

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

**Aneurin Bevan University  
Health Board, Clive Street  
Dental Practice**

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## Contents

1.	Introduction .....	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings .....	5
	Quality of the Patient Experience .....	5
	Delivery of Safe and Effective Care.....	8
	Quality of Management and Leadership.....	15
5.	Next Steps .....	18
6.	Methodology.....	19
	Appendix A .....	21

## 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 Clive Street Dental Practice at 4 Clive Street, Caerphilly, CF83 1GE on 3 October 2016.

HIW explored how Clive Street 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

Clive Street Dental Practice provides services to patients within the Caerphilly area of South Wales. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

Clive Street Dental Practice is a mixed practice providing both private and NHS dental services

The practice staff team includes two dentists and three dental nurses who share reception duties.

A range of NHS and private dental services are provided.

### 3. Summary

Overall, we found evidence that Clive Street Dental Practice 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
- Documentation and information was available showing that X-ray equipment was used safely
- Staff told us they felt supported by senior practice staff
- Patients had access to extended opening hours.

This is what we recommend the practice could improve:

- Checks on all emergency equipment must be done regularly to ensure it is available and safe to use in the event of a patient emergency (collapse)
- Documentation for the maintenance of equipment needs to be maintained to ensure that equipment was safe to use
- Certification for staff indemnity cover needs to be evidenced and retained by the practice
- Some policies and procedures require to be updated
- Staff need to have training in respect of child protection
- Dentists need to improve aspects of record keeping

Some of our findings identified a potential risk to patient safety. We required the practice to make immediate improvements in respect of maintenance of identified pieces of equipment, certification of appropriate indemnity insurance and improvements to patient records. In accordance with HIW's processes, we requested immediate written assurance from the practice on the action taken.

The practice provided relevant certification in relation to the documentation requested within the timescale agreed. We were provided with verbal assurance on the day of inspection that changes to patient record keeping would be implemented with immediate effect. Written confirmation of the actions taken by the dental practice was subsequently provided to HIW.

## 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 their views on the dental services provided. In total, 24 completed questionnaires were returned. Patient comments included:

*“I have never had a problem with being seen at short notice or making an appointment at my convenience at this dental practice. Always friendly and accommodating”*

*“Always excellent treatment and advice”*

*“The service provision at this practice is excellent and should I ever need to swap dentists I would be devastated”*

Without exception, all patients who provided a questionnaire told us that they were very satisfied with the care they received.

#### 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.

Patients 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 and NHS dental treatments to both children and adults. Costs for NHS dental treatments were displayed in reception. This meant patients had access to information on how much their NHS treatment may cost. The practice did not have on display prices for private dental treatment, as recommended by the General Dental Council. We recommended that the practice display a price list for private dental treatments.

## ***Improvement Needed***

### ***The practice must display a private dental treatment price list for patients to view***

We saw that the practice had a patient information leaflet, however it was not displayed or available for patients to view. We advised the practice to make copies available in the waiting area for patients to view and/or take away for future reference.

### Timely care

We found the practice made efforts to ensure that patients were seen in a timely manner. The majority of patients who completed questionnaires told us that they had not experienced a delay in being seen by a dentist on the day of their appointment. We were told that patients would be informed about any delay to their appointment by the receptionist.

An out of hours telephone number was available for patients should they require urgent dental treatment. The telephone number was only available on the answer phone message of the practice. We advised the practice that it should consider including this information in their patient information leaflet and also consider displaying in the waiting area for patients to see.

### Staying healthy

We saw that limited health promotion material was available for patients to view in the reception area of the practice. The practice may wish to consider increasing the amount of material available for patients, 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 was located on the ground floor with a step leading into the reception area. Staff told us that they were able to help patients to access the practice as they had use of a portable ramp for those who may find the step difficult. Both surgeries were located on the ground floor of the practice, and were accessible to patients with mobility difficulties.

The practice had extended opening hours, meaning they were able to offer appointments to patients that were convenient to them.



The practice did not have a process for allowing patients to regularly provide feedback about the care and treatment provided to them. The practice should implement a process to regularly obtain patient feedback in a formal manner, to enable them to evaluate services being provided.

***Improvement Needed***

***The practice should implement a process to regularly obtain patient feedback***

We saw that the practice had a written complaints procedure, however updates were required to ensure the information was compliant with regulatory guidelines. The practice must ensure that the complaints process for private patients is updated to include the correct reference for HIW, and to comply with regulatory timescales for responses to complaints from private patients. The practice must ensure that the complaint processes for NHS and private patients are clearly displayed for patients to view.

