
<b>Delivery of Safe and Effective Care</b>					
9	Evidence of compressor checks should be kept locally for audit and inspection	Pressure Systems	Mrs Thomas emailed Cwm Taf LHB Estates department, Colin Brennan,	NT	July 2016

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	purposes.	and Transportable Gas Container regulations 1989, Pressure Systems Safety Regulations 2000	and Primary Care Team, Allison Green – awaiting response from central departments		
10	HIW is to be provided with a copy of the IR(ME)R training certificate for the dentist.		Booked on IRMER course with Tooth Fairies Ltd in Cardiff – certificate to follow shortly after completion	JG	14 <sup>th</sup> June 2016
10	A public liability certificate should be on display in the building.	GDC 2.4.1, 5.1.3-5.1.5	Cardiff and Vale UHB inform us that the Health Board is not permitted to purchase commercial insurance - it is a member of the Welsh Risk Pool, the mutual organisation for all Trusts and Local Health Boards in Wales.  Emailed Chris Beadle, H&S Director for Cwm Taf LHB, to enquire re their position.	N/A  NT	N/A  July 2016

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10	Risk Assessments to be put in place alongside each Data Sheet for all chemicals kept on the premises.	Health and Care Standards 2.1	COSHH lead contacted to complete risk assessments	Mrs. Bethan Jones	July 2016
11	All documentation relating to decontamination equipment is to be up to date and should be retained locally for audit and inspection purposes. The logbook for the sterilising equipment should contain all the information pertaining to the lifecycle of the equipment, from purchase through to disposal.	WHTM 01-05 4.15, 11.14	Mrs Thomas emailed Cwm Taf LHB Estates department and Primary Care Team – awaiting response from central departments (as per page 9).	NT	September 2016
11	The practice is to provide HIW with copies of certificates which confirm staff training in decontamination.	WHTM01-05 1.26	To forward the certificates	NT	July 2016
12	Decontamination training protocol with individual records should be completed.	WHTM 01-05 1.26-2.4o	Training arranged for June 28 <sup>th</sup> staff locality meeting.	Bethan Jones/Emma Stone	June 28 <sup>th</sup> 2016
13	Clinical notes should include smoking cessation and alcohol advice, informed	Health and Care	To ensure all patients receive smoking cessation and alcohol	JG	July 31 <sup>st</sup> 2016

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	consent and cancer screening	Standards 1.1 3.2, 4.1, 4.2, 5.1, 6.1	advice where appropriate. To ensure informed consent is attained. Cancer screening already routinely occurs for all appropriate examinations as evidenced by e.g. "Soft tissues NAD".  To develop an aide memoire within the IT system SOE for all examinations.		
<b>Quality of Management and Leadership</b>					
15	The name and qualification of all staff registered with the General Dental Council should be displayed.	GDC guidance 6.6.10	Discussed at Q&S meeting 7/4/16 – to agree a system that can be utilised across all CDS clinics	BW	September 2016
15	Confirmation of the dental nurses' hepatitis B immunisation status is to be forwarded to HIW	GDC guidance 1.5.2	To arrange for the certificate to be forward to HIW – posted 13 <sup>th</sup> April	NT	April 2016

## Practice Representative:

**Name (print):** ....James Gillespie.....

**Title:** .....SDO.....

**Date:** .....14<sup>th</sup> April 2016.....