

**General Dental Practice
Inspection (Announced)**
Cardiff and Vale University
Health Board,
Nicola Taaffe @ West
Grove

Inspection date: 26 September 2016

Publication date: 29 December 2016

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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 Nicola Taaffe @ West Grove at 2 West Grove, Roath, Cardiff, CF24 3AN on 26 September 2016.

HIW explored how Nicola Taaffe @ West Grove 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

Nicola Taaffe @ West Grove provides services to patients in the Roath area of Cardiff. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

Nicola Taaffe @ West Grove is a mixed practice providing both private and NHS dental service. NHS dental services are provided to children only at the practice.

The practice staff team includes two dentists, two hygienists, two therapists, eight dental nurses, one practice manager and one receptionist.

A range of NHS and private dental services are provided. The practice is able to offer conscious sedation as a service to patients.

3. Summary

Overall, we found evidence that Nicola Taaffe @ West Grove provided safe and effective care.

This is what we found the practice did well:

- Patients told us they were very happy with the service provided
- Clinical facilities were well-equipped, visibly clean and tidy
- Dental instruments were cleaned and sterilised appropriately
- Documentation and information was available showing that X-ray equipment was used safely
- Staff told us they felt supported by senior practice staff

This is what we recommend the practice could improve:

- Additional checks needed to be done on decontamination equipment with records kept to fully comply with national guidance
- Checks on all emergency equipment needed to be done to ensure it is available and safe to use in the event of a patient emergency (collapse)
- Dentists needed to improve aspects of their record keeping.

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, we received 17 completed questionnaires, and patient comments included:

“Everyone is brilliant, they all seem to know and understand their roles. The service is excellent from reception to dental to hygienist”

“Practice is always happy, professional and engaging”

“I always receive a treatment plan, review prior to treatment and verbal information during appointments”

“I am very, very happy as a patient of the practice, and my husband and daughter are both registered following this”

All patients who returned a questionnaire indicated that they were very satisfied with the treatment provided to them.

Dignified care

We observed staff speaking to patients in a friendly, respectful and professional manner. The staff presented as a friendly team and we saw polite and courteous interaction with patients.

All patients who completed a questionnaire told us that they had been made to feel welcome by the practice. Some patients added their own positive comments about the level of service received and the attitude and approach of the whole practice team.

The practice provided a range of private dental treatments to both children and adults. NHS dental services were provided free of charge to children only. Information on prices for private dental treatments was available to view in reception. This meant patients had access to information on how much their treatment may cost. A credit facility was available to patients, subject to certain criteria, enabling them to pay for treatment over a longer period of time. The

practice had a consumer credit agreement in place allowing them to offer credit facilities.

A practice information leaflet was available in reception for patients to read and take away providing general information about the practice.

Timely care

We found the practice made efforts to ensure that patients were seen in a timely manner. No patient who completed a questionnaire had experienced a delay in being seen by the dentist. We were told that patients would be informed about any delay to their appointment by the receptionist and an alternative time offered if appropriate.

An out of hours telephone number was available for patients should they require urgent dental treatment. The telephone number was accessible through a variety of means, including on the front door of the practice, on the answer phone message, on the practice information leaflet and on the practice website.

Staying healthy

We saw that health promotion material was available for patients to view in the reception areas of the practice, to help promote the need for them to take care of their own oral health and hygiene.

All patients told us that they felt they had been given enough information about their dental treatment.

Individual care

The practice had arrangements in place to ensure that patients with mobility difficulties could access their services.

The practice was located in its own building over two floors. Access to the practice was via steps. Internally the practice had two surgeries on the ground floor (one not in use), and a further two surgeries on the first floor. A ramp was available for patients to access the practice who may have mobility difficulties. We were told that appointments were arranged in the ground floor surgery for patients who may find the stairs to the first floor difficult to use. A hand rail had been installed to assist patients using the stairs as a result of patient feedback.

The practice made information available to patients on how they could raise a concern (complaint) and had systems in place for patients to provide feedback.

We saw that the practice had a written complaints procedure. This was available in the reception area of the practice and on the practice website. The

practice complaints procedure required updating to include details on the complaints procedure for NHS patients, the contact details for HIW and to comply with regulatory timescales for responses to complaints from private patients. The updated information should also be included on the practice website for patients to access, as expected by the General Dental Council (GDC).

Improvement Needed

The practices' complaints procedure must include contact details for Healthcare Inspectorate Wales, the correct process for NHS patient complaints and correct timescales for responses to private patient complaints. The updated procedures must be made available on the practice website.

