

General Dental Practice Inspection (Announced)

Aneurin Bevan University Health Board, Wylsome and Parry Dental Surgery

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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 Wysome and Parry Dental Surgery at 36 The Parade, Cwmbran, Gwent, NP44 1PT on 11 July 2016. Due to our findings, HIW completed a follow up inspection to the surgery on 22 September 2016.

HIW explored how Wysome and Parry Dental Surgery 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

Wysome and Parry Dental Surgery provides services to patients in the Cwmbran area of Torfaen. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

Wysome and Parry Dental Surgery provides a range of NHS and private dental services

The practice staff team includes three dentists, one dental therapist, three dental hygienists, two reception staff, one decontamination lead and three dental nurses.

3. Summary

During our initial inspection of this practice on 11 July 2016, we could not be satisfied that the practice was meeting the standards necessary to provide safe and effective care, because we found a number of significant concerns relating to the safety of the environment, infection control, medicines management and a small sample of record keeping. As a result of these concerns, an immediate assurance letter was issued to the practice indicating the improvements required. HIW also addressed these matters during a follow up inspection to the practice on 22 September 2016. At the time of this report, HIW had received assurance that the immediate concerns were being sufficiently addressed. We saw noticeable and marked improvements across a number of areas during the follow up inspection.

This is what we found the practice did well:

- Patients providing feedback in HIW questionnaires were happy with the service provided
- We heard staff being polite and courteous to patients via telephone calls and during face to face conversations
- The decontamination room was well laid out, clean and tidy
- Staff told us they had access to good training opportunities
- We saw that staff were making improvements across a number of areas during our follow up inspection.

This is what we recommend the practice could improve:

- There was a need to ensure patient information (including health promotional material, practice information and the complaints procedure) was easily available, accessible and accurate
- The practice must improve the ways in which it seeks patient feedback and manages complaints
- The practice must provide a safe environment for patients and staff in terms of health and safety, fire safety and infection control
- The practice must ensure that robust systems are in place to monitor expiry dates of medicines and resuscitation equipment
- Quality assurance and management processes need to be improved to ensure compliance with the relevant regulations and standards.

Findings

Quality of the Patient Experience

The feedback we gained through eight completed HIW patient questionnaires was positive. However, there were a number of improvements identified during our visits. Specifically, there was a need to ensure patient information (including health promotional material, practice information and the complaints procedure) was accurate and easily available and accessible. In addition, the practice did not have a system to seek patient feedback on an ongoing basis and we could not be assured that patient complaints/concerns were being consistently managed in line with relevant guidelines. We also asked the practice to review two aspects of the practice environment to ensure patients' dignity and confidentiality is protected.

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

"The staff have always been very helpful."

"Always informative, good advice and options for me should I need to consider alternatives."

"Very happy with the treatment I have received."

Dignified care

We found staff to be professional and friendly. Staff knew patients well and we saw staff being polite and courteous via telephone calls and during face to face conversations. Feedback from patients who completed HIW questionnaires was positive. Questionnaires indicated that patients were satisfied with the care and treatment they received at the practice and felt welcomed by staff.

We found that the practice could improve the ways in which it made information (about the practice and services), available to patients. We saw that the practice had a notice board in the reception/waiting area which held some information leaflets/posters. Staff told us they didn't produce practice information leaflets. There was also a lack of information produced in alternative formats (e.g. to assist patients with poor vision) and languages, including Welsh.

Improvement needed

The practice must ensure patients have access to full information about their healthcare and services which is accessible and produced in a manner sensitive to their needs.

At our initial inspection, we saw that information on the practice's website required updating. This matter had been identified during our first inspection; some additional information having since been added. However, dentists' qualifications and the complaints procedure still needed to be added, in order for the website to be fully compliant with general dental council principles of ethical advertising.

Improvement needed

The website must include:

- ***The General Dental Council (GDC) registration number, qualification and country from which that qualification is derived for all dental professionals***
- ***The date the website was last updated***
- ***The GDC's address and other contact details, or a link to the GDC website***
- ***Complaints procedure and information of who patients may contact if they are not satisfied with the response.***

During our initial inspection, we saw that the sign on the external door of the premises displaying the names of the dentists working at the practice, required updating to ensure it was accurate. This had been completed by the time of the follow up inspection.

Improvement needed

The practice should update the information displayed about dentists at the practice to ensure it is accurate.

There were two computers at the reception desk. Due to a lack of space, one of the computers was positioned in such a way that when staff were working at this computer, the screen could be seen by patients passing. Staff told us they took precautions to limit the use of this computer to quieter times and tried to use the computer for tasks that wouldn't display any confidential information.

We could not be assured that use of this computer fully protected patients' rights to confidentiality. At the follow up inspection staff told us they planned to discuss new arrangements for use of this computer at a staff meeting.

Improvement needed

The practice must ensure that people's records and information are kept secure at all times. The practice must review the use of the second computer in the reception area to ensure it complies with the Data Protection Act 1998 and fully protects patient confidentiality.

The lock on the door of the patient's toilet did not work which meant that patients' dignity could be compromised. This had been repaired by the time of our follow up inspection.

Improvement needed

The practice must ensure the lock on the door of the patients' toilet is repaired to protect patient's dignity.

Timely care

The practice tried to ensure that dental care was provided in a timely way. Staff were able to book emergency appointments for patients who were in pain so that they could be seen on the same day or next day. The majority of patients who completed the HIW questionnaires told us they did not experience delays in being seen by the dentists.

There was a sign on the front door of the practice with details of the emergency contact telephone number and we confirmed there were emergency numbers provided on the practice's answer phone message, so that patients could access emergency dental care when the practice was closed. The majority of patients told us they knew how to access out of hours dental care.

