

## **General Dental Practice Inspection (Announced)**

Aneurin Bevan University  
Health Board

Chepstow Road 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 Chepstow Road Dental Practice at 18 Chepstow Road, Newport, NP19 8EA on 12 September 2016.

HIW explored how Chepstow Road Dental Practice 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

Chepstow Road Dental Practice provides services to patients in the Newport area of South Wales. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

Chepstow Road Dental Practice is a mixed practice providing both private and NHS dental services. NHS dental treatments are provided by the practice to children only. One dentist at the practice was able to offer conscious sedation to patients as a service.

The practice staff team included two dentists, two dental nurses, one practice manager and one part time hygienist.

The practice was operating as an expense sharing partnership between Mr Evans and Mr Brunswick, the two dentists. This means that they shared some expenses and responsibilities of the practice including utility bills, waste management costs, emergency drugs and equipment, policies and procedures, one shared surgery, the staff toilet, staff room, waiting area and patient toilet. Mr Evans and Mr Brunswick jointly employed the practice manager.

Each dentist employed his own dental nurse and the same hygienist one day a week. Mr Evans and Mr Brunswick are individually responsible for the management of their own surgeries, and equipment within each surgery.

For the purpose of this report, surgery A is located to the rear of the practice, surgery B located to the front of the practice and surgery C located behind reception.

### 3. Summary

Overall, we found evidence that Chepstow Road Dental Practice provided safe and effective care, however we identified that improvements were required in some clinical areas.

This is what we found the practice did well:

- The feedback we gained through the HIW patient questionnaire was positive
- Staff interaction with patients was observed as polite and courteous.
- Staff we spoke to were happy in their roles and understood their responsibilities
- Some clinical facilities were well-equipped, visibly clean and tidy

This is what we recommend the practice could improve:

- A refurbishment of surgery A is required to ensure it adheres to appropriate standards
- Checks on emergency drugs and medical equipment need to be implemented
- The practice needs to implement its own policy for audit activity
- Policies and procedures are in need of updating to ensure they are practice specific and changes communicated effectively to staff
- A process for obtaining patient feedback on the services provided to them needs to be implemented

## 4. Findings

### *Quality of the Patient Experience*

**We saw that patients visiting the practice were treated with dignity, respect and kindness by the practice team. Patients who provided comments indicated they were very satisfied with the service they had received.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, 20 questionnaires were completed prior to the inspection with an additional five completed by patients on the day of our inspection.

All patients who completed and returned a questionnaire indicated they were very satisfied with the service they had received from the dental practice. Patient comments included:

*“Service and care is first class from reception to after care”*

*“I have always found the practice a very caring, friendly but professional operation, to which all the staff subscribe in their various roles”*

*“The service provided by this practice combines excellent dental treatment including preventative treatment as well as a friendly and efficient welcome”*

*“Wonderful staff, wonderful care, wonderful results”*

#### Dignified care

We observed staff speaking to patients in a friendly, respectful and professional manner.

Completed patient questionnaires showed that patients were satisfied with the level of care and treatment provided to them. All patients who returned completed questionnaires told us that the practice team had made them feel welcome and that they were given enough information about their treatment.

The practice provided private and NHS dental services. Information on private dental treatment and NHS treatment fees was available to view in the reception area. This means that patients had access to information about how much their treatment may cost.

A practice information leaflet was available for patients in the reception area. The leaflet provided general information about the practice.

### Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner.

The majority of patients who provided comments within HIW questionnaires told us they had not experienced a delay in being seen by their dentist on the day of their appointment. Those few who had, stated that they had only been delayed slightly and had not caused them a problem.

An out of hours telephone number was available for patients to contact should they require urgent dental treatment. Telephone numbers for both private and NHS patients to contact in an emergency were displayed on the front door of the practice, and the telephone number was also available in the practice information leaflet. The telephone numbers were also included on the answer phone message of the practice. The majority of patients who completed a questionnaire knew how to access the out of hours service. One patient added an additional comment noting that the out of hours service was very good.

### Staying healthy

We saw that health promotion information was available to patients within the practice to help promote the need for them to take care of their own oral health and hygiene.