We were told that patients were provided with a feedback form on an annual basis to enable patients to provide feedback on the care and treatment provided to them. The practice did not have a method of allowing patients to provide feedback on an ad-hoc basis. We recommended that the practice implement a system allowing patients to provide feedback on an on-going basis and in an anonymous manner should they wish to.

We saw evidence that the practice had a process in place for dealing with both formal and verbal complaints and information was recorded appropriately. This allowed the practice to review concerns, take steps to resolve any issues and feedback to patients. This meant that the practice was learning from concerns raised to improve practise and patient experience.

Delivery of Safe and Effective Care

Overall, we found the practice provided patients with safe and effective care.

A thorough process for cleaning and sterilising dental instruments was demonstrated. This was performed in a designated decontamination room, as recommended by national guidance, to reduce cross infection. We identified improvement was needed around some of the checks that are required on cleaning and sterilising equipment.

Documentation and information was available to demonstrate that X-ray equipment was being used safely.

The surgeries were clean and tidy and furnished to facilitate effective cleaning. We did see that the floor needed sealing in one of the surgeries to allow for effective cleaning and removal of carpet was required in one surgery.

We identified that improvement was needed around the checking of equipment for use in a patient emergency (collapse) and assurance was provided that action had been taken immediately to address the improvement required

We also identified some improvement was needed around aspects of the dentists' record keeping and require that they take action to fully comply with clinical standards for record keeping.

Safe care

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting the practice.

The practice building appeared visibly well maintained both internally and externally. During a tour of the practice we saw all areas were clean and tidy and free from obvious hazards. Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

Written risk assessments had been completed that identified potential hazards and actions to reduce risk.

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 securely whilst waiting to be collected by the contractor company. Non

hazardous (household waste) was collected through arrangements with the local county council. Amalgam separator equipment was installed so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely.

A separate decontamination room was set up within the practice. We discussed with the principal dentist and the practice manager that the current layout and design of the decontamination room required further consideration to be fully compliant with the principles set out within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ policy and guidance document. The decontamination room did not have separate hand washing facilities. Facilities were available in the surgeries and staff room located nearby for staff to wash their hands. The practice showed us details of a 2011 plan for reconfiguration of the decontamination room. We discussed the plans with the principal dentist and practice manager and suggested that they need to reconsider their options to ensure they are compliant with WHTM 01-05.

Decontamination equipment appeared visibly in good condition. One autoclave² was in use and installation/inspection certification was available showing it was safe to use. We saw that some tests had been done to show that cleaning and sterilisation equipment remained safe to use as recommended by WHTM 01-05. The practice did not carry out a steam penetration test of the equipment, as recommended by WHTM 01-05. We informed the practice of our findings who provided a verbal assurance that corrective action would be taken. The practice manager provided a copy of the order made for the relevant equipment required to carry out the tests.

Improvement Needed

The practice must make suitable arrangements to ensure staff comply with guidance set out within the WHTM 01-05 (Revision 1) guidance document in respect of:

¹ [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.

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

- ***performing tests and procedures on autoclave and sonic bath equipment***
- ***maintaining records of tests of equipment***

A decontamination process was demonstrated by staff and we saw certificates showing staff had attended training on how to decontaminate instruments. Instruments were being stored in sealed bags to prevent cross contamination.

The practice had conducted an audit of the decontamination arrangements within the past 12 months. We recommended that the practice may want to consider using the audit tool specifically aligned to WHTM 01-05 in the future as part of their quality improvement activity.

We looked at the clinical facilities (surgeries) within the practice. These were clean and tidy and generally furnished to facilitate effective cleaning. We found that there was carpet in one area of one surgery that needed to be removed and replaced with appropriate flooring.

Improvement Needed

The dentist should replace the carpet in accordance with WHTM 01-05 standards

We saw that flooring within the surgeries was not all appropriately sealed between the cabinets and walls. The dentist must ensure the floors are sealed to prevent water, dust and debris from accumulating in the unsealed part of the floors identified to the dentist.

Improvement Needed

The practice must ensure the floors are appropriately sealed between the cabinets and walls

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 had been checked regularly. On inspection, we found that one piece of equipment, the ambu-bag, was unclean. We notified the practice owner and practice manager of our findings and were provided with verbal assurance that this would be replaced. The practice manager provided evidence of the order for a replacement ambu-bag.