***Improvement Needed***

***The practice's complaints procedure for private patients must be updated to comply with regulatory guidelines. The complaints procedures for NHS and private patients must be displayed for patients to view in the practice***

## *Delivery of Safe and Effective Care*

**We found that certification for the maintenance of some equipment was not available and required an immediate improvement plan to ensure that equipment was safe to use.**

**We found that the floors in the surgeries and decontamination room required replacing and sealing to improve the ability to clean effectively.**

**We identified that the practice needed to implement a process for undertaking clinical audit and a need to introduce regular checks for emergency drugs and equipment was required.**

**We identified that improvement was needed around aspects of the dentists' record keeping requiring an immediate improvement plan, to ensure 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.

During a tour of the practice we saw all areas were clean and tidy and free from obvious hazards. We recommended to the practice that the décor of the building appeared tired, and was in need of refreshing. Fire safety equipment was available at various locations around the practice. We saw that the practice had a contract in place for an external company to provide checks on the fire equipment. We saw that these checks included testing of the fire alarms and emergency lighting. Whilst the practice had fire extinguishers for use in the event of an emergency, we did not see evidence that they had been checked as safe to use since 2011. We informed the practice of our findings and staff told us that they believed the fire extinguishers were being checked at the same time as the fire alarms and emergency lighting by the contractor, however we were unable to see evidence of this. The practice subsequently provided evidence to show that the fire extinguishers had been appropriately maintained.

### ***Immediate Improvement Needed***

***The practice must provide confirmation to HIW that fire extinguishers have been maintained within the past 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 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. Arrangements with the local council were described for the disposal of non hazardous (household) waste.

A separate decontamination room was set up within the practice. The room was small with limited space for staff to work in. We discussed with the practice that they may wish to consider plans to redesign the decontamination room aligned with the principles set out within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>1</sup> policy and guidance document. The decontamination room did not have separate hand washing facilities. Facilities were available in the staff room located nearby for staff to wash their hands. We saw that the floor was not adequately covered and sealed in the decontamination room, meaning it was difficult to effectively clean.

### ***Improvement Needed***

***The practice must ensure the floor is adequately covered and sealed to prevent water, dust and debris from accumulating in the unsealed and uncovered part of the floor of the decontamination room identified to the dentists***

Decontamination equipment appeared visibly in good condition. One autoclave<sup>2</sup> was in use and installation/inspection certification was available showing it was safe to use. We saw logbooks had been maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show it remained safe to use.

A decontamination process was demonstrated by staff and we saw that personal protective equipment (PPE) was not worn during the process. We recommended that staff should wear appropriate PPE whilst carrying out

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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.

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

decontamination as recommended by WHTM 01-05. We also recommended that decontamination protocols be displayed in the decontamination room to ensure that all staff follow the same procedures for decontamination.

***Improvement Needed***

***The practice should ensure that staff undertaking decontamination of instruments have access to and use appropriate PPE***

Following the decontamination process, instruments were being stored in sealed bags to prevent cross contamination. Whilst the use by dates had been written on packaging we have recommended that the dates the instruments had been sterilised 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 not conducted an audit of the decontamination arrangements. We recommend that the practice conduct such an audit to assess compliance with WHTM 01-05 as part of their quality improvement activity.

We looked at all the clinical facilities (surgeries) within the practice. These were generally clean, however we did see that the work surfaces were cluttered and may inhibit the ability to effectively clean the surfaces. We recommended to the practice that they should consider alternative storage for equipment, materials and paperwork that were stored on the work surfaces. We saw that the floors in both of the surgeries needed sealing to allow for effective cleaning to reduce cross infection.

***Improvement needed***

***The practice must ensure the floors are sealed between the cabinets and the existing flooring (or make other suitable arrangements) to prevent water, dust and debris from accumulating in the unsealed part of the floors of the surgery identified to the dentists***

We saw that equipment and drugs were available for use in a patient emergency (collapse). We were told that checks were carried out on the emergency drugs and equipment on a monthly basis. We recommended that checks on emergency drugs and equipment be conducted on a weekly basis, and records kept to show this had been completed in accordance with national guidance. We were provided with verbal assurance that this corrective action would be implemented.

