

# General Dental Practice Inspection (Announced)

## Bush Street Dental Practice

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## 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 Bush Street Dental Practice at 63 Bush Street, Pembroke Dock, Pembrokeshire SA72 6DE on 3 August 2016.

HIW explored how Bush Street Dental Practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 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

Bush Street Dental Practice provides private only dental services and is based in Pembroke Dock.

The practice staff team includes one dentist (who is the principal dentist), two dental nurses (one of which is a trainee), one practice manager (who has recently retired), and one receptionist.

A range of private dental services are provided.

### 3. Summary

Overall, we could not be assured that the practice had suitable management and quality assurance systems in place to make sure care is provided safely. This is because we found a number of improvements were needed in order to protect the health, safety and welfare of patients and staff, including the arrangements for Legionella risk assessment, Hepatitis B status of staff and dental materials which were past the recommended date for use. As a result of these concerns, an immediate action letter was issued to the practice indicating the improvements required.

In addition to the immediate assurance issues, we found that improvements were needed in a number of other areas including:

- Concerns policy
- Radiographic (x-rays) procedures
- Formalising communication and staff appraisals
- Quality assurance and management processes to ensure compliance with the relevant regulations
- Decontamination room and processes
- Staff training programme
- Compressor certificate of maintenance
- General maintenance, cleanliness, décor of the building

However, we did find the practice was doing the following well:

- The feedback we gained through the HIW patient questionnaire was positive
- Staff interaction with patients was observed as polite and courteous.

Following the inspection, the practice was required to complete two improvement plans (Appendix A) to address the findings.

## 4. Findings

### *Quality of the Patient Experience*

**Without exception, patients who completed HIW questionnaires indicated that they were satisfied with the service received at Bush Street dental practice. We observed courteous relationships between staff and patients. We found areas of improvement required in the concerns information and in the provision of privacy in the public toilet.**

Prior to the inspection, we asked the practice to give out HIW questionnaires to gather patients views on the dental services provided. Eighteen questionnaires were completed and returned to us. Patient comments included:

*“Very satisfied with all members of staff”*

*“I have used this practice on many occasions and on every visit have found the dentist to be extremely thorough and helpful.”*

*“Being a very nervous patient, I am always made to feel relaxed. My appointments have always been convenient for myself. Have and will continue to recommend this practice”.*

#### Dignified care

We observed that people visiting the practice were treated with dignity and respect by the staff team, because we found the staff to be very professional and we overheard them being polite and courteous to patients via telephone calls and during face to face conversations. However there was not a separate manger’s office or a discrete area for private conversations with patients. This meant that staff could not limit opportunities (for people seated in the waiting room) to hear the conversation taking place.

We saw that the door to the dental surgery, (where patients were receiving care on the day of our inspection), remained closed at times when patients were in the room. This ensured patients privacy and dignity were maintained whilst receiving treatment.

All patients who completed a HIW questionnaire told us they had been given enough information about their dental treatment. However this was not confirmed in the sample of patient records we looked at. This is dealt with later in the report.

The practice provided private dental services and information about various dental costs were displayed in the waiting area.

There was a patient information leaflet and copies of this were readily available for patients to take away with them. This needs to be amended to include HIW's address. They were not available in Welsh. This meant that patients did not have access to information about the practice in a language of their choice. There was currently no website available for the practice.

We discussed the use of bilingual signage at the practice, in line with the Welsh Language Act 2016 and were told that this would be an area for further development in the future.

### Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. This was confirmed through comments received within the HIW questionnaires and by the patients spoken with on the day. Staff told us that they made sure patients were kept informed verbally, if the dentist was running late or if unexpectedly absent; alternative arrangements were offered.

The emergency contact telephone number for patients' was the same as the practice number and was available on the patient information leaflets and on the door of the practice. We were told that the practice's answerphone message informed patients of the emergency number to call because there was a rota of dentists covering emergency care. This meant that patients could access advice on how to obtain treatment when the dental practice was closed.