Staying healthy

Health promotion information can help patients to take responsibility for their own health and well-being. During our first inspection, we noticed there was some health promotion information in the waiting area but overall, this was sparse. During our follow up inspection we saw that the practice had improved the range of health promotional material available to patients. All patients who completed the questionnaires told us they received enough information about their individual treatment.

Individual care

The practice did not have an established way of seeking patient feedback. Staff told us patient satisfaction surveys were done when required by external organisations but there was not an established ongoing way to seek patient's feedback and suggestions. It was unclear whether the practice had considered any feedback gathered to make improvements. By the time of our follow up inspection, staff had made plans to implement a more formal process of gaining patient feedback.

Improvement needed

The practice must implement a way of listening, learning and acting upon feedback with a view to improving services.

During our first inspection, on the noticeboard in the waiting area we found one generic information leaflet about 'Putting Things Right' arrangements (raising concerns about NHS care and treatment). No other complaints information was displayed. The majority of patients indicated in HIW questionnaires that they knew how to make a complaint. However, we advised the practice to ensure full complaints information was displayed and visible. During the follow up inspection we saw that complaints information, localised to the practice, was displayed more visibly.

Improvement needed

The practice must make complaints information easily visible and accessible to patients.

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. The procedure was compliant with The Private Dentistry Wales 2008 Regulations¹ in terms of timescales to acknowledge, and respond to, a complaint. However, during the first inspection, we saw that the procedure did not include the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'). The procedure needed to make clear where there are differences in both timescales and routes of escalation, depending on whether the patients were receiving private or NHS treatment. The details of other organisations that patients could contact, including the Community Health Council, Public Services Ombudsman

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

for Wales (for complaints about NHS treatment) and HIW were also missing. The procedure had been updated by the time of our follow up inspection.

Improvement needed

The complaints procedure should include information about how to raise a concern about NHS treatment. The complaints procedure must be clear about the process and applicable organisations for patients to contact depending on whether patients are receiving private or NHS treatment.

The contact details for the Community Health Council, Public Services Ombudsman for Wales and HIW should be added to the complaints policy and posters.

During our first inspection, we looked at how complaints were managed at the practice and we could not be assured, from the way records were kept and by speaking with staff, that complaints were dealt with in a consistent way that met relevant timescales and standards. We saw only minimal recording of complaints with no consistent indication of how the complaint was managed, the outcome for the patient or any learning that happened as a result.

We explored this further at our follow up inspection and found that there was still a lack of understanding regarding how to appropriately record, manage and handle concerns and complaints and there had been no noticeable improvements in this regard. We suggested the team required training and that staff roles and responsibilities should be clarified. We also advised that appropriate and sufficient records must be kept.

Improvement needed

The practice must ensure that concerns are acted upon and responded to in an appropriate and timely manner and are handled and investigated openly, effectively and by those appropriately skilled to do so. The practice must ensure that there is a robust system in place for managing concerns and that appropriate records are kept that can demonstrate this.

Delivery of Safe and Effective Care

During our first inspection, we could not be satisfied that the practice was meeting the standards necessary to provide safe and effective care, because we found a number of significant concerns relating to the safety of the environment, infection control, medicines management and a small sample of record keeping. As a result of these concerns, an immediate assurance letter was issued to the practice following indicating the improvements required. HIW also addressed these matters at the follow up inspection. At the time of this report, HIW had received assurance that these immediate concerns were being sufficiently addressed.

In addition to the immediate concerns, we identified a number of other improvements needed to clinical facilities, Control of Substances Hazardous to Health (COSHH), infection control, resuscitation equipment and training, safeguarding, radiographs and quality assurance processes. At the follow up inspection we saw that noticeable improvements were being made across all areas.

Safe care

Clinical facilities

During our first inspection, we found surgeries to be well equipped but cluttered, with some areas in surgeries not fully clean, for example, the bottom half of one of the dental chairs, skirting boards and keyboards. We also found some of the furnishings and environment to be dated. The flooring was not sealed in all surgeries. Staff told us there was a cleaner but cleaning schedules were not maintained in accordance with Welsh Health Technical Memorandum 01-05² (WHTM 01-05) guidance so we could not be assured that overall cleanliness was being maintained. We advised that the floors in clinical areas should be cleaned daily.

During our follow up inspection we found an improvement in the clearing of some clutter from surfaces but further improvements should be made in this regard. Most areas of flooring had been sealed, however we found two areas of

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

flooring in two surgeries that remained unsealed. This meant overall that surgeries were not adhering to best practice in terms of cleanliness and infection control.

Improvement needed

Surgeries should be clear of clutter, in particular work surfaces, to allow for appropriate decontamination and cleaning. Flooring should be sealed. Cleaning schedules/records must be in place as advised in WHTM 01 05 (6.54).

During our first inspection we saw that the hot tap in the patient toilet was broken and staff were not able to advise how long this had been broken or when it was planned to be repaired. This had been repaired by the time of our follow up inspection. We also saw some mould on part of the ceiling. This meant we could not be assured that the environment was being appropriately maintained.

Improvement needed

Staff must ensure the practice environment is well maintained.

During our first inspection we saw that the surgery was short of space and as a result, we found areas that were very cluttered in terms of storage. We could not be assured that health and safety, fire and infection control risks within the environment had been fully assessed or were being appropriately managed.

We found a number of areas for concern that could pose a risk to the safety of staff and patients including:

- One open, full sharps bin being kept in an area accessible to the public. We brought this to the attention of staff who removed it but told us it was standard practice to store sharps bins in this area for collection.
- Emergency drugs being stored in an unlocked room which could potentially be accessed by the public.

