

General Dental Practice Inspection (Announced)

Talbot Street Dental
Practice Abertawe Bro
Morgannwg Health Board

Inspection Date: 26 January
2017

Publication Date: 27 April 2017

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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	16
6.	Methodology.....	17
	Appendix A	19

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 Talbot Street Dental Practice at 24 Talbot Street, Maesteg, Bridgend, CF34 9BW on 26 January 2017.

HIW explored how Talbot 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

Talbot Street Dental Practice provides services to patients in the Maesteg and surrounding areas. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg Health Board.

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

The practice staff team includes three dentists, four dental nurses (one of whom also provides part-time practice manager role) and two receptionists.

A range of NHS and Private dental services are provided.

3. Summary

Overall, we were satisfied that Talbot Street Dental Practice was meeting the standards necessary to provide safe and effective care. However, there were a number of areas which needed improvement.

This is what we found the practice did well:

- Patients were satisfied with the service provided
- The staff team were friendly, welcoming and committed to providing a high standard of care
- Clinical facilities were well equipped and generally clean
- Dental instruments were cleaned and sterilised appropriately
- There were arrangements in place for the safe use of X-rays.

This is what we recommend the practice could improve:

- Develop processes for recording compliments, concerns and complaints and implement a way of listening, learning and acting upon feedback from patients
- Undertake residual repairs to dental chairs and cabinetry in surgeries
- The practice must review and update environmental risk assessments in areas identified
- Review the daily maintenance checks for the decontamination of instruments
- Keep safeguarding checks and training refreshers up to date
- Quality of patient record keeping
- More robust quality assurance arrangements
- Data protection processes.

4. Findings

Quality of the patient experience

We found evidence that the practice was committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was positive. The practice needs to develop a central process for recording compliments, concerns and complaints. The practice needs to develop a system for seeking patient feedback as a way of assessing the quality of the service provided.

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. In total, 18 questionnaires were completed and returned. Without exception patients indicated that they were made to feel welcome and were satisfied with the services received at the practice. Patient comments included:

“I am so impressed with this practice; the reception staff are warm and very welcoming. My dentist and her assistant always take time to explain what they are doing and answer any questions I may pose in full”

“Lovely and friendly practice. Great staff and excellent communication”

“Very pleased with the service me and my family receive”

“No complaints so far, very good service”

Dignified care

We saw evidence to indicate patients were provided with care in a dignified and respectful manner. There was space available for staff to have conversations with patients in a private area, away from other patients, if required, for the purpose of maintaining patient confidentiality.

We observed staff speaking with patients in a friendly and professional way. Feedback from all of the patients who completed HIW questionnaires was positive with patients stating they were satisfied with the care and treatment they received at the practice and all patients said that they felt welcomed by staff.

We saw that information about the price of both NHS and private treatment was available in the waiting area, so that patients were informed about costs. We

saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

Timely care

The practice made every effort to ensure that care was provided in a timely way. Without exception patients responding to our questionnaires indicated that they had not experienced any delay in receiving their treatment.

Eight out of the 18 questionnaire respondents stated they were uncertain about emergency out of hour's arrangements. However we saw that the details of the practising dentists were displayed externally, as was the emergency contact number. Surgery opening hours were added on the day of the inspection to provide this additional information for patients.

Staying healthy

Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. The majority of patients who completed the questionnaires told us they received enough information about their treatment. There were patient information and health promotion leaflets available in the waiting area.

Individual care

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. The majority of respondents stated they did not know how to make a complaint, however, we saw that the complaints procedure was displayed on the notice board in the downstairs waiting room. This meant that patients could easily access this information, should they require it.

On the day of the inspection the practice added the HIW contact and address to the private dental care complaints procedure as requested, so that this complied with regulations. We therefore found the procedures were compliant with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry Wales 2008 Regulations¹. The practice manager was the designated complaints manager.

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

At the time of the inspection we were informed records of compliments, concerns and complaints were being recorded on individual patient paper record files. The practice needs to develop a formal and central process for recording such issues, which can then be periodically reviewed and audited by the practice.

Improvement needed

The practice must ensure that there is a consistent process for recording compliments, concerns and complaints. The practice must be able to demonstrate how they monitor actions, outcomes and any lessons learnt.

The practice did not have an established way of seeking patient feedback. Staff told us patient satisfaction surveys were done when required by external organisations but there was not an established ongoing way to seek patient's feedback and suggestions. It was unclear whether the practice had considered any feedback gathered to make improvements.

Improvement needed

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

Delivery of safe and effective care

Overall, we found evidence that patients were provided with safe and effective dental care. Clinical facilities were well equipped and were generally visibly clean and tidy. However, we found that there were some residual works required to the fabric of dental chairs and cabinetry in some of the surgeries.

We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. However, there were some areas of decontamination processes that needed improvement. The downstairs decontamination room which was not fit for purpose was being decommissioned.