All patients who returned questionnaires felt they had been given enough information about their treatment. Five patients provided additional positive comments describing being fully informed about their treatments.

### Individual care

The practice had arrangements in place so that patients with mobility difficulties could access its services. The practice was located on the ground floor and provided access to those using walking aids or wheelchairs via a side entrance.

The practice had a '*comments, compliments and complaints*' box in the waiting area allowing patients to provide feedback. This could be done in an anonymous way if a patient wished to do so.

We saw that the practice had a written complaints procedure. A copy of the procedure was available to patients from behind the reception area, and needed to be asked for. Copies of the procedure should be easily accessible to



patients. This is also expected by the General Dental Council (GDC). The practice manager agreed to make this change with immediate effect.

***Improvement Needed***

***The complaints procedure should be prominently displayed at the practice so that patients do not have to ask for a copy***

The practice described a process for managing patient complaints. We were told that formal complaints received would be recorded in the patients' notes and in a complaint log book. We suggested that the practice should also record informal concerns to identify themes and trends.

The complaints procedure for NHS patients needed to be updated to reflect the reference to the correct health board. The practice manager agreed to do on the day of inspection.

Whilst there was a 'comments, compliments and complaints' box in the waiting area, the practice did not have a system in place for actively obtaining regular patient feedback about the care and treatment provided to them.

***Improvement needed***

***The practice must update their complaints policy to reference the correct health board and contact information***

***The practice should implement a system for actively obtaining regular patient feedback about the service provided by the practice***

## *Delivery of Safe and Effective Care*

**The standard of clinical facilities within the practice was varied and we identified that improvements were needed to meet acceptable standards.**

**We identified that the practice needed to implement its own policy for clinical audit and a need to introduce checks for emergency drugs and equipment was required.**

### Safe care

The shared areas of the practice building appeared visibly well maintained both internally and externally. During a tour of the practice, it was evidence that the corridors and waiting area were clean and tidy and free from obvious hazards. Fire safety equipment was available at various locations around the practice. The practice had a contract in place for annual maintenance of the fire equipment, which had been serviced within the last 12 months.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored in a lockable container whilst waiting to be collected by the contractor company. Amalgam separator equipment was being utilised so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely. Arrangements with the local council were described for the disposal of non hazardous (household) waste.

The practice did not have a dedicated decontamination room as recommended within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>1</sup> guidance document. The practice discussed their future plans to incorporate a dedicated decontamination room. Difficulties were expressed due to the lack of available space within the current layout of the building meaning current plans were on hold. The practice was encouraged to reconsider the development of the building to allow for a single decontamination room in line with WHTM 01-05 guidelines.

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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

### ***Improvement needed***

#### ***The practice should consider future plans to incorporate a dedicated decontamination room within the practice building***

The decontamination process was demonstrated by staff. It was evident that space within surgery A was limited and made the process of cleaning equipment more difficult. Further information regarding the surgeries is explored later in this report.

Instruments were manually cleaned within each of the dental surgeries and then transferred appropriately to be sterilised. Two autoclave<sup>2</sup> machines were in use at the practice, one for each dentist. We saw evidence that both machines had been inspected and were safe to use. Tests were performed at the start and end of the day to show that the machines remained safe to use and outcomes recorded in log books.

Cleaned and sterilised instruments were being stored in sealed bags within the surgeries to prevent cross contamination. Whilst the dates of processing (cleaning and sterilising) had been written on packaging we have recommended that the dates by which instruments must be used or reprocessed also be added to fully comply with WHTM 01-05.

### ***Improvement needed***

#### ***The practice should record the date by which instruments should be used or reprocessed on the packaging of decontaminated instruments***

The practice had conducted a WHTM 01-05 audit of the decontamination arrangements of all of the surgeries in February 2016. It was not clear that the audit findings had been submitted to the Wales Deanery<sup>3</sup> meaning that recommendations and areas for suggested improvement were not available as a result of the audit. We recommended that the practice should have a system in place to ensure that the outcome of audit activity is documented and appropriate actions taken.