- Potentially harmful substances (COSHH - Control Of Substances Hazardous to Health)³ items being stored unlocked in an area that could potentially be accessed by the public.
- The back door was being permanently kept open. The team could not be assured that the area, potentially accessible to the public, was safe from hazards.
- The back door was a fire door and was being permanently kept open.
- The room storing the compressor was also used for storage, was crowded and contained a number of combustible items.
- There were no hand washing facilities in the staff toilet. Staff used the sink in the kitchen area to wash their hands after using the bathroom. This meant staff had to enter other areas of the practice before washing their hands after using the bathroom.
- Patients were not able to wash their hands with hot water after using the bathroom due to the hot tap in the patients' toilet being broken.

We could not be assured that the environmental and fire risk assessments in place were fully or accurately completed or that actions had been taken as a result to manage risks within the environment. We raised these concerns through our immediate assurance process and checked on progress during our follow up inspection to the practice. At this inspection we saw that improvements had been made against our recommendations. We also saw that a fire risk assessment had been completed and fire training arranged for staff. However, the environmental risk assessment was still outstanding. At the time of this report we had received assurance that an interim assessment had been completed and a date had been booked for a professional risk assessment to be carried out.

Improvement needed

Staff must ensure that there is compliance with relevant fire, health and safety and infection control legislation and guidance to provide a safe environment for patients and staff.

³ COSHH is the law that requires employers to control substances that are hazardous to health. More information can be found on the Health and Safety Executive website via the following link <http://www.hse.gov.uk/coshh/index.htm>

We saw that fire extinguishers were placed strategically, had been serviced regularly and the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice.

The practice had arrangements in place for the disposal of non hazardous and hazardous waste. On the day of the first inspection we found one of the clinical waste bins had not been secured. We brought this to the attention of staff who immediately locked it. On the day of the follow up inspection all clinical waste was securely stored.

Improvement needed

The practice must ensure that clinical waste is stored securely.

We looked at the risk assessments on COSHH. COSHH assessments are important for the protection of staff and patients. During the first inspection we saw that whilst the practice had a list of the hazardous substances used at the practice, the COSHH file and associated assessments and information sheets had not been updated for several years. This had been updated by the time of the follow up inspection. During our first inspection we found COSHH items being stored unlocked in an area that could potentially be accessed by the public. We did not find any concerns in this regard during the follow up inspection.

Improvement needed

The practice must ensure that full COSHH risk assessments are completed and kept up to date for all hazardous substances used at the practice.

We saw that a legionella risk assessment had been carried out several years ago and had a review date for January 2016. Staff were later able to provide evidence that this had been updated, with the next assessment due in January 2017.

Infection control

The practice had a dedicated room for the cleaning and sterilisation of dental instruments. We found this to be well laid out, clean and tidy. There was a designated decontamination lead at the practice. We saw evidence that equipment used in infection control procedures had been inspected and maintained.

During the first inspection, aside from the infection control risks we identified within the environment, as described above, we also identified further areas of improvement needed to infection control arrangements, including the following:

- Infection control/decontamination policies were found to be detailed and had been localised to the practice. However, we found that staff were not adhering to some guidelines as noted within the infection control policies and these required updating to ensure they were in line with WHTM 01 05.
- We looked at instruments stored in both the decontamination room and surgeries and we found that instruments were not being date stamped, once sterilised, to show when they required re-processing. Staff told us they had been advised they no longer needed to do this. We advised staff to use the WHTM 01-05 guidelines as the definitive guide for decontamination processes.
- The practice had two pieces of equipment for cleaning instruments (ultra-sonic) but there was no logbook in place to record any checks done on the two ultrasonic baths in place. We could therefore not be assured that daily, weekly and annual checks were being carried out in accordance with WHTM 01-05.
- Although there was a logbook in place for checking the autoclave, we found that not all recommended daily checks were performed in line with WHTM 01-05, including recording the pressure.
- Staff told us that the decontamination lead had received appropriate training and that training was provided to all staff working within the decontamination room. However, certificates or evidence of training was not available for us to see on the day.
- We found a small number of non disposable impression trays which had not been through decontamination procedures or bagged to prevent cross infection. We brought this to the attention of staff who removed them immediately. We also saw that non-disposable aspirator tips were being used. Consideration should be given to replacing them with single use instruments.
- Dental materials and staff food was being stored in the same fridge. We advised staff to separate this.

During the first inspection we saw that the practice had started to conduct an infection control audit. 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.

During our follow up inspection we found that improvements had been made against the majority of our recommendations including the implementation of log books and WHTM 01-05 audit. However, staff were still only date stamping

the processing date and not the expiry date. We saw that the WHTM 01-05 audit had noted that there were no improvements needed to equipment. However, we found a tear in one of the dental chairs and damage to the dental cart in one surgery. This meant that we could not be assured that the audit tool was being used meaningfully as a way to identify and make improvements. We also suggested the practice consider replacing the current bin in the decontamination room with a pedal bin, in line with best practice.

Improvement needed

The practice must improve the arrangements for decontamination and infection control in line with the guidelines of WHTM 01-05, including:

- ***Infection control policies must comply with WHTM 01-05 and staff must adhere to these policies in their practice.***
- ***Instruments must be date stamped clearly with the date they were processed and wrapped and the use by/reprocess date. (WHTM-01-05 2.4(k)).***
- ***Logbooks must be in place for autoclaves and ultrasonic baths and checks carried out in line with WHTM 01-05.***
- ***The practice must be able to evidence staff training in decontamination.***
- ***The tear in the dental chair and damage to dental cart should be considered in line with infection control procedures and action taken where necessary.***

An infection control audit must be conducted in a meaningful way and the practice should develop a plan for addressing any areas identified.