### ***Improvement Needed***

***The practice must make suitable arrangements to ensure that regular checks are being conducted on the emergency drugs and equipment in accordance with the quality standards set out by the Resuscitation Council (UK)<sup>3</sup>***

Staff had easy access to a series of flowcharts describing the action to take, and drugs to use, should a patient emergency be identified. We recommended that these could be stored with the relevant drugs to facilitate easier access in an emergency, and the practice agreed to consider our findings. We saw training records that indicated staff training in cardiopulmonary resuscitation (CPR) was up to date for most staff. One certificate was not available to view on the day of inspection. We were told that the staff member had completed training with the rest of the practice, but that the certificate was stored away from the practice. We recommended that the practice retain records of all CPR training to demonstrate that staff have attended 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 majority of the required documentation and information on the safe use of the X-ray equipment was available and up to date. The practice did not have a radiation protection policy in place. We informed the dentists of our findings and they verbally agreed to implement a suitable policy. We saw certificates to show that the dentists were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

### ***Improvement Needed***

***The practice must implement a practice specific Radiation Protection Policy***

We considered a sample of patient X-rays and found that the quality of the X-rays taken varied considerably. We recommended to the dentists that they may wish to consider using film holders to help improve the quality of the X-rays. The processing of X-rays was automatic, however the practice did not have a

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<sup>3</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.

system to record processing quality at the beginning of the day before patients' films are processed. We recommended that the practice should introduce a daily check to show the effectiveness of X-ray processing.

### ***Improvement Needed***

***The practice should implement a system for checking the processing of X-rays on a daily basis. The outcomes of checks should be recorded in a logbook***

The practice was unable to provide certification to show that the compressor<sup>4</sup> had been serviced within the previous 26 months to ensure that it was safe to use and fit for purpose. We informed the practice of our findings and were provided with verbal assurance that the compressor was due to be serviced on the 7 October 2016. Appropriate certification was received to show that the compressor was serviced on the 10 October 2016.

### ***Immediate Improvement Needed***

***The practice must ensure that an up to date scheme of maintenance inspection certificate is available for the compressor. Certification must be provided to HIW***

### **Effective Care**

The practice did not have a process in place for undertaking clinical audits. We discussed this with the dentists and recommended that they should implement a range of clinical audits with the aim of identifying areas for improvement. We identified some areas for audit activity, namely compliance with WHTM 01-05, antimicrobial audit, peer review record card audit and X-ray image quality.

### ***Improvement needed***

***The practice should implement a range of 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 ten patient dental records to assess the quality of record keeping. This sample included records that had been completed by the

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<sup>4</sup> Machine used to supply compresses air to dental equipment

two dentists who worked at the practice. We found areas for concern in the standard of record keeping within patient records which meant we could not be assured that patients were receiving an acceptable standard of care and treatment.

We found that immediate improvement was required in the following areas:

- Patient identifiers, (name, address, date of birth) were often incomplete and not included on all patient notes and inserts within the clinical records. This meant that patient information had the potential for being misplaced and filed incorrectly amongst other patient records.
- Initial medical histories for patients were not always recorded in patient notes, meaning that important medical details were not included for every patient.
- Updated medical histories had not always been taken and/or recorded at each course of treatment. Where information had been recorded it had not been countersigned by the dentists.

### ***Immediate Improvement Needed***

***The dentists must ensure that patient records conform to standards as outlined by the GDC and Health and Care Standards, specifically to include:***

- ***Patient identifiers on all records***
- ***Initial medical histories for all new patients***
- ***Updated medical histories for every patient at each course of treatment***

In addition to the above, we identified additional common themes that required improvement:

- Patients' alcohol and tobacco use had not always been noted by the dentists, together with any health promotion advice provided. There was also no reporting of the soft tissues was recorded at the start of each course of treatment. These would demonstrate that dentists had assessed patients for their risk of developing oral cancer and provided advice on how this could be reduced.
- No BPE (Basic Periodontal Examination) had been recorded within patient records, meaning that there was no evidence to show that the

dentists had carried out and acted upon any findings in relation to these checks.

- No base charting of the teeth was present within the sample of patient records. This maintains a pictorial record of the mouth and assists in treatment planning and identification of the patient.
- Treatment planning, an explanation of treatment options provided to patients, treatment given and the justification for recalling patients to their next appointment was not always clearly documented for every patient. We saw that medication had been prescribed without documented justification. Patient consent was not recorded within the sample of patient records we saw.