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<sup>2</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

<sup>3</sup> Wales Deanery provides postgraduate medical and dental education for Wales.

During the inspection visit, we looked at the clinical facilities (surgeries) available at the practice.

### Clinical Facilities – Surgery A

We were not assured that the environment of surgery A was clean, and that the facilities were of a good standard. For instance we saw;

- Cabinetry was wooden with a worn laminate surface and did not allow for it to be cleaned easily
- Cabinetry lacked sufficient storage space for materials and clinical equipment, resulting in the need to store materials and equipment on uncovered trollies on either side of the cabinetry
- Drawers containing dental material and equipment were unclean and disorganised
- Sedation equipment was stored in an open section of the cabinetry
- The small sitting area within the surgery was carpeted
- The floor needed sealing against the cabinets and walls to allow for effective cleaning
- The cabinetry did not meet the walls, leaving a gap for dust and dirt to potentially collect
- The room was cluttered and in need of an audit of equipment and materials that were no longer in use

We discussed our findings with the dentist responsible for surgery A and it was agreed that refurbishment was required which would be put in place as a matter of urgency. On the day of inspection the dentist told us that he had contacted a dental supplier to visit the surgery to provide a quotation for the work required following our findings.

### ***Improvement needed***

***The dentist responsible for surgery A needs to ensure that the surgery is fit for purpose, clean and hygienic in accordance with WHTM 01-05 standards***

***The dentist responsible for surgery A should replace the carpet in the surgery in accordance with WHTM 01-05 standards***

***The dentist responsible for surgery A should undertake an audit of equipment and materials that are no longer in use and dispose of appropriately***

#### Clinical Facilities – Surgery B

The clinical facilities in surgery B were clean, tidy and generally furnished to facilitate effective cleaning. There was carpet in one area of the surgery that needed to be removed and replaced with appropriate flooring.

#### ***Improvement needed***

***The dentist responsible for surgery B should replace the carpet in the surgery in accordance with WHTM 01-05 standards***

#### Clinical Facilities – Surgery C

The dentists shared the responsibility for the surgery C. We saw that the floor in the surgery was not appropriately sealed between the cabinets and floors. The practice must ensure the floor is sealed to prevent water, dust and debris from accumulating in the unsealed part of the floor identified to the dentists.

#### ***Improvement needed***

***The practice should ensure the floor in the surgery C is appropriately sealed between the cabinets and the existing flooring***

We saw that equipment and drugs were available for use in a patient emergency (collapse). We also saw records showing that the drugs and some of the equipment were being checked on an annual basis. We discussed with the practice the requirement for implementing a process for checking emergency drugs and equipment on a regular basis, in accordance with the standards set out by the Resuscitation Council (UK)<sup>4</sup>, and maintaining appropriate records of all checks. The practice confirmed verbally that a process would be implemented immediately. At the time of inspection all emergency drugs were in date and all emergency equipment was present. We did find however that the pads for the portable defibrillator had past the expiry

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<sup>4</sup> [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

date. We informed the practice about this and new pads were ordered the same day.

The portable oxygen was not located with the emergency drugs and other equipment, due to the restrictions on storage space within the practice. We recommended to the practice that all of the equipment and drugs used in a patient emergency should be stored in one place for easy access. The practice agreed to find alternative storage to ensure all emergency drugs and equipment were stored in the same place. We were verbally assured that action had been taken immediately by the practice to address these concerns.

***Improvement needed***

***The practice must implement a process for checking emergency drugs and equipment on a regular basis in accordance with the quality standards set out by the Resuscitation Council (UK) and appropriate records maintained***

***The practice should consider storing all emergency drugs and equipment in one place for easy access in the event of a patient emergency***

We saw training records that indicated staff training in cardiopulmonary resuscitation (CPR) was up to date.

The dentists had use of their own radiographic (X-ray) equipment within each surgery and shared the use of one other X-ray machine. We saw evidence that a recent examination of the X-ray equipment had been undertaken. We saw certification of the outcomes of the checks for two of the X-ray machines, however one certificate was missing. We informed the practice about our findings and they took immediate action to confirm with the company who carried out the service that all equipment was safe to use. We were provided with verbal assurance that all required checks on the X-ray equipment had been carried out. We asked the practice to forward to HIW the missing documentation confirming the outcome of the equipment check.