Emergency drugs and resuscitation equipment

We looked at the resuscitation equipment and emergency drugs available at the practice. During the first inspection we found that the emergency drugs were kept in an unsecured box in an unlocked room that was potentially accessible to the public. We found in date medication, however, alongside this, we also found medications that had passed their expiry dates that required disposal. We also found that one type of emergency drug (midazolam) was out of date. Staff told us there was a system in place to monitor expiry dates, however, the out of date medications had not been picked up through this system. We addressed these findings through issuing an immediate assurance letter to the practice.

During our follow up inspection we examined the new arrangements put in place by the practice for emergency drugs and resuscitation equipment. We found that the out of date medications had been disposed of. Overall there was some disorganisation of emergency drugs. The oxygen was also being stored separately elsewhere, instead of medications and oxygen being stored in one location and clearly signposted. We advised that medications should be stored in a secure location but a place that would allow staff to access them easily in the event of an emergency. We also found that the log book for checking expiry dates was not fit for purpose and required improvements.

Improvement needed

The practice must ensure that all out of date medications are appropriately destroyed.

The practice must ensure that emergency drugs are stored securely but are easily accessible to staff in an emergency.

During our first inspection there was adequate resuscitation equipment, however, we found out of date airways and defibrillator pads that required disposal and replacement. We could not be assured that the practice had a system for checking the equipment was safe for use (recommended weekly) in line with UK Resuscitation Council Guidelines. The practice had implemented a system by the time of our follow up inspection.

Improvement needed

The practice must ensure there is a system in place to monitor medication expiry dates and checking that all resuscitation equipment is safe to use in line with UK Resuscitation Council Guidelines.

During our first inspection we saw records to show that all staff (except two) had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). By the time of our follow up inspection the practice was able to demonstrate that all staff had attended CPR training. The practice must ensure that all staff are up to date with CPR training on an ongoing basis.

Staff confirmed that they had not received any first aid training. It is recommended that at least two members of staff complete first aid training to ensure there is always a first aider present at the practice. By the time of the follow up inspection, training had been booked.

Improvement needed

There must be effective systems in place to ensure that all staff working at the practice have up-to-date training in CPR and that relevant staff have completed first aid training.

Safeguarding

We were told that all staff had completed training in the protection of children and vulnerable adults. However, not all certificates of this training were available for us to view.

During the first inspection we saw there were safeguarding policies for the protection of children and vulnerable adults. We found the child protection policy and accompanying information to be detailed and included local contact details for making referrals. We found the vulnerable adults policy to be less detailed and it lacked the local contact details for making a referral. Both policies required localising to the practice to ensure all staff were aware of their specific responsibilities and procedures to follow at a practice level, in reporting safeguarding concerns. These improvements had been made by the time of our follow up inspection.

Improvement needed

Updates must be made to the policies for the protection of vulnerable adults and children, including clear localised procedures to follow in the event of a safeguarding concern and local contact details for making a referral to be added to the vulnerable adults' policy.

We were told there were arrangements in place for staff to raise any concerns, there was a whistleblowing policy in place and staff told us they felt comfortable in raising concerns. We were told the practice undertakes pre-employment checks of any new members of staff before they join the practice, including Disclosure and Barring Service (DBS) clearance. Dentists registered with HIW had DBS certificates dated within the last three years in line with the Private Dentistry Regulations.

Radiographic equipment

A Radiation Protection File containing relevant information was in place to demonstrate the safe use of radiographic equipment used at the practice. During our first inspection, although we saw that controlled zones had been considered in planning the use of equipment and we had no immediate concerns, room plans, individualised to the surgery were not available. By the

time of the follow up inspection the practice was in possession of these plans and had reviewed them to ensure safety standards were being met.

Improvement needed

The practice must ensure that there are individual plans in place to demonstrate that the use of radiographic equipment has been adequately and safely planned in the current surgery layout.

We saw documentation to show that x-ray machines had been regularly serviced to help ensure they were safe for use. Staff told us that the dentists involved in taking radiographs had completed the required training. This is in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000. However, one of the dentist's certificates was not available for us to inspect on the day. We also found that one nurse had not completed relevant training in ionising radiation. A date for this training had been booked by the time of the follow up inspection.

Improvement needed

The practice must ensure that relevant training in ionising radiation is completed by all relevant professionals.

We found that the practice had completed a quality assurance audit for radiographs, however, this involved dentists checking their own work rather than a peer review process. Given that we found a small sample of poor quality radiographs when inspecting records (details below), the practice should formalise the audit process and ensure it is effective.

Improvement needed

The practice must ensure there is an effective clinical audit system in place for radiographs which identifies any areas of concern and acts on these areas to make improvements.

Patient records

We looked in detail at a small sample of patient records across each of the dentists at the practice. During the first inspection, for most records we reviewed, we found a good standard of detailed record keeping. However, in a small sample, we found areas for concern which meant we could not be assured that patients were receiving an acceptable standard of care and treatment. These areas of concern were in relation to:

- Poor treatment planning; a lack of clear treatment plans or options being documented as being offered to patients as required by the General Dental Council Standards
- Poor quality of x-rays in four records and in three records the number of x-rays were inaccurately recorded. This meant that patients had received more x-ray exposure than was being documented
- Lack of patient consent being recorded
- Lack of breakdown for costs of treatment.

As a result we took action outside of the usual reporting process. We also issued an immediate assurance letter to ask the practice to address this and we returned to the practice to carry out a follow up inspection which included a second records audit. At the follow up inspection we looked at a recent sample of patient records across each of the dentists at the practice to enable us to assess whether improvements had been made since the first inspection.

Overall we found marked improvements in record keeping between inspections and were assured that there was supervision and support in place to oversee the provision of dental care in the area where we had identified most concerns. Despite this there were several areas we asked the practice to improve:

- Reviewing and improving the current medical history proforma to ensure it captures the full required information.
- Documenting informed consent and including patient's agreement to costs and pricing of treatments in patient records. Dentists agreed that the process of scanning in these agreements would be tightened.
- Inconsistency in the reporting and grading of x-rays which could be improved by implementing in-house audits.