Improvement Needed

The practice must make suitable arrangements to ensure that they have a system in place for conducting regular checks on the emergency equipment

We saw that the emergency drugs and some of the equipment were stored in one location, but not in one container. We recommended to the practice that all of the equipment and drugs for use in a patient emergency should be stored in one place for easy access. The practice may also wish to store emergency drugs together with the appropriate flowcharts required to identify them more easily in an emergency.

Improvement Needed

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. One certificate was not available on the day of inspection and was forwarded onto HIW the following day. We recommended that the practice should retain copies of all CPR training within the practice to demonstrate that all staff have relevant CPR training within the appropriate timescales.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. The practice manager confirmed that the dentists using the radiographic equipment were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. The training certificates we saw demonstrated this. One certificate was not available on the day of inspection, and was forwarded onto HIW the following day. We recommended that the practice should retain copies of relevant training certificates to demonstrate that all staff have received training relevant to radiographic equipment and procedures.

The practice had not conducted an audit of the image quality of X-rays. We recommend that the practice conduct such an audit to identify any areas for improvement. This audit should be conducted at least annually.

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 recommended to the practice manager that the procedures needed to be updated to be practice specific. The practice manager confirmed that most staff had completed training on child and adult protection and we saw a sample of training certificates that demonstrated this. The General Dental Council expects that

clinical staff attend training on safeguarding to continue to meet continuing professional development (CPD) requirements. The practice must therefore make arrangements to ensure that those staff who have not already done so complete training on child and adult protection.

Improvement Needed

The practice should review their safeguarding procedures for children and adults to ensure they are specific to the dental practice

The practice must make arrangements to ensure staff complete training on child and adult protection. Evidence of training must be available for inspection by HIW

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.

Effective Care

Discussions with the practice owner and manager demonstrated a commitment by the team to provide safe and effective care to patients.

The practice manager provided examples of clinical audits that the practice team was intending to introduce with the aim of identifying areas for improvement. The practice should progress with these arrangements to ensure a range of clinical audits are conducted with improvement plans developed and monitored as part of the quality improvement activity. We have identified some areas for audit activity above, namely compliance with WHTM 01-05, patient records and X-ray image quality.

Improvement needed

The practice should progress with arrangements 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

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 mainly worked at the practice. The quality of the notes varied and we identified areas where improvements should be made. These were:

- Medical histories had not always been countersigned by the dentists. This would demonstrate that the dentists had taken into account patients

medical conditions and any medicines they were taking when planning dental care and treatment.

- The use of generic recording in patient notes was identified in some records, meaning that the care and treatment was not individually recorded for each patient.
- Treatment planning, an explanation of treatment options provided to patients and treatment given was not always clearly documented for every patient.

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

In addition, the reason for taking X-rays and the dentists' findings from them had not always been recorded as required by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

Improvement needed

The dentists working at the practice must ensure they record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000

Quality of Management and Leadership

The practice was owned by one dentist who was supported by a practice manager and friendly staff team. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients, some of which were in need of updating.

Staff told us they felt well supported by senior practice staff and the wider team. They also told us they had opportunities to attend relevant training.

The practice should make arrangements to ensure copies of staff training certificates for all clinical staff are available for inspection by HIW.

A practice manager was responsible for the day to day management of the practice. The manager worked closely with the practice owner. Where we identified areas for improvement, the practice manager and owner demonstrated a willingness and commitment to address this quickly.

Conversations with staff working on the day of our inspection indicated they felt well supported in their roles by senior practice staff and the practice team. We also found that staff were clear and knowledgeable about their various responsibilities.

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 these needed to be reviewed and updated to ensure the policies were practice specific. We saw that there was a system in place for reviewing policies and procedures within the practice, however it was not always evident that this review process was being undertaken. 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 Needed

The practice to undertake a review of all policies and procedures to ensure they are practice specific and to demonstrate implementation of its own process for reviewing on an ongoing basis

We saw training certificates that demonstrated staff had attended training on topics relevant to their role. Staff also confirmed they had opportunities to access training. Whilst training certificates were available for some staff, the practice should make arrangements to keep copies of training certificates for all clinical staff to demonstrate they have completed training in those topics 'highly recommended' by the General Dental Council

Improvement Needed

The practice should make arrangements to keep copies of training certificates for all clinical staff working at the practice to demonstrate they have completed training in those topics 'highly recommended' by the General Dental Council

Staff told us they felt communication amongst the practice team was effective. Staff confirmed that short meetings were held on a daily basis, enabling good communication between the practice team. We were told that minutes would be taken and formally recorded on occasions when information being shared was important. This was for all staff to note and to ensure it was shared with those who were not present.