We saw certificates showing that the dentists were up to date with their ionising radiation training.

We saw that the local rules for the use of the shared X-ray machine had been recently updated by the Radiation Protection Adviser (RPA) in September 2016. The RPA had increased the exclusion zone around the X-ray machine when the equipment was in use. The practice must ensure that it formalises the process for compliance with the new exclusion area whilst the X-ray machine is in use.

### ***Improvement needed***

***The practice must provide confirmation of the X-ray equipment check and outcome on all X-ray machines carried out in 2016***

***The practice must formalise the process for compliance with the exclusion zone of the shared X-ray machine whilst in use***

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or are at risk. We saw certificates to confirm that all staff had completed training on child protection and adult protection.

Staff we spoke to confirmed they felt able to raise any work related concerns they may have with senior practice staff and were confident these would be acted upon.

The practice had a clinical governance policy describing audits that the practice should be undertaking. We were unable to confirm that audits of clinical practice or quality assurance were taking place. The practice should progress with implementing their own policy to ensure a range of clinical audits are conducted with improvement plans developed and monitored as part of the quality improvement activity.

### ***Improvement needed***

***The practice should implement its own policy for clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate***

### **Effective care**

We considered a sample of patient dental records to assess the quality of record keeping. This sample included records that had been completed by the two dentists who worked at the practice. Overall the notes made were sufficiently detailed. However we did identify some common themes where improvement should be made. These were:

- Medical histories had not been countersigned by the dentists. This would demonstrate that dentists had taken into account patients medical conditions and any medicines they were taking when planning dental care and treatment
- Patients' alcohol and tobacco use had not been noted by the dentists, together with any health promotion advice provided. This would

demonstrate that dentists had assessed patients for their risk of developing oral cancer and provided advice on how this could be reduced

We identified that there were differences in how the dentists were obtaining patients consent prior to treatment. We recommended that verbal consent regarding treatment and costs should be formally documented in the patient records to evidence that patients have understood the options discussed with them.

***Improvement needed***

***The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with regulatory requirements and professional standards for record keeping***



## ***Quality of Management and Leadership***

**The practice is run as an expense sharing partnership between the two dentists in the practice. The dentists share some financial and managerial responsibility for the operation of the practice, however they manage their own surgeries and employ their own dental nurse.**

**The practice had a range of policies and procedures in place, some of which were in need of updating.**

**Staff told us they felt well supported by the practice. They told us they had opportunities to attend relevant training.**

The practice is run as an expense sharing partnership between the two dentists. They share the expenses and responsibility of the utility bills, waste management costs, emergency drugs and equipment, policies and procedures, surgery C, the staff toilet, staff room, waiting area and patient toilet. Mr Evans and Mr Brunswick jointly employ the practice manager. Each dentist employs his own dental nurse and the same hygienist one day a week. Mr Evans and Mr Brunswick have individual responsibility for the management of their own surgeries, and equipment within each surgery.

The practice manager holds a central role with regards to the coordination and management of the communication within the practice for both staff and dentists.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients, some of which needed to be reviewed and updated to ensure the policies were practice specific. We saw that not all policies and procedures had review dates and/or been signed by staff to ensure that they had read and understood the contents. The practice should ensure that it can demonstrate that policies and procedures are reviewed on a regular basis and communicated effectively to all staff to ensure they are aware of any changes.

### ***Improvement Required***

***The practice to undertake a review of all policies and procedures to ensure they are practice specific and to formalise the process for communicating changes to all staff***

Staff told us that they were a friendly team and felt supported to enable them to carry out their roles effectively. We were also told that they had opportunities to attend relevant training.

We saw training certificates that demonstrated staff had attended relevant training to enable them to undertake their role. Staff confirmed that they had access to appropriate training. We were told that each member of the practice had recently received their first appraisal of their work. We were told that there was a plan in place to implement formal appraisals on an annual basis moving forward.