We informed the dentists of our findings and were provided with verbal assurance that measures would be put in place with immediate effect to address the areas of concern.

***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 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 two dentists who were supported by a team of three dental nurses. We saw that a range of policies was in place with the aim of ensuring the safety of staff and patients. Some policies 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.**

**We required the practice to provide immediate assurance that appropriate indemnity cover was in place for all staff.**

The two dentists were responsible for the day to day management of the practice, and supported by the dental nurses in the surgeries and on reception. Where we identified areas for improvement, the whole practice team demonstrated a commitment to address these quickly.

Conversations with staff working on the day of our inspection indicated they felt well supported in their roles by the whole 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. We recommended to the practice that some of the policies were in need of updating, to ensure they were providing staff with sufficient guidance. Policies which required updating included the child protection policy, adult protection policy and complaints policies.

### ***Improvement Needed***

***The practice must ensure that it has detailed policies in place with regards to child protection and adult protection procedures***

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. We were not able to see that staff had undertaken training in child protection, which is 'highly recommended' by the General Dental Council. We were told that the practice was in the process of booking all staff onto a relevant course, but expressed difficulties at being able to attend a course in the immediate future.

### ***Improvement Needed***

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

Whilst training certificates were available for some staff for other training carried out, the practice should make arrangements to keep records 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 records of training 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. We saw that dates of practice meetings had been recorded together with an agenda, but the practice had not documented discussions or outcomes of the meetings. We recommended to the practice that they should formalise the outcomes of practice meetings held for future reference.

The practice informed us that they had not undertaken any form of appraisal of any member of staff. We recommended to the practice that all staff should receive an appraisal of their work on a regular basis, as recommend by the General Dental Council.

### ***Improvement Needed***

***The practice should ensure that all staff have a regular appraisal of their work***

We found that clinical staff were registered with the General Dental Council to practise. We saw certification to show that some staff had indemnity insurance in place, however the practice was unable to provide certification for all members of staff to show that they had appropriate indemnity cover in place. We were provided with verbal assurance that all staff had indemnity, but that the relevant certificates were located off-site.

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

***The practice must provide certificates to HIW to show that appropriate levels of indemnity cover are in place for all staff***

We saw that all staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

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 dentists agreed 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.

***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 Clive Street Dental Practice will be addressed, including timescales.

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

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

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

## 6. Methodology

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: Clive Street Dental Practice**

**Date of Inspection: 3 October 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
6	The practice must display a private dental treatment price list for patients to view  <i>General Dental Council Standards for the Dental Team, Standard 2</i>	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 14	A Private fee scale list has been clearly displayed in the waiting room.	Lyndsey Rich & Roger Collins – Practice Owners	05/10/16
7	The practice should implement a process to regularly obtain patient feedback  <i>General Dental Council Standards for</i>	Health and Care Standards April 2015  Standard	A folder containing patient experience questionnaires, clearly labelled, has been supplied in the waiting room and is reviewed weekly.	Lyndsey Rich & Roger Collins – Practice Owners	05/10/16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>the Dental Team, Standard 2</i>	6.3			
7	<p>The practice's complaints procedure for private patients must be updated to comply with regulatory guidelines. The complaints procedures for NHS and private patients must be displayed for patients to view in the practice</p> <p><i>General Dental Council Standards for the Dental Team, Standard 5</i></p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 15</p> <p>Health and Care Standards April 2015</p> <p>Standard 6.3</p>	The practice private complaints procedure has been reviewed and a notice is clearly displayed in the waiting room.	Lyndsey Rich & Roger Collins – Practice Owners	15/11/16
<b>Delivery of Safe and Effective Care</b>					
9	<p><b><i>Immediate Improvement Needed</i></b></p> <p>The practice must provide confirmation to HIW that fire extinguishers have been maintained within the past 12 months</p>	The Private Dentistry (Wales) Regulations 2008 (as amended)	Both Fire extinguishers in the practice have been examined by Fire Rite UK, updated and arrangements made for servicing on a yearly basis.	Lyndsey Rich & Roger Collins – Practice Owners	October 2016



Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>Fire Precautions (Workplace) Regulations 1997 &amp; The Regulatory Reform (Fire Safety) Order 2005</i>	Regulation 14			
9	<p>The practice must ensure the floor is adequately covered and sealed to prevent water, dust and debris from accumulating in the unsealed and uncovered part of the floor of the decontamination room identified to the dentists</p> <p><i>The Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)</i></p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14</p>	A plan has been drawn up to provide an extra sink and a floor plinth to prevent water, dust and debris accumulating.	Lyndsey Rich & Roger Collins – Practice Owners	15/12/16
10	<p>The practice should ensure that staff undertaking decontamination of instruments have access to and use appropriate PPE</p> <p><i>The Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)</i></p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14</p>	Protective glasses, marigold gloves and aprons are provided and accessible to all staff	Lyndsey Rich & Roger Collins – Practice Owners	03/10/16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
10	<p>The practice should record the date by which instruments should be used or reprocessed on the packaging of decontaminated instruments</p> <p><i>Memorandum (WHTM) 01-05 (Revision 1)</i></p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14</p>	<p>Instruments are sterilised, packaged and dated on date of sterilization and one year hence.</p>	<p>Lyndsey Rich &amp; Roger Collins – Practice Owners</p>	<p>04/10/16</p>
10	<p>The practice must ensure the floors are sealed between the cabinets and the existing flooring (or make other suitable arrangements) to prevent water, dust and debris from accumulating in the unsealed part of the floors of the surgery identified to the dentists</p> <p><i>Memorandum (WHTM) 01-05 (Revision 1)</i></p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14</p>	<p>Silicon floor sealant provided to both surgeries.</p>	<p>Lyndsey Rich &amp; Roger Collins – Practice Owners</p>	<p>30/11/16</p>
11	<p>The practice must make suitable arrangements to ensure that regular checks are being conducted on the</p>	<p>The Private Dentistry (Wales) Regulations</p>	<p>Regular checks on emergency drugs and equipment are checked on a weekly basis and recorded into a log book attached to the</p>	<p>Lyndsey Rich &amp; Roger Collins – Practice</p>	<p>17/11/16</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>emergency drugs and equipment in accordance with the quality standards set out by the Resuscitation Council (UK)</p> <p><i>Resuscitation Council (UK), Quality Standards for cardiopulmonary resuscitation practice and training, Primary Care</i></p>	<p>2008 (as amended)</p> <p>Regulation 14</p>	<p>emergency case.</p>	<p>Owners</p>	
11	<p>The practice must implement a practice specific Radiation Protection Policy</p> <p><i>The Ionising Radiation (Medical Exposure) Regulations 2000</i></p>	<p>Health and Care Standards April 2015 Standard 2.9</p>	<p>A Radiation Protection Policy for this practice is in the process of development.</p>	<p>Lyndsey Rich &amp; Roger Collins – Practice Owners</p>	<p>15/12/16</p>
12	<p>The practice should implement a system for checking the processing of X-rays on a daily basis. The outcomes of checks should be recorded in a logbook</p> <p><i>The Ionising Radiation (Medical Exposure) Regulations 2000</i></p>	<p>Health and Care Standards April 2015 Standard 2.9</p>	<p>A monitoring system for the processing of x-rays is in place and is checked daily. All outcomes are recorded in the logbook.</p>	<p>Lyndsey Rich &amp; Roger Collins – Practice Owners</p>	<p>21/11/16</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
12	<p><b><i>Immediate Improvement Needed</i></b></p> <p>The practice must ensure that an up to date scheme of maintenance inspection certificate is available for the compressor. Certification must be provided to HIW</p> <p><i>Pressure Systems and Transportable Gas Container Regulations 1989</i></p> <p><i>Pressure Systems Safety Regulations 2000</i></p>	Health and Care Standards April 2015 Standard 2.9	Mr Lyndsey Rich visited HIW on 10/10/16 to present certificates.	Lyndsey Rich & Roger Collins – Practice Owners	10/10/16
12	<p>The practice should implement a range of 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</p>	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 16	Clinical audits are being implemented and will be completed in the new year.	Lyndsey Rich & Roger Collins – Practice Owners	15/01/17
13	<p><b><i>Immediate Improvement Needed</i></b></p> <p>The dentists must ensure that patient</p>	The Private Dentistry (Wales)	Regarding patient identifiers, all record cards are marked with the patient's name, D.O.B. and address	Lyndsey Rich & Roger Collins –	05/10/16