### Staying Healthy

We saw, in the waiting area, a small amount of health promotion leaflets for patients to take away. However examination of five patients' records did not show that patients were being provided with checks and advice to support them to achieve, and maintain, good oral health. This is dealt with later in the report.

There were no smoking signs at the premises in support of the promotion of legislation concerning smoke free environments.

### Individual Care

The practice told us that there were arrangements in place to assist people with mobility difficulties to access the premises and receive care and treatment in a safe manner. For example, there was level access from the outside and



thereafter all treatment was on the ground floor. The toilet was not accessible for wheelchairs.

We found that the practice had a written procedure for dealing with concerns (complaints) about private dental treatment. We were told that there had not been any formal complaints brought to the attention of the practice in the last year. The practice's complaints procedure was displayed in the waiting area but HIW's address was not included. We also suggested that the practice recorded informal concerns to look for themes and trends, with a view to deal with issues before they became formal complaints.

***Improvement needed***

***The practices' concerns information should include the HIW address as required by regulation.***

We asked how the practice would assist patients with additional needs and were told that appointments would be made at the end of morning or afternoon surgery to allow for extra time to discuss treatment and to maintain individuals' privacy and dignity.

## ***Delivery of Safe and Effective Care***

**We observed that people visiting the practice were treated respectfully by the staff team. However we were not assured that rigorous checks and audits were undertaken to ensure the service was safe and effective. We identified a significant number of areas for improvement such as; decontamination, record keeping, materials used for dental treatment passed the recommended date for use, legionella testing, staff training programme, radiation (x-ray) processes, maintenance certificates and portable appliance testing (PAT). There was also a need for general redecoration and updating of the premises.**

### **Safe care**

We examined the on-going contract in place to ensure the appropriate handling, storage and disposal of hazardous waste. All such records were found to be current and valid although there were no facilities for female sanitary waste disposal.

### ***Improvement needed***

***The practice needs to ensure that there are waste disposal facilities available for female sanitary waste.***

We also found that hazardous waste awaiting disposal was kept in the basement area, which protected patients and staff from any cross contamination. We also examined equipment maintenance records kept at the practice and found that;

- The Legionella testing was out of date and the recommendations made in the last report (2014) had not been carried out
- Portable appliance testing (PAT) had not been carried out
- The certificate of maintenance for the compressor was out of date (21/7/15). We were told the maintenance check was due the day following our inspection. We requested a copy of the certificate. HIW had not received this on the 16/8/16.

### ***Improvement needed***

***The practice needs to ensure that current, valid maintenance certificates are available which evidence that equipment is being maintained and is safe for use.***

During the inspection visit, we looked at the clinical facilities available at the practice. We were not assured that all areas of the practice environment were clean, well equipped and that facilities were of a good standard. For instance we saw;

- Doors to cupboards did not close securely
- Drawers containing dental material and equipment were unclean and disorganised
- Generally the practice was untidy, especially the second clinical room (which was being used for storage of boxes, broken equipment and paper quality testing strips) Rolls of paper records had been thrown on the worktop (for the past three years) making it very difficult to audit or find a particular testing result. The room was disorganised, messy and cluttered
- We also saw an old Velopex (x-ray developing machine) which did not work but was stored in the clinical area. This machine needs to be decommissioned.

### ***Improvement needed***

***The dentist needs to ensure that clinical areas are fit for purpose, clean and hygienic.***

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination) and found that the practice had changed a very small kitchen area into what they described as a dedicated decontamination room. However it was not fit for purpose and did not meet any of the requirements outlined in the (WHTM) 01-05 (Revision 1)<sup>1</sup>. We found that;

- The flooring was not appropriate with some areas showing bare concrete. The floor was dirty and the covering was difficult to clean

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<sup>1</sup> The Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