We found that clinical staff were registered with the General Dental Council (GDC) to practise and had indemnity insurance cover in place. We were told that all staff had received immunisation against Hepatitis B to protect patients and themselves against infection. Records were available for most staff. We were told that the practice was awaiting documentation regarding some staff members who had recently been immunised but had been unable to obtain confirmation. The practice must obtain the relevant documentation and make arrangements for it to be available for inspection by HIW on request.

Improvement needed

The practice must obtain and retain confirmation of the Hepatitis B immunisation for all staff

The dentists working at the practice provided private dental services. Their HIW registration certificates were displayed as required by the regulations for private dentistry. One certificate was photocopied and required to be replaced with the original certificate. The practice agreed to display the original certificate.

We saw evidence of up to date Disclosure and Barring Service (DBS) certificates were available for all of the dentists working at the practice.

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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 Nicola Taaffe @West Grove 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 2008³ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁴. 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

³ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁴ <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: Nicola Taaffe @ West Grove

Date of Inspection: 26 September 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
7	The practices' complaints procedure must include contact details for Healthcare Inspectorate Wales, the correct process for NHS patient complaints and correct timescales for responses to private patient complaints. The updated procedures must be made available on the practice website	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 15(4)	<ul style="list-style-type: none">Completed on 26/09/16.Altered leaflets on 27/09/16.	Cath Heron Debra James	26/09/16 27/09/16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care					
9	<p>The practice must make suitable arrangements to ensure staff comply with guidance set out within the WHTM 01-05 (Revision 1) guidance document in respect of:</p> <ul style="list-style-type: none"> • performing tests and procedures on autoclave and sonic bath equipment • maintaining records of tests of equipment <p><i>The Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1): Chapter 4, Chapter 12, Chapter 14 and Appendix 3</i></p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14(4), 14(5)</p>	<ul style="list-style-type: none"> • Trialling new handpieces for another week (ending 04/11/16). Ordering a steriliser on 07/11/16 for exclusive sterilisation of handpieces. • Helix test kit purchased 28/09/16, use of which will be implanted when we have the new handpiece steriliser. • Brown's test strips purchased on 18/10/16, first test completed 20/10/16. These tests will be continued once per month and results recorded in log sheet. • Ultrasonic bath testing (foil test) is carried out on a three monthly basis, last test completed 26/08/16 in-house. Details recorded in log book. • Annual independent ultrasonic cleaner test, 	<p>Nicola Taaffe Cath Heron Debra James</p>	<p>04/11/16 07/11/16</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>validation and pat test last completed on 12/02/16, next test due 04/02/17.</p> <ul style="list-style-type: none"> Weekly protein test are carried out on the ultrasonic bath, last test was 28/10/16. Information recorded in log book. 		
10	<p>The dentist should replace the carpet in accordance with WHTM 01-05 standards</p> <p><i>The Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1): Chapter 6, para 6.46 – 6.49</i></p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14(6)</p>	<ul style="list-style-type: none"> To replace carpet with appropriate flooring. 	Nicola Taaffe	24/11/16
10	<p>The practice must ensure the floors are appropriately sealed between the cabinets and walls</p> <p><i>The Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1):Chapter 6, para 6.46 -</i></p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation</p>	<ul style="list-style-type: none"> To seal rooms concerned when surgeries are not being used. 	Debra James	24/11/16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	6.49	14(6)			
11	<p>The practice must make suitable arrangements to ensure that they have a system in place for conducting regular checks on the emergency equipment</p> <p><i>Resuscitation Council (UK), Quality Standards for cardiopulmonary resuscitation practice and training, Primary Care</i></p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14(2)</p>	<ul style="list-style-type: none"> • New equipment ordered. • New equipment received 02/10/16. • Weekly checks will be carried out every Monday. Information recorded on weekly log sheet, dated when done. • Clarify dates of trays and check emergency equipment also. 	<p>Nicola Taaffe</p> <p>Cath Heron</p>	27/09/16