Staff told us that communication amongst the practice team was good, and regular informal meetings were held. We were told that formal practice meetings are held on a less regular basis, and we saw evidence of an agenda of the most recent meeting. We recommended that the practice should record the discussions and outcomes of the formal practice meetings for future reference.

### ***Required Improvement***

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

We found that clinical staff were registered with the General Dental Council (GDC) and had indemnity insurance cover in place. Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection. We recommended that the practice should consider refreshing their knowledge of current guidelines for blood borne viruses, ensuring that staff files are compliant with appropriate guidance.

The dentists working at the practice provided private dental services. Their HIW registration certificates were prominently displayed as required by the regulations for private dentistry. Their certificates required updating to include HIW's correct address. The practice manager agreed to inform the dentists to contact HIW so that updated certificates could be issued.

Up to date Disclosure and Barring Service (DBS) certificates were not available for all the dentists working at the practice. The regulations for private dentistry require that all dentists providing private dental services in Wales have a DBS certificate issued within the previous three years. We confirmed that the dentists had recently applied for up to date DBS certificates, however they were not yet available to inspect.

### ***Improvement Needed***

#### ***All dentists working at the practice and registered with HIW to provide private dental services must have an up to date DBS certificate and make this available for inspection by HIW***



## 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 Chepstow Road Dental Practice will be addressed, including timescales.

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

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

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

## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to 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 2008<sup>5</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>6</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

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<sup>5</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>6</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

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

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

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

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

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

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

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Chepstow Road Dental Practice**

**Date of Inspection: 12 September 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
7	The complaints procedure should be prominently displayed at the practice so that patients do not have to ask for a copy	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 15(2)	Several copies were printed, prominently displayed and made available in the waiting room on day of inspection.	Vicky Piddington	Completed on 12/09/2016
7	The practice must update their complaints policy to reference the	Health and Care Standards	New complaints policy was printed to include updated/correct Health board and contact details on day of	Vicky Piddington	Completed on 12/09/2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	correct health board and contact information	(April 2015) Standard 6.3	inspection and old one were shredded for disposal		
7	The practice should implement a system for actively obtaining regular patient feedback about the service provided by the practice	Health and Care Standards (April 2015) Standard 6.3	A feedback form has been compiled and several copies printed and is on display in waiting room for patients to take one if desired.	Vicky Piddington	Completed on 14/09/2016
<b>Delivery of Safe and Effective Care</b>					
9	The practice should consider future plans to incorporate a dedicated decontamination room within the practice building	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14(6)	Current lack of space but have arranged a date for a company to come in and suggest possible solutions/designs	Vicky Piddington	ongoing
9	The practice should record the date by which instruments should be used or reprocessed on the packaging of decontaminated instruments	The Private Dentistry (Wales) Regulations 2008 (as	Nurses in both surgeries have agreed to record both date of processing and use by date on packaged decontaminated instruments from date of inspection.	B A Brunswick P J Evans	Already implemented on 13/09/2016 and current



Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		amended) Regulation 14(4)			
10	The dentist responsible for surgery A needs to ensure that the surgery is fit for purpose, clean and hygienic in accordance with WHTM 01-05 standards	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14(6)	New surgery has been designed and ordered ready for fitting on february 17 <sup>th</sup> 2017 which will be working towards best practice as outlined in the HTM0105 memorandum	Mr P J Evans	Completed by 6 <sup>th</sup> March 2017
10	The dentist responsible for surgery A should replace the carpet in the surgery in accordance with WHTM 01-05 standards	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14(6)	New flooring will be ordered in the near future to be fitted along with the new surgery on February 17 <sup>th</sup> 2017	Mr P J Evans	Completed by 6 <sup>th</sup> March 2017
11	The dentist responsible for surgery A should undertake an audit of equipment and materials that are no longer in use and dispose of	The Private Dentistry (Wales) Regulations 2008 (as	Audit ongoing and scheduled for completion prior to new surgery being fitted in February 2017	Mr P J Evans	Completed by 6 <sup>th</sup> March 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	appropriately	amended) Regulation 14(6)			
11	The dentist responsible for surgery B should replace the carpet in the surgery in accordance with WHTM 01-05 standards	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14(6)	Carpet is due to be replaced within the next 3 months.	Mr B A Brunswick	By December 2016
11	<b>The practice should ensure the floor in the surgery C is appropriately sealed between the cabinets and the existing flooring</b>	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14(6)	Mr Steve Parry (maintenance firm) has sealed all gaps between cabinets and floor that were evident in surgery C	Vicky Piddington	Completed on 13/10/2016
12	The practice must implement a process for checking emergency drugs and equipment on a regular basis in accordance with the quality	The Private Dentistry (Wales) Regulations 2008 (as	Form constructed and implemented for recording regular weekly checks on all emergency drugs and equipment in accordance with the quality standards set out by the	Vicky Piddington	Implemented on 13/09/2016 and ongoing