- The practice did not follow the correct passage of dirty in, clean out practice. This meant that dirty equipment was taken past clean equipment when entering the room
- There was lack of appropriate work area to ensure equipment was thoroughly cleaned
- There was only one sink rather than two and not sufficient room to use a bowl as well as the sink. There was no separate hand washing sink.
- There was lack of storage for equipment which is used to undertake and maintain records of satisfactory decontamination processes
- We did not see a well established and thorough approach to this aspect of the service. The verbal description of the decontamination process currently in place did not assure us that decontamination of equipment was robust
- Although checks were being undertaken we were not assured that the decontamination process was robustly supported by detailed records of daily and other regular safety checks regarding the effective operation of the equipment.
- There was a second autoclave (sterilising machine) in the hygienist's room. It was unclear whether this was in use or not. It was unclean and not plugged in. We were told that it was kept as a backup. This needs to be maintained appropriately if it remains in use, or removed from the premises if it is no longer in use
- Bagged sterile instruments only had a month written on it. This does not ensure that instruments use by dates are clearly visible. Best practice is to have sterilised date and use by date.

We did not see evidence of the recent completion of a thorough infection prevention and control audit as suggested by the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1).<sup>2</sup>

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<sup>2</sup> The Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

***Improvement needed***

***The practice needs to set a short timescale for the development of the decontamination room.***

***The practice needs to improve the decontamination process and environment whilst waiting for the development of the decontamination room.***

***The practice should consider the use of the audit tool for infection control as suggested by (WHTM) 01-05 (Revision 1).***

We were able to confirm that staff had received recent and relevant training in cardiopulmonary resuscitation (CPR) /emergency resuscitation. However the practice did not have appropriate procedures in place to deal with (patient) emergencies. We found that;

- There was no resuscitation policy available
- The pads for the automatic external defibrillator<sup>3</sup> were out of date (2009)
- The identified First Aider was named but had not received any training

Emergency drugs kept at the practice were seen to be securely stored and there were suitable arrangements in place to ensure that expired drugs were promptly replaced. We found though, that individual written instructions, for the use of emergency drugs were not kept with the drugs. This meant that in an emergency staff would have to collect the written instructions and the drugs from different locations. The practice was receptive to our suggestion that the drugs box should be organised for ease of access in an emergency.

***Improvement needed***

***The practice needs to develop a resuscitation policy which is in line with Resuscitation UK guidelines.***

***The practice needs to ensure all emergency equipment is checked regularly to ensure recommended dates have not elapsed.***

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<sup>3</sup> An automated external defibrillator (AED) is a portable device that checks the heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm.

***The practice needs to ensure that the identified First Aider has received appropriate recognised training.***

There was digital x-ray equipment in use. We looked at the current arrangements in place regarding safe x-ray practice which is in-keeping with standards and regulations. We observed that;

- The radiation protection file was not completed as required
- There were very few x-rays being taken. Of the five patient records looked at three had no x-rays, one had an x-ray in 2013 and one had very limited x-rays taken. This is not in line with current guidelines
- Patient's records did not include records to justify why certain dental x-ray views had been taken or not
- There was no recording of the findings from the x-rays
- The nurse quality assured the image quality of x-rays but the gradings were not audited
- Identification of controlled areas were only in the radiation file and not near the equipment

***Improvement needed***

***The dentist needs to ensure that radiograph practice is in line with current legislation and guidance.***

With regard to the safeguarding of vulnerable adults and children the contact details for local teams were contained within policy documents to assist staff if they needed to report such matters.

The nursing and administrative element of the staff team was well established; some individuals having worked at the practice for a number of years. We were told that the practice did not use agency dental nurses.