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	<p>records conform to standards as outlined by the GDC and Health and Care Standards, specifically to include:</p> <ul style="list-style-type: none"> <li>• Patient identifiers on all records</li> <li>• Initial medical histories for all new patients</li> <li>• Updated medical histories for every patient at each course of treatment</li> </ul> <p><i>General Dental Council Standards for the Dental Team, Standards 3 and 4</i></p>	<p>Regulations 2008 (as amended)</p> <p>Regulation 14</p>	<p>including postcode. Insert card are likewise marked and placed inside envelope cards.</p> <p>Oral radiograph's are placed inside their envelopes and are marked with the patient name, D.O.B and date of x-ray and are placed inside the patients record card.</p> <p>All new patients are asked to complete a medical history form on their first appointment.</p> <p>At each course of treatment patient are asked to check their medical history forms, update any changes and sign and date to confirm either this or no change.</p>	<p>Practice Owners</p>	
14	<p>The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping</p> <p><i>General Dental Council Standards for</i></p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14</p>	<p>For each course of treatment :-</p> <ul style="list-style-type: none"> <li>• Medical history form is checked by the patient and the dentist.</li> <li>• Dental charting is recorded</li> <li>• Where applicable BPE is recorded</li> </ul>	<p>Lyndsey Rich &amp; Roger Collins – Practice Owners</p>	<p>05/10/16</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>the Dental Team, Standards 3 and 4</i>		<ul style="list-style-type: none"> <li>Extra oral, soft tissue examination is recorded.</li> </ul> Where applicable local anaesthetic use along with batch number and expiry date are recorded.		
14	<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>	The Ionising Radiation (Medical Exposure) Regulations 2000	Both Dentists record that an x-ray has been taken, the reason for taking the x-ray and also the findings and outcome of the x-ray on the patients record at the time of treatment.	Lyndsey Rich & Roger Collins – Practice Owners	05/10/16
<b>Quality of Management and Leadership</b>					
15	<p>The practice must ensure that it has detailed policies in place with regards to child protection and adult protection procedures</p> <p><i>General Dental Council Standards for the Dental Team, Standards 4 and 8</i></p>	Health and Care Standards April 2015 Standard 2.7	Child and adult protection policies are in development.	Lyndsey Rich & Roger Collins – Practice Owners	14/01/17

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
16	<p>The practice must make arrangements to ensure staff complete training on child protection. Evidence of training must be available for inspection by HIW</p> <p><i>General Dental Council Standards for the Dental Team, Standards 4 and 8</i></p>	<p>Health and Care Standards April 2015 Standard 2.7</p>	<p>Child Protection course initially booked for 3<sup>rd</sup> November, however this date was cancelled by the Course Administrator. Currently awaiting a new date from the Course Administrator.</p>	<p>Lyndsey Rich &amp; Roger Collins – Practice Owners</p>	<p>15/01/17</p>
16	<p>The practice should make arrangements to keep records of training 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, Standards 4 and 8</i></p>	<p>Health and Care Standards April 2015 Standard 2.7</p>	<p>Records of staff training will be kept on file in the practice and also each individual staff member will keep their own records.</p>	<p>Lyndsey Rich &amp; Roger Collins – Practice Owners</p>	<p>05/10/16</p>
16	<p>The practice should ensure that all staff have a regular appraisal of their work</p> <p><i>General Dental Council Standards for</i></p>	<p>Health and Care Standards April 2015 Standard 3.3</p>	<p>All staff are subject to an appraisal every six months, copies of which will be kept by the practice and staff member accordingly. These will take place on 1<sup>st</sup> June &amp; 1<sup>st</sup> December each year.</p>	<p>Lyndsey Rich &amp; Roger Collins – Practice Owners</p>	<p>05/10/16</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>the Dental Team, Chapter 6</i>				
16	<p><b><i>Immediate Improvement needed</i></b></p> <p>The practice must provide certificates to HIW to show that appropriate levels of indemnity cover are in place for all staff</p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 13 schedule 2</p>	<p>Certificates have been provided to HIW.</p>	<p>Lyndsey Rich &amp; Roger Collins – Practice Owners</p>	<p>04/10/16</p>
17	<p>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</p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 13 schedule 2</p>	<p>Both dentists have registered with HIW and the DBS certificates have been issued.</p>	<p>Lyndsey Rich &amp; Roger Collins – Practice Owners</p>	<p>21/11/16</p>



**Practice Representative:**

**Name (print): MRS JOANNE GOULDING**

**Title: DENTAL NURSE**

**Date: 21.11.2016**