Improvement needed

The following improvements should be made to patient notes:

- ***The consistent and correct recording of treatment plans, treatment options and discussions with patients.***
- ***X-rays should be of an acceptable quality and patient's exposure to x-rays, accurately recorded. Consistency in reporting and grading of x-rays across dentists at the practice should be improved.***
- ***The consistent and clear recording of patient consent.***

- ***Clear breakdown of costs of treatment and patient's agreement to costs.***
- ***Review and improvement of the medical history forms used.***

Given the improvements needed to patient records, we recommended that the dentists conduct a clinical records audit together in order to share learning and best practice.

Improvement needed

The dentists at the practice should conduct a clinical records audit and share learning from this.

Effective care

We found there were minimal audits conducted at the practice and we were told there were no formal arrangements for staff to conduct regular peer review.

Improvement needed

The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of helping to ensure the quality of the care provided.

Quality of Management and Leadership

During our first inspection there was a lack of a clear management structure, leadership and accountability at the practice. Staff told us they felt there was good team working, however, there was a lack of appropriate delegation to ensure efficient governance and oversight of the practice. Given the nature and number of improvements identified we could not be assured that the practice and the dental professionals working within it had been sufficiently proactive to ensure compliance with relevant regulations and standards. Following our first inspection the practice had appointed a practice manager who was working to make improvements.

During the first inspection it became clear that there was a lack of clear leadership and appropriate management structure to lead and develop the practice. We were told that most staff did not wish to take on additional responsibilities. The partners had delegated the entire organisation for the inspection to one staff member. We could not be assured that there were appropriate systems or a structure in place to allow for ongoing governance of the practice to take place, outside of this. One of the partners told us that they hoped to appoint a practice manager and by the time of the follow up inspection this had been achieved, with their training due to begin in the new year.

Staff we spoke with told us they were happy working at the practice. We were not able to see records of continued professional development training for all staff members, as we were told that staff kept these at home. We checked two files and confirmed that these staff members were keeping detailed records of their training and development. Staff told us training opportunities were good and they were able to access training relevant to their role and for their continuing professional development (CPD).

There was not currently a system in place to monitor staff's compliance with mandatory training on an ongoing basis. The practice should ensure there is a system in place to monitor staff's compliance with mandatory training.

Staff told us they communicated informally and felt comfortable in raising concerns and working together. We found that formal staff meetings were held but these were sporadic, with a number of months and, in one case, a year passing, between meetings. Staff we spoke with told us they did not receive appraisals as a way to formally discuss their support, training or supervision needs. One partner confirmed that there was no appraisal system in place and it was not clear how this would be addressed. By the time of the follow up inspection, this had been delegated to the new practice manager to implement.

Dates were yet to be booked for all staff to receive appraisals and for team meetings.

Improvement needed

The practice should ensure that there are effective communication systems in place so that staff can be kept informed of any updates, changes or improvements to working practices.

The practice must ensure that all staff have annual appraisals.

The practice had a range of policies and procedures available. Reference has been made previously to the improvements needed to the safeguarding and complaints procedures in previous sections of this report. Other policies requiring updating/further detail/localising to the practice included:

- Privacy, dignity and confidentiality policy
- Mercury handling policy
- Equal opportunities policy.

Improvement needed

The practice must ensure that the policies identified in the report are adequately detailed, updated and localised to the practice.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, the dentists providing private treatment were registered with HIW and their registration certificates were available within the practice.

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice.

Due to the nature and number of improvements identified during the first inspection, we could not be assured that the practice and the dental professionals working within it had been sufficiently proactive to ensure compliance with relevant regulations and standards. By the time of the follow up inspection we saw that the practice manager and one of the dentists were working to make improvements, including the implementation of a tool used by the staff team to assess the practice as a whole, and monitor where improvements could be made. We also saw that the practice manager was diarising and monitoring various aspects of compliance with regulations. We advised the dentists that accountability rested with them and there was a need for these plans to now be implemented.

It is the responsibility of the practice owners and the dental professionals who work there to ensure that any risks related to the health, welfare and safety of patients and others are identified, assessed and effectively managed. Furthermore, effective arrangements should be in place so that the quality of the services provided are regularly assessed and monitored. There is an expectation that the practice take meaningful action to address this and that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Improvement needed

More effective and proactive arrangements to monitor compliance with relevant regulations and standards need to be developed and implemented.

4. 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 Wysome and Parry Dental Surgery 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.

5. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections of the NHS in 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 2008⁴ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁵. 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

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

⁵ <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 – Updated Version

Practice: Wysome and Parry Dental Surgery

Date of Inspection: 11 July 2016 and 22 September 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	The practice must ensure patients have access to full information about their healthcare and services which is accessible and in a manner sensitive to their needs.	Health and Care Standards 4.2	<p>There is material displayed in the waiting area in both English and Welsh. There is also seasonal information that gets changed regularly e.g. smoking cessation information, flu inoculation information, stroke information and other government information.</p> <p>The complaints procedure is also clearly displayed.</p> <p>The NHS charges are displayed in both English and Welsh using a poster supplied by the Welsh</p>	Rebekah Jenkins	Complete – this is also ongoing as I have stated some material is “seasonal” and is supplied monthly/quarterly by the Welsh Government . This type