11	<p>The practice should consider storing all emergency drugs and equipment in one place for easy access in the event of a patient emergency</p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14(2)</p>	<ul style="list-style-type: none"> • New bag purchased to house emergency equipment. 	<p>Nicola Taaffe</p> <p>Cath Heron</p> <p>Debra James</p>	27/09/16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
12	<p>The practice should review their safeguarding procedures for children and adults to ensure they are specific to the dental practice</p> <p>General Dental Council Standards for the Dental Team, Chapters 4, 8</p>	<p>Health and Care Standards April 2015 2.7</p>	<ul style="list-style-type: none"> Child protection policy updated 3/10/2016 safeguarding lead is Nicola Taaffe and contact details for Cardiff Social Services and Wellbeing have been added. 	Debra James	03/10/16
12	<p>The practice must make arrangements to ensure staff complete training on child and adult protection. Evidence of training must be available for inspection by HIW</p> <p><i>General Dental Council Standards for the Dental Team, Chapters 4, 8</i></p>	<p>Health and Care Standards April 2015 2.7</p>	<ul style="list-style-type: none"> The Policy for vulnerable adults is going to be updated and will be completed by Monday 14th November. Contact details for Cardiff social services and wellbeing for adults will added 	Debra James	14/11/16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
12	The practice should progress with arrangements 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	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14(2)	<ul style="list-style-type: none"> • Contacted the wales deanery for clinical audit registration forms for decontamination and smoking cessation link being sent to set up online facility to complete these • Smoking cessation to be completed March 2017 • Audit for Compliance with WHTM-0105 to be completed June 2017 • In house audits to be implemented from January for Handwashing 6th monthly • Health and safety 6th monthly Due 	<p>Cath Heron Debra James</p> <p>Debra James</p> <p>Debra James</p> <p>Debra James/Cath Heron</p> <p>Debra James/Cath Heron</p>	<p>03-11-2016</p> <p>March 2017</p> <p>June 2017</p> <p>15-01-2017</p> <p>1-3-2017</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<ul style="list-style-type: none"> Clinical records 6th monthly Infection control 6th monthly due We intend going forward to complete required audits at least on a two monthly basis. 	<p>Nicola Taaffe</p> <p>Debra James</p> <p>Debra James</p>	<p>01-02-2017</p> <p>3-2-2017</p> <p>January 2017</p>
13	<p>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</p> <p><i>General Dental Council Standards for the Dental Team, Standard 4</i></p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14(1)(b)</p>	<ul style="list-style-type: none"> Check on 4th of each month to see that previous months records are correct. 	<p>Nicola Taaffe</p> <p>Debra James</p>	<p>27/09/16</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
13	<p>The dentists working at the practice must ensure they record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000</p> <p><i>General Dental Council Standards for the Dental Team, Standard 4.1</i></p>	<p>The Ionising Radiation (Medical Exposure) Regulations 2000 Regulation 6</p>	<ul style="list-style-type: none"> Implemented and addressed on 27/09/16. 	Nicola Taaffe	27/09/16
Quality of Management and Leadership					
14	<p>The practice to undertake a review of all policies and procedures to ensure they are practice specific and to demonstrate implementation of its own process for reviewing on an ongoing basis</p> <p><i>General Dental Council Standards for the Dental Team, Standard 6</i></p>	<p>Health and Care Standards April 2015 Governance, leadership and accountability</p>	<ul style="list-style-type: none"> To review remainder of policies by 04/11/16. Diary dates set so that all members of staff have read all policies by end of Feb 2017. New review date one year from initial review dates starting June 2017. 	<p>Nicola Taaffe Debra James</p>	<p>04/11/16 Feb 2017 June 2017</p>
15	<p>The practice should make arrangements to keep copies of</p>	<p>The Private Dentistry (Wales)</p>	<ul style="list-style-type: none"> Implemented and completed by 11/10/16. 	<p>Nicola Taaffe Debra James</p>	11/10/16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>training certificates for all clinical staff working at the practice to demonstrate they have completed training in those topics 'highly recommended' by the General Dental Council</p> <p><i>General Dental Council Standards for the Dental Team, Standard 7</i></p>	<p>Regulations 2008 (as amended)</p> <p>Regulation 14(2)</p>			
15	<p>The practice must obtain and retain confirmation of the Hepatitis B immunisation for all staff</p> <p><i>General Dental Council Standards for the Dental Team, Standard 1.4.2</i></p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14(2)</p>	<ul style="list-style-type: none"> • Awaiting confirmation of Hep B for one member of staff. • Ensure all new employees are immunised. 	<p>Nicola Taaffe</p> <p>Cath Heron</p> <p>Debra James</p>	Ongoing

Practice Representative: Nicola Taaffe

Name (print): Nicola Taaffe

Title: Practice Principal.

Date: 3rd November 2016