**Effective care**

We viewed a sample of five dental records and spoke with the principal dentist. As a result, we found that the quality of patient care entries were not detailed and did not contain the required information. We found;

- Notes had limited information with very little detail regarding; why the patient had attended, what was examined, the findings and discussion regarding the treatment plan

- The medical history was reported but the information given by the patient was not countersigned by the dentist to evidence that there had been discussion regarding any changes

***Improvement needed***

***The dentist need to ensure that patient records contain the required information.***

The practice dispensed medication for patients; such as antibiotics. We reviewed the storage of such medication and found all was correct. We saw that the practice stored both in date and out of date medication on a shelf in a locked cupboard. We suggested that the out of date medication was taken from the cupboard and returned to the pharmacy to ensure medication past its date of use was not given to patients.

Individual patient notes were both electronic and paper, with some paper notes containing large amounts of documents. This needs to be addressed to ensure information is not duplicated or lost.

## *Quality of Management and Leadership*

**We were not assured that the dental practice was efficiently operated by the practice manager and the principal dentist. The nurse was overseeing a considerable amount of the work and subsequently there were audits, safety and quality issues which were not being undertaken.**

The premises in Bush street has been a dental practice for many years however the current dental practice has been open for eleven years. It is a wholly private practice.

The nurse and the dentist is predominantly responsible for the day to day operation of the practice; although there has been a practice manager until fairly recently. We were not assured that the current team were able to deliver the required standards because we found significant shortfalls in the governance and management of the practice.

We found that the practice was disorganised and lacked systematic arrangement. Although the daily operation of the practice was underpinned by a range of clinical procedures there were no quality assurance processes to ensure that these policies were being adhered to or that patients' care and treatment were delivered safely and in a timely way. We know this because we were not able to consistently confirm these arrangements when looking at a variety of records and policies. We did not see a privacy, dignity and confidentiality policy which included areas of GDC Standard 1.2 and that generally policies had not been dated to ensure that the information contained current best practice.

Staff told us they, along with the dentist, attended regular staff meetings where they had opportunities to raise any issues of concern about services being provided to patients. Such meetings were also used to convey new/relevant information although there were also informal morning meetings before the start of the day. However we were not able to confirm those arrangements by looking at notes or minutes. We only saw three pieces of paper with ad hoc notes recorded.

### ***Improvement needed***

***The practice needs to develop formalised staff meetings with recorded minutes.***

It was difficult to ascertain the level of individual training because there was no training matrix. We therefore examined three staff files but these again did not contain individual training certificates. We were given a file which contained certificates of training and found that Safeguarding training had not been undertaken since 2014 and there had not been any decontamination training.



We did see cardiopulmonary resuscitation (CPR) training and IRM&R training in 2016

***Improvement needed***

***The practice needs to ensure that staff receive appropriate training on a regular basis in line with current legislation and guidance.***

Conversation with the dentist and staff confirmed that annual appraisal were undertaken and we saw evidence of these. When asked for former appraisals to measure if identified training areas had been met, the practice could not offer us previous appraisal forms.

We were able to confirm that staff had contracts of employment in place and all clinical staff were registered with the General Dental Council. We discussed dental indemnity cover and saw that the dentist was covered and staff were adequately covered on the same policy..

The practice had developed an induction programme to ensure that any new members of the dental team were provided with a means of becoming familiar with the values and ethos of the practice, as well as established processes and procedures in relation to patient services. The trainee nurse confirmed that this was offered to her when she commenced employment.

The practice could not offer current evidence of Hepatitis B vaccination for all members of clinical staff. This was dealt with by means of an Immediate Assurance letter.

The HIW certificate was prominently displayed at the practice as required by the regulations. There was also information about the members of the team (including their registration number where appropriate), in an area where it could be seen by patients.



## 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 Bush 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

Any dentist working at the practice who is registered with HIW to provide private dentistry will be subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>4</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>5</sup>. 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 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.