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>Government.</p> <p>The practices private price list is also displayed</p>		<p>of information/ material is updated as and when it is received.</p>
6	<p>The website must include:</p> <ul style="list-style-type: none"> • The General Dental Council (GDC) registration number, qualification and country from which that qualification is derived for all dental professionals • The date the website was last updated • The GDC's address and other contact details, or a link to the GDC website • Complaints procedure and information of who patients may contact if they are not satisfied with the response 	GDC Standards for Ethical Advertising	<p>UPDATE: From the first inspection our website engineer was contacted to ensure the date the website was last updated was present, to show the GDC's contact details and a link to their website and to include the 3 dentists GDC registration numbers and where their qualifications were achieved.</p> <p>I have since added the complaints procedure and who the patient should contact if they have any concerns. I have also added all of the nurses, hygienists and therapist GDC registration numbers, their qualifications and where they qualified.</p>	Rebekah Jenkins	<p>Complete – we also have a member of staff who's in training so this information will need to be updated as and when members of staff achieve a new qualification.</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
6	The practice should update the information displayed about dentists at the practice to ensure it is accurate.	GDC Standards for the Dental Team 6.6.10	Mrs Sian Parry's plaque has been removed from outside the practice and replaced with Myung Wook Yangs.	Rebekah Jenkins	Complete I now know this an important requirement so I will ensure this is acted upon immediately should we gain/lose any dentists in the future.
6	The practice must ensure that people's records and information are kept secure at all times. The practice must review the use of the second computer in the reception area to ensure it complies with the Data Protection Act 1998 and fully protects patient confidentiality.	Health and Care Standards 3.5	The use of the second computer has been limited and is only used to check/send emails, scanning and photocopying and other admin work. It will only be logged into Exact if absolutely necessary – but then will be logged off when not in use. A laptop has also been purchased and Exact has been installed. All	Rebekah Jenkins	Complete

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			staff have been asked to use the laptop rather than the back computer.		
7	The practice must ensure the lock on the door of the patients' toilet is repaired to protect patient's dignity.	Health and Care Standards 4.1	Complete	Rebekah Jenkins	Complete – this will be regularly checked upon to ensure it is always in full working order.
7	The practice must implement a way of listening, learning and acting upon feedback with a view to improving services.	Health and Care Standards 6.3	<p>Patient surveys/questionnaires have been devised and will handed out periodically throughout the year (2 – 3 per month). Feedback shall be discussed during practice meetings.</p> <p>UPDATE: all nurses have received their surveys/questionnaires and have begun to distribute to patients. Practice meetings are scheduled for every 4 – 6 weeks and the feedback will be discussed at every third meeting.</p>	Rebekah Jenkins	Ongoing

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>FURTHER UPDATE: the feedback from questionnaires is due to be discussed at a practice meeting scheduled for 10th January 2017. This is because we were advised to discuss feedback at every third meeting, to ensure sufficient feedback is available. This is will be out third practice meeting (they are held every 4 – 6 weeks).</p>		
8	The practice must make complaints information easily visible and accessible to patients.	Putting Things Right Arrangements; Private Dentistry Regulations 2011 section 15(4a); General Dental Council Standards 5	A complaints poster is present in the waiting room including the practice manager's name so the patients know who they are contacting if/when making a complaint/concern.	Rebekah Jenkins	Complete

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
8	The complaints procedure should include information about how to raise a concern about NHS treatment. The complaints procedure must be clear about the process and applicable organisations for patients to contact depending on whether patients are receiving private or NHS treatment.	Putting Things Right Arrangements; Private Dentistry Regulations 2011 section 15(4a); General Dental Council Standards 5	Please see previous – there is also information regarding who they should contact if they wish to voice their concern to the GDC, the HIW, the Community Health Council and the Public Services Ombudsman for Wales. Included within this information is contact numbers, web addresses, mail addresses and telephone numbers.	Rebekah Jenkins	Complete – this will be regularly reviewed to ensure the contact details are kept up to date.
8	The contact details for the Community Health Council, Public Services Ombudsman for Wales and HIW should be added to the complaints policy and posters.	Putting Things Right Arrangements; Private Dentistry Regulations 2011 section 15(4a); General Dental	Please see previous	Rebekah Jenkins	Complete – please see previous

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Council Standards 5			
9	The practice must ensure that concerns are acted upon and responded to in an appropriate and timely manner and are handled and investigated openly, effectively and by those appropriately skilled to do so.	Putting Things Right Arrangements; Private Dentistry Regulations 2011 section 15(4a); General Dental Council Standards 5	<p>A practice manager has now been appointed and will be attending a Practice Management Course early next year.</p> <p>UPDATE: Rebekah Jenkins (Practice Manager) has booked to attend a "Complaints Handling" course Wednesday 15th February (next available date).</p> <p>A "Handling complaints" flowchart has been downloaded from the DBG which we will use to discuss in a practice meeting and this will form the basis of the staff training on how to deal with patients complaints/disputes. A log book has been devised (both paper and computerised) and all staff will be shown how to use it/discuss it during the next practice meeting which is due to take place 04/10/16. I have included a copy of the log</p>	Rebekah Jenkins	Immediately – this will be regularly reviewed with other organisations i.e. the local health board to ensure our complaints procedure is as efficient as it should be. I have made a note for the practice manager to review this policy in 12 months.