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	standards set out by the Resuscitation Council (UK) and appropriate records maintained	amended) Regulation 14(2)	resuscitation Council (uk)... signed and dated weekly		
12	The practice should consider storing all emergency drugs and equipment in one place for easy access in the event of a patient emergency	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14(2)	The lifeline emergency resuscitation Oxygen which was at the time of inspection stored in surgery B has now been moved to emergency drugs and equipment cupboard to enable it to be stored all in one place as advised by HIW	Vicky Piddington	Implemented on 12/09/2016
13	The practice must provide confirmation of the X-ray equipment check and outcome on all X-ray machines carried out in 2016	Ionising Radiation Regulations 1999 (IRR99)	This information has already been emailed direct to Rebecca Collier (HIW inspector) on 17/10/2016	Vicky Piddington	Completed on 17/10/2016
13	The practice must formalise the process for compliance with the exclusion zone of the shared X-ray machine whilst in use	Ionising Radiation Regulations 1999 (IRR99)	Written policy and procedure implemented immediately with an exclusion zone of two metres whilst in use	Vicky Piddington	Implemented on 14/09/2016
13	<b>The practice should implement its own policy for clinical audits with a</b>	The Private Dentistry (Wales)	A policy has been devised to audit/monitor the practice, in order to outline any areas to improve or	Vicky Piddington	Implemented on 14/09/2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<b>view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate</b>	Regulations 2008 (as amended) Regulation 14(2)	future plans/ideas. This will consist of a ten minute slot after each quarterly practice meeting.		
14	The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with regulatory requirements and professional standards for record keeping	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14(1)(b)	Mr P J Evans and Mr B A Brunswick Have a meeting scheduled for Monday 31 <sup>st</sup> October to discuss this and are hoping to implement the necessary changes. New medical history forms have been designed and printed to reflect the necessary changes. Mr Brunswick has attended a course held by Dental Protection Group for medical history taking and informed consent.	Mr P J Evans Mr B A Brunswick	Completed 31/10/2016
<b>Quality of Management and Leadership</b>					
15	The practice to undertake a review of all policies and procedures to ensure they are practice specific and to formalise the process for communicating changes to all staff	Health and Care Standards April 2015 Governance , leadership	On 12 <sup>th</sup> October 2016 a full review was conducted with all staff on the policies and procedures held within the practice. A formal signature sheet was devised and will be used in future if there are any changes to	Vicky Piddington	Completed 12/10/2016

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		and accountability	the policies or procedures.		
16	The practice needs to develop formalised staff meetings with recorded minutes	General Dental Council Standards for the Dental Team, Standard 6	The practice has pre booked regular practice meetings by booking them in the appointment calendar for every three months and the practice manager will be taking minutes at each of these meetings	Vicky Piddington	Prebooked for January 2017/april 2017/july 2017/oct 2017
16	All dentists working at the practice and registered with HIW to provide private dental services must have an up to date DBS certificate and make this available for inspection by HIW	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 13(3)(c) Schedule 2	We have received Mr Philip Evans up to date DBS certificate and it has been filed in his personnel folder.	Vicky Piddington	Completed on 27/09/2016

**Practice Representative:**

**Name (print):** .....Mrs Vicky

**Piddington**.....

**Title:** Practice

**Manager**.....

**Date:** 02/11/2016

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