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<sup>4</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>5</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

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

*Appendix A*

**General Dental Practice: Improvement Plan**

**Practice: Bush Street Dental Practice**

**Date of Inspection: 3 August 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
Page 7	The practices' concerns information should include the HIW address as required by regulation.	Reg 15.4(a)	HIW contact information added to all necessary documentation	Sarah Chamberlain	5/8/16
Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Safe and Effective Care</b>					
	<b>Immediate Assurance</b>				
	The practice must ensure all dental	GDC 1.5.1			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	materials are within the suggested expiry dates. Specifically, we found materials in the surgery, which are used for treatment, were well beyond the expiry dates.	Reg: 14.1(d)	Out of date materials were not being used. All expiry dates checked and expired disposed of.	SLC	4/8/16
	<p><b>Immediate Assurance</b></p> <p>All staff must be able to demonstrate that they have received the necessary Hepatitis B vaccinations.</p>	GDC 1.5.2	<p>Hepatitis B seroconversion tests carried out on all staff.</p> <p>Necessary action taken</p>	SLC	21/8/16
	<p><b>Immediate Assurance</b></p> <p>The practice is required to have a current, written scheme and a legionella risk assessment undertaken by a competent person; generally members of the Legionella Control Association.</p>	<p>Reg 14.1(d)</p> <p>WHTM 01-05 (19.1)</p>	Legionella Risk Assessment carried out 6/9/16 by Bison Assist	SLC	6/9/16
Page 8	The practice needs to ensure that there are waste disposal facilities available for female sanitary waste.	Workplace (Health, Safety and Welfare)	Feminine Hygiene bin to be placed in ladies toilet	SLC	31/10/16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Regs 1992 Reg 14.6			
Page 8	<p>The practice needs to ensure that current, valid maintenance certificates are available which evidence that equipment is being maintained and is safe for use</p> <ul style="list-style-type: none"> <li>• The Legionella testing was out of date and the recommendations made in the last report (2014) had not been carried out</li> <li>• Portable appliance testing (PAT) had not been carried out</li> <li>• The certificate of maintenance for the compressor was out of date (21/7/15). We were told the maintenance check was due the day following our inspection. We requested a</li> </ul>	<p>Reg 3(b)</p> <p>WHTM (01-05) 19.2</p> <p>The Electricity at Work Regs 1989. (HSE)</p> <p>Portable Systems and Transportable Gas</p>	<p>Legionella and pseudomonas testing carried out</p> <p>PAT testing to be arranged</p> <p>Compressor Maintenance carried out (appointment cancelled for 4/8/16 by Certificate received by post 6/9/16 forwarded to HIW by</p>	<p>Bison Assist</p> <p>DBG</p>	<p>6/9/16</p> <p>31/12/16</p> <p>5/8/16</p>



Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>copy of the certificate. HIW had not received this on the 16/8/16.</p>	<p>container Regs 1989.</p> <p>Pressure Systems Safety Regs 2000.</p>	<p>email immediately</p>		
<p>Page 9</p>	<p>The dentist needs to ensure that clinical areas are fit for purpose, clean and hygienic. For example;</p> <ul style="list-style-type: none"> <li>• Doors to cupboards did not close securely</li> <li>• Drawers containing dental material and equipment were unclean and disorganised</li> <li>• Generally the practice was untidy, especially the second clinical room (which was being used for storage of boxes, broken equipment and paper quality testing strips) Rolls of paper records had been</li> </ul>	<p>Reg 14.1(d) GDC 1.5</p> <p>Workplace (Health, Safety and Welfare) Regs 1992</p>	<p>Cupboard doors to be inspected and repairs carried out (door in surgery 2 fell broke on inspection day and was repaired immediately but was secured shut to allow glue to dry) Surgery 3 has a broken cupboard door but is currently not used as a clinical area, it is used as an office space and storage. the inspectors were informed of this on inspection day and attention drawn to the Out Of Order sign on the door. the inspectors requested a room to use during the inspection with access to a computer terminal, as both surgeries were</p>		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>thrown on the worktop (for the past three years) making it very difficult to audit or find a particular testing result. The room was disorganised, messy and cluttered</p> <ul style="list-style-type: none"> <li>We also saw an old Velopex (x-ray developing machine) which did not work but was stored in the clinical area. This machine needs to be decommissioned.</li> </ul>		<p>in use and reception was too public, there was no other option.</p> <p>The Velopex machine was only decommissioned in July. The unit will be removed when a plumber is available to cap off water supply. The area the machine is situated is no longer a clinical area, but a staff changing and stock room.</p>	SLC	31/12/16
Page 11	The practice needs to set a short timescale for the development of the decontamination room.	WHTM 01-05	Consultation on logistics of moving decon room already undertaken. Original planned location unsuitable, major works required to utilise partially built rear extension as new location.	SLC	30/9/2018