There were arrangements in place for the safe use of X-ray equipment. However we found that one of the three available X-ray machines required a three yearly critical radiology examination and certificate.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. However, some aspects of the environmental and fire risk assessments required review and updating.

The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. However the level of safeguarding checks required clarification and some staff required safeguarding refresher training.

Safe care

Clinical facilities

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. The practice was generally visibly well maintained and surgeries were clean, tidy and well organised. However, we found that there were some residual works required to the fabric of dental chairs, and to cabinetry, where there was obvious wear and tear to cabinet doors and corner pieces in some of the surgeries. We also found that there were out of date dental materials being kept in all surgeries drawers.

Improvement needed

The practice must undertake residual repairs to dental chairs and cabinetry in surgeries.

The practice must ensure there is a process in place for checking that all out of date dental materials are disposed of appropriately.

We saw that the portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. However, the five yearly electrical wiring certificate for the premises required updating.

Improvement needed

The five yearly electrical wiring certificate must be updated and a copy to be sent to HIW.

We looked at the risk assessments on Control of Substances Hazardous to Health (COSHH)² and we saw that safety data sheets had been kept for each substance in addition to appropriate risk assessments. However, we found that COSHH items were not being stored safely or securely.

Improvement needed

Arrangements must be made and maintained for the safe and secure storage all COSHH items.

Contract documentation was in place for the disposal of non hazardous and hazardous waste. However, we noted that one hazardous waste container bin was not securely or safely stored in respect of access issues to the downstairs decontamination room area. The downstairs decontamination room was not fit for purpose in a number of respects. Staff told us that this was being decommissioned with immediate effect. There was an appropriate decontamination room available on the first floor. Sharps containers were safely stored.

Improvement needed

Following the decommissioning of the downstairs decontamination room, staff must ensure safe and secure storage of hazardous waste bin is maintained.

² <http://www.hse.gov.uk/coshh/index.htm>

Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place and fire signage and risk assessment were evident. The practice manager was advised to take further advice in respect of the fire exit evacuation point sited in the upstairs waiting room area, so that child safe access is considered for this area.

There was a health and safety policy and we saw that environmental risk assessments had been carried out. However, a review of environmental risk assessments should be undertaken as we identified potential risks within certain areas of the environment. Specifically; potential trip risks due to laminate flooring and stairway non-slip coverings requiring some remedial action; patient access to some staff only areas and data protection of patient paper files, needs to be more secure in areas where patients have access.

Improvement needed

The practice must review and update environmental risk assessments and ensure that all risks within the environment are identified and managed appropriately.

Infection control

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. This is because we saw evidence that there were infection prevention and control measures in place. Examples included the following:

- There was a designated decontamination room for the cleaning and sterilisation of dental instruments on the first floor. The ground floor decontamination room was being decommissioned as it was not fit for purpose
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Instruments were stored and transported appropriately and we advised that packaging be marked for both processing and use by date.

A decontamination policy was in place and we advised that this and other key policies could be signed and dated by staff to confirm they have read key

policies. However, we found that decontamination daily maintenance checks needed to be improved as follows:

- The practice needs to complete start and end of day checklists
- Undertake helix tests daily and vacuum tests weekly

We also found that pre sterilisation cleaning methods needed to be improved;

- Ultra sonic tests were not being data logged, Browns and protein tests need to be undertaken at specified intervals

Improvement needed

The practice must review the daily maintenance checks for the decontamination of instruments in compliance with WHTM01-05

The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05³ (WHTM 01-05) guidelines and staff had completed decontamination refresher training on a five yearly basis. Records of immunity must be up to date and a record maintained and/or evidence of life long immunity kept where that applies. We found that Inoculation immunity check status for staff members was up to date.

Emergency drugs and resuscitation equipment

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use in the event of a patient emergency (collapse). A resuscitation policy was in place including roles and responsibilities for staff.

Emergency drugs were well organised, with corresponding life support flowcharts for use in specific emergencies. A record of the regular emergency drugs checks was being maintained. There was an appropriate accident book in place and completed accident sheets were filed securely to maintain data protection.

We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

³ <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

The practice had one appointed first aider in the team who had completed relevant training and a first aid kit was available. However, we found that the member of staff who had up to date first aid training worked on a part-time basis and so were not assured that sufficient first aid cover was available.

Improvement needed

The practice must consider further first aid training for staff members, so that sufficient first aid cover is available at the practice.

Safeguarding

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place and safeguarding training was being provided for relevant staff. However, we found that one member of staff required safeguarding refresher training. There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. We were told that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance checks. DBS three yearly refresher clearance checks had recently been renewed for all staff. However, whilst enhanced DBS checks were noted on the DBS documentation, the children's barring register check had not been completed. The primary dentist was looking into this at the time of the inspection.

Improvement needed

The practice needs to ensure that all relevant staff have up to date safeguarding training for both adults and children safeguarding.