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>book template for you to see.</p> <p>A new complaints policy has also been devised, which I have included for you to see, which all members will read during the staff meeting and sign the declaration sheet.</p> <p>FURTHER UPDATE: the complaints file has been put to good use, as we have received a few complaints since it has been put into place. All staff have received training on how to complete the procedure correctly, and all evidence and correspondence relating to each complaint is filed away in the complaints file, under each relevant section.</p> <p>All complaints are responded to within 10 working days, as per recommended during your last visit. This timescale has been adhered to for all complaints logged.</p>		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care					
10	Surgeries should be clear of clutter, in particular work surfaces, to allow for appropriate decontamination and cleaning. Flooring should be sealed. Cleaning schedules/records must be in place as advised in WHTM 01 05 (6.54).	WHTM 01-05	<p>All the 3 surgeries all have been cleared of clutter and all staff told about the importance of keeping areas clean and tidy.</p> <p>Flooring has been sealed and the 2 areas that had been missed out on the previous inspection has now been sealed.</p> <p>There are cleaning schedules in place which the cleaners have been asked to complete each time they come into the surgery.</p> <p>The nurses are now responsible for ensuring their surgery is hoovered and moped on the days that the cleaner does not come in – this is usually 2 days per week.</p>	Rebekah Jenkins/all nurses	Complete
11	Staff must ensure the practice environment is well maintained.	Health and Care Standards 2.1	UPDATE: the two areas of the floor which were not sealed (as mentioned in your feedback report) have now been sealed.	Rebekah Jenkins/all staff	Complete
12	Staff must ensure that there is	Health and	A fire training course has been	Rebekah	Complete –

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>compliance with relevant fire, health and safety and infection control legislation and guidance to provide a safe environment for patients and staff.</p>	<p>Care Standards 2.1; Private Dentistry Regulations 2011, 14</p>	<p>booked, where a team of fire marshal (s) will be appointed. A fire risk assessment will also take place. It is booked for 13/12/16.</p> <p>The DBG are coming in to conduct an environmental risk assessment on 16/11/16 – this was the earliest available date.</p> <p>UPDATE: an in-house interim environmental risk assessment has been completed and was forwarded to yourselves following the inspection in September.</p>	<p>Jenkins</p>	<p>the in-house environmental risk assessment will be reviewed annually, and the DBG advise they send a health and safety officer into the practice every 3 years.</p> <p>The fire marshal conducting the training will be able to recommend how often the dental team are to</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
					receive training.
12	The practice must ensure that clinical waste is stored securely.	WHTM 01 05	Complete UPDATE: the full sharps bins are no longer stored by the back door to await collection. They are now to remain in surgeries until the collection driver arrives at the surgery.	Rebekah Jenkins	Complete
12	The practice must ensure that full COSHH risk assessments are completed and kept up to date for all hazardous substances used at the practice.	Health and Care Standards 2.1; Control of Substances Hazardous to Health Regulations 2002	Complete UPDATE: all members of staff have been asked to let the practice manager know if they bring any new products/materials into the practice so a COSHH risk assessment may be carried out.	Rebekah Jenkins	Complete/ongoing
13	The legionella risk assessment due for review in January 2016 should be completed.	Health and Care Standards 2.1	Complete UPDATE: this was completed during January 2016 but was not available to be seen at the first inspection. Paperwork was retrieved ready to	Rebekah Jenkins	Complete/ongoing, full risk assessment to be carried out every 2

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>be seen at the second inspection.</p> <p>FURTHER UPDATE: Brodex are scheduled to carry out the 2 yearly risk assessment 10th Jan 2017 at 12pm.</p>		<p>years and water tests conducted every year – both to be conducted by Brodex.</p>
14	<p>The practice must improve the arrangements for decontamination and infection control in line with the guidelines of WHTM 01-05, including:</p> <ul style="list-style-type: none"> • Infection control policies must comply with WHTM 01-05 and staff must adhere to these policies in their practice. • Instruments must be date stamped with expiry dates. • Logbooks must be in place for autoclaves and ultrasonic baths and checks carried out in line with WHTM 01-05. • The practice must be able to 	<p>WHTM 01-05; Health and Care Standards 2.4</p>	<p>UPDATE: a second date stamp has been purchased and is now in use in the decontamination room to show both the date of instrument sterilisation and also the date of expiry (12 months from date of sterilisation).</p> <p>FURTHER UPDATE: we are currently participating in a CAPRO audit with another dental practice local to us. We have chosen the subject of “infection control” to base this on.</p> <p>We have always had logbooks that are completed at the beginning of every day for each autoclave, however we now have them in place for each of the ultra-sonic units.</p>	<p>Rebekah Jenkins/decontamination staff</p>	<p>Complete and ongoing. WHTM 01-05 will be reviewed annually, alongside the staff training audit.</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>evidence staff training in decontamination.</p> <p>An infection control audit must be conducted and the practice should develop a plan for addressing any areas identified.</p>		<p>There are daily, weekly, monthly and quarterly tests that are conducted.</p> <p>A staff training audit has been completed, and will be regularly reviewed to ensure each member of staff is efficient in working in the decontamination room.</p>		
15	The practice must ensure that all out of date medications are appropriately destroyed.	Health and Care Standards 2.6, 2.1	UPDATE: the dates of all the drugs are written in the practice managers diary, on a log book that is situated inside the drug box and there is also an excel spreadsheet on the shared drive with this information on. The drug box is checked every Monday morning by Rebekah Jenkins but if Rebekah is absent or not available to carry out the checks, Louise Phillips shall do it.	Rebekah Jenkins/Louise Phillips	Complete
15	The practice must ensure that emergency drugs are stored securely but are easily accessible to staff in an emergency.	Health and Care Standards 2.6	UPDATE: the drug box now has its own cupboard situated in the decontamination room. The de-fib machine and the oxygen is also situated there. The cupboard is clearly labelled and all staff have	Rebekah Jenkins	Complete

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			been made aware that is has now moved from where it was previously kept.		
15	The practice must ensure there is a system in place to monitor medication expiry dates and checking that all resuscitation equipment is safe to use in line with UK Resuscitation Council Guidelines.	Health and Care Standards 2.1; General Dental Council Standards 1.5.3; UK Resuscitation Council - Primary dental care guidelines	Complete – please see above UPDATE: Louise Phillips is in charge of checking the resuscitation equipment at the beginning of every week and is to report any issues.	Rebekah Jenkins/Louise Phillips	Complete
15	There must be effective systems in place to ensure that all staff working at the practice have up-to-date training in CPR and that relevant staff have completed first aid training.	Health and Care Standards 7.1; General Dental Council Standards 1.5.3, 6.6.6; UK Resuscitation	Complete UPDATE: all staff members attended an in-house first aid course which took place 8 th Nov 2016. We have been advised that these will expire in 3 years' time. All staff attend CPR training every year and it will now be put in place that we will have first aid every 3 years.	Rebekah Jenkins	Complete/ongoing.