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Page 11	<p>The practice needs to improve the decontamination process and environment whilst waiting for the development of the decontamination room including;</p> <ul style="list-style-type: none"> <li>The flooring was not appropriate with some areas showing bare concrete. The floor was dirty and the covering was difficult to clean</li> <li>The practice did not follow the correct passage of dirty in, clean out practice. This meant that dirty equipment was taken past clean equipment when entering the room</li> <li>There was lack of appropriate work area to ensure equipment was thoroughly cleaned</li> <li>There was only one sink</li> </ul>	<p>GDC 1.5.1</p> <p>Reg 14(d); 14.3(b); 14.4</p> <p>WHTM (01-05)</p>	New flooring to be laid	SLC	30/11/16
			Only one staff member carries out decontamination at any time. Clean instruments are boxed and removed before dirty instruments are collected	LJW	3/8/16
			Non essential equipment and clutter removed to provide more workspace and room for bowl and sink to be used	LJW	1/9/16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>rather than two and not sufficient room to use a bowl as well as the sink. There was no separate hand washing sink.</p> <ul style="list-style-type: none"> <li>• There was lack of storage for equipment which is used to undertake and maintain records of satisfactory decontamination processes</li> <li>• We did not see a well established and thorough approach to this aspect of the service. The verbal description of the decontamination process currently in place did not assure us that decontamination of equipment was robust</li> <li>• Although checks were being undertaken we were not assured that the</li> </ul>		<p>Cupboards in decontamination room emptied and cleaned to be used for storage of equipment used to undertake and maintain records of satisfactory decon processes</p> <p>Decontamination training booked</p> <p>Isopharm decontamination record</p>	<p>LJW</p> <p>SLC LJW</p>	<p>1/9/16</p> <p>14/10/16</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>decontamination process was robustly supported by detailed records of daily and other regular safety checks regarding the effective operation of the equipment.</p> <ul style="list-style-type: none"> <li>• There was a second autoclave (sterilising machine) in the hygienist's room. It was unclear whether this was in use or not. It was unclean and not plugged in. We were told that it was kept as a backup. This needs to be maintained appropriately if it remains in use, or removed from the premises if it is no longer in use</li> <li>• Bagged sterile instruments only had a month written on it. This does not ensure that instruments use by dates are clearly visible. Best practice is</li> </ul>		<p>books to be purchased and used to ensure correct testing carried out at correct intervals and to facilitate storage of results of testing</p> <p>Second autoclave had only been recommissioned by the engineer on 2/8/16 .The autoclave is a backup autoclave in case of main autoclave failiure It is only used if the main autoclave fails, it would be swopped with the main autoclave in the decon room. It is now possible to properly maintain it again.</p> <p>Bagged sterile instruments now have a 'sterilised on' date and use by date on the bags</p>	<p>SLC</p> <p>LJW</p> <p>LJW</p>	<p>30/9/16</p> <p>4/8/16</p> <p>6/9/16</p>

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	<p>to have sterilised date and use by date.</p> <ul style="list-style-type: none"> <li>We did not see evidence of the recent completion of a thorough infection prevention and control audit as suggested by the Welsh Health Technical Memorandum WHTM 01-05 (Revision 1).<sup>6</sup></li> </ul>		Infection control audit to be carried out	SLC	30/11/16
Page 11	The practice should consider the use of the audit tool for infection control as suggested by WHTM 01-05 (Revision 1).	WHTM 01-05 Reg 14.2	Audit to be carried out	SLC	30/11/16
Page 11	The practice needs to develop a	GDC 6.2.6;	Resuscitation policy to be		