The enhanced DBS safeguarding checks need to be further considered to ensure that the Children's barring register checks have been carried out.

Radiographic equipment

We saw that the environment had been planned and laid out to ensure the safe use of radiation equipment. We advised the practice to review the positioning of one radiology switch to ensure it was safely positioned. The practice sought advice following the inspection and confirmed that it was.

We saw documentation to show that two of the three X-ray machines had been regularly serviced to help ensure they were safe for use. However we found that one of the three available X-ray machines required a three yearly critical Radiology examination and certificate.

Our concerns regarding the required three yearly critical radiology examination and certificate were dealt with through our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Further details of this are provided in Appendix A.

The practice completed radiograph audits for quality assurance purposes. We found that staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council⁴ and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000⁵. We found that the radiation protection file needed review and updating. This is because this file was generic and not practice specific in its content. It would also benefit from having duplicate IRMER certificates and an up to date log of IRMER training included.

Improvement needed

The radiation protection file needs to be reviewed, so that it is practice specific.

Patient Records

We viewed a sample of dental records and spoke with two of the dental practitioners on the day of our inspection. Overall, we found there was a good quality of record keeping and patient care.

However, we identified the following areas for improvement:

- Medical histories were not consistently countersigned by the dentists and patient to identify they had been checked. There was not a clear system of updating them
- Smoking cessation advice and mouth cancer screening was not being consistently recorded
- Indications of radiographic bite wings were not being recorded at regular intervals
- Treatment plans were not being routinely discussed and recorded

⁴ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁵ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

- Radiograph justification and findings to be recorded at all times.

Improvement needed

Patient records must be maintained in accordance with professional record keeping guidance and improvements should be made regarding the specific findings identified in the report.

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engaged in some relevant audits, including infection control.

There were no formal arrangements for staff to conduct regular peer review audits together. We advised the practice that learning from peer review and audits contributes to the quality of care provided. We discussed the range of audit topics provided by the Welsh Deanery and the practice manager told us they had considered arranging time for staff to conduct audits as a team.

Improvement needed

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

Quality of management and leadership

Talbot Street Dental Practice has a well established practice team with a low turn over of staff. The day to day management of the practice was provided by the lead dentist and a part-time practice manager. Staff we spoke with were committed to providing high quality care for patients.

We found that improvements were needed to some policies, procedures and audit processes. Record keeping and training refreshers required improvement also. We recommended that the practice ensure there are sufficient and effective management arrangements in place to address this.

The day to day management of the practice was the responsibility of the primary dentist and practice manager. We saw a staff team at work who appeared happy and competent in carrying out their roles.

Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD). There was evidence that staff appraisals had been conducted for staff. We found there were systems in place to ensure any new staff received an induction and that they were made aware of practice policies and procedures. We were told that staff meetings were held on a regular basis and these were recorded.

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

We looked at the policies and procedures in place and saw evidence that they had been reviewed. Some policies required further detail as indicated in the report and the practice manager was advised to consider developing their quality assurance policy, to implement an ongoing process of audit and review, as a way of ensuring the quality of the care provided.

We noted that storage and archiving of patient files required consideration, to ensure the safety and security of personal data.

Improvement needed

The practice must review the storage of patient files to maintain the safety and security of personal data.

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 Talbot 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 2008⁶ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁷. Where appropriate we consider how the meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical

⁶ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁷ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

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

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

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

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

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: Talbot Street Dental Practice

Date of Inspection: 26 January 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
IMMEDIATE ASSURANCE ACTIONS					
Findings	<p>We found that the critical examination documentation for the Radiation equipment in surgery three was out of date.</p> <p>We advised you on 26th January 2017 and you agreed that this machine would not be used until such time as you are in receipt of an up to date critical examination certification to evidence that this machine is safe to use.</p> <p>Immediate Improvement Needed</p> <p>The practice is required to:</p>	<p>Health care Standards 2.9</p> <p>Private Dentistry (Wales) Regulations 2008</p> <p>14 (3) (a) (b)</p> <p><i>Ionising radiation Regulations 1999</i></p>	<p>The machine has not and will not be used until required certification has been received. The machine in question is in surgery One (1st Floor) not in surgery Three as stated.</p> <p>An appropriate technician has been contacted and is attending the surgery on 31st January to conduct all necessary testing. A certificate will be provided as soon as results are processed.</p> <p>The machine was tested and</p>	Dr Rachel Coles	<p>Immediately</p> <p>.</p> <p>Testing will be completed 31st January and certification will be provided to HIW as soon as the practice receives</p>

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
	make arrangements to have the radiation equipment checked by an appropriate person provide HIW with suitable documentation to demonstrate that is safe to use.	<i>Ionising Radiation (Medical Exposure) Regulations 2000</i>	certified safe to use on the 31st January 2017. Testing and certification has been carried out and the relevant paperwork has been forwarded to HIW.		them. Completed 31st January 2017
Quality of the patient experience					