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		n Council - Primary dental care guidelines	CPR is due to take place Wed 14 th June 2017 – 12 months from our last CPR in-house training.		
16	Updates must be made to the policies for the protection of vulnerable adults and children, including clear localised procedures to follow in the event of a safeguarding concern and local contact details for making a referral to be added to the vulnerable adults' policy.	Health and Care Standards 2.7	Complete UPDATE: as per your inspection report this has been completed. A yearly review of these topics is written in the practice manager's diary to ensure all protocols are kept up-to-date.	Rebekah Jenkins	Complete/ongoing.
16	The practice must ensure that there are individual plans in place to demonstrate that the use of radiographic equipment has been adequately and safely planned in the current surgery layout.	Private Dentistry Regulations 14 (1)(d), (2) and (3); Health and Care Standards: Standard 2.9; Ionising Radiations Regulations 1999; Ionising	UPDATE: All certificates/plans have been reviewed (seen at latest inspection), dentists happy that the layout is safe and everything is as it should be.	Rebekah Jenkins/Nicola Jones	Complete

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Radiation (Medical Exposure) Regulations 2000			
17	The practice must ensure that relevant training in ionising radiation is completed by all dental nurses.	Health and Care Standards 7.1; Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000	Complete UPDATE: unfortunately, due to illness, there was one dental nurse that was unable to attend the scheduled the IRMER course that had been planned. This has been rescheduled for 5 th Dec 2016.	Rebekah Jenkins	Complete
17	The practice must ensure there is an effective clinical audit system in place for radiographs which identifies any areas of concern and acts on these areas to make improvements.	Health and Care Standards 'Governance, Leadership and Accountability	UPDATE: Mr Parry, Mr Wysome and Mr Yang discussed this during the practice meeting (which took place on 04/10/16) and have made plans to carry this out. Mr Parry is getting together some audit tools from the Wales Deanery (post-grad to help).	All Dentists	Ongoing

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		ty'; Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000	FURTHER UPDATE: Mr Parry, Mr Wysome and Mr Yang have scheduled the audit to take place Tues 22 nd November.		
18	<p>The following improvements should be made to patient notes, including the consistent and correct recording of:</p> <ul style="list-style-type: none"> • Treatment plans, treatment options and discussions with patients • X-rays should be of an acceptable quality and patient's exposure to x-rays, accurately recorded • Patient consent 	Health and Care Standards 3.5; General Dental Council Standards	UPDATE: please see previous, all dentists also have plans to carry out audits on record keeping and treatment planning.	All Dentists	Ongoing

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> Clear breakdown of costs of treatment 				
18	The dentists at the practice should conduct a clinical records audit and share learning from this.	Health and Care Standards 3.5; General Dental Council Standards	See previous	All Dentists	Ongoing
18	The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of helping to ensure the quality of the care provided.	Health and Care Standards 3.1 and 3.3; Private Dentistry Regulations 14 (2)	<p>A practice meeting took place 04/10/16 where staff were told how staff/team appraisals will take place at the end of each practice meeting (every 4 – 6 weeks). A log sheet has been devised (which I have included) which will be given out at the end of each meeting (all confidential) for staff to complete. Feedback will be acted upon as and when the practice manager receives it.</p> <p>UPDATE: the above protocol seems to work well and all staff are happy with this arrangement.</p>	Rebekah Jenkins	Ongoing

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of Management and Leadership					
19	<p>The practice should ensure they communicate regularly with all members of the team.</p> <p>The practice must ensure that all staff have annual appraisals.</p>	Health and Care Standards 7.1; General Dental Council Standards 6.6	<p>UPDATE: Practice meetings have been scheduled for 04/10/16 at 12pm, 22/11/16 at 12pm and 10/01/17 at 12pm. Team appraisals will take place at the end of every meeting. Personal annual appraisals will take place annually starting from the new year – January 2017.</p> <p>FURTHER UPDATE: we are still on schedule with the above action plan.</p>	Rebekah Jenkins/S.Parry/T.Wysome	Immediate start - Ongoing
19	The practice must ensure that the policies identified in the report are adequately detailed, updated and localised to the practice.	Health and Care Standards 2.1, 3.1, 3.4, 7.1; General Dental Council Standards 6.6	<p>Complete, Rebekah has emailed double check which policies these are, still waiting for a reply.</p> <p>UPDATE: HIW responded to phone call and clarified with Rebekah which policies needed updating and localising. These were evident during the second practice inspection.</p>	Rebekah Jenkins	Complete
20	More effective and proactive arrangements to monitor compliance	Health and Care	UPDATE: a diary has been put into place (both paper and electronic) to record when updates are due, when	Rebekah Jenkins/S.Parry/T.Wysome	Immediate start - Ongoing

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	with relevant regulations and standards need to be developed and implemented.	Standards 3.1; 3.3; General Dental Council Standards 1.5; Private Dentistry Regulations 14 (2)	regulations and standards are due for renewal and for the general monitoring of the practices compliance. FURTHER UPDATE: the above system is a much improved version of what the practice worked to prior. The practice manager is confident that all regulations and standards are being met and implemented as they should be, and will continue to do so in the future, now we have clear action/improvement planning.		

Practice Representative:

Name (print): Rebekah Jenkins and Mr Wysome, Mr Parry and Mr Yang (Accountable Dentists)

Title: Practice Manager/Dental Nurse

Date: 15/11/2016