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<sup>6</sup> The Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

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	resuscitation policy which is in line with Resuscitation UK guidelines.	6.6.6	reviewed and updated	SLC	30/9/16
Page 11	The practice needs to ensure all emergency equipment is checked regularly to ensure recommended dates have not elapsed	Reg 3 Health and Safety (First Aid) Regs 1981	All emergency equipment checked monthly and expiry dates recorded	LJW	1/9/16
Page 12	The practice needs to ensure that the identified First Aider has received appropriate recognised training.	GDC 7.2.1;7.2.2	First aid training to be undertaken	SLC	31/3/17
Page 12	The dentist needs to ensure that radiograph practice is in line with current legislation and guidance. Specifically; <ul style="list-style-type: none"> <li>The radiation protection file was not completed as required</li> <li>There were very few x-rays being taken. Of the five patient records looked at three had no x-rays, one had an x-ray in 2013 and one had very limited</li> </ul>	Ionising Radiation Regulations 1999 (IRR99) Ionising Radiation (Medical Exposure) Regulations 2000 (IR(MER	Radiation Protection file to be reviewed and updated  Radiographic use increased according to current guidelines. Current guidelines reviewed and	SLC  SLC	31/10/16  15/8/16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>x-rays taken. This is not in line with current guidelines</p> <ul style="list-style-type: none"> <li>• Patient's records did not include records to justify why certain dental x-ray views had been taken or not</li> <li>• There was no recording of the findings from the x-rays</li> <li>•</li> <li>•</li> <li>• The nurse quality assured the image quality of x-rays but the gradings were not audited</li> <li>• Identification of controlled areas were only in the radiation file and not near the equipment.</li> </ul>	<p>2000). GDC Standard 4</p>	<p>familiarised.</p> <p>Justification for taking radiographs included in patient notes following Dental Protection Record Keeping course in May 2015. Justification for not taking radiographs now recorded. Recording of findings of radiographs have been included in records since Dental Protection Record Keeping course in May 2015.</p> <p>Radiograph Audit to be carried out and reviewed after 6 mths</p> <p>Controlled Areas to be clearly identified with adequate signage</p>	<p>SLC</p> <p>SLC</p> <p>SLC</p>	<p>28/2/17</p> <p>28/2/17</p> <p>31/12/16</p>
Page 13	The dentist needs to ensure that				



Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>patient records contain the required information, specifically;</p> <ul style="list-style-type: none"> <li>Notes had limited information with very little detail regarding; why the patient had attended, what was examined, the findings and discussion regarding the treatment plan</li> <li>The medical history was reported but the information given by the patient was not countersigned by the dentist to evidence that there had been discussion regarding any changes.</li> </ul>	GDC Standard 4	<p>Record Keeping to be improved, to be set out in a more comprehensive way to make it easier to read and more detail included</p> <p>Medical Histories now countersigned</p>	<p>SLC</p> <p>SLC</p>	<p>7/9/16</p> <p>6/9/16</p>
<b>Quality of Management and Leadership</b>					
Page 14	The practice needs to develop formalised staff meetings with recorded minutes.	GDC 6.6.4; 6.6	Biannual formal practice meetings to be held with recorded minutes		
Page 15	The practice needs to ensure that	GDC 6.1.6;	Individual training record to be	SLC	31/12/16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	staff receive appropriate training on a regular basis in line with current legislation and guidance.	6.6.5	be kept for each staff member in individual personnel files. Practice-wide training already takes place e.g CPR and clinical staff usually undertake courses together		

**Practice Representative:**

**Name (print): Sarah Louise Chamberlain**

**Title: Principal Dental Surgeon**

**Date: 6.9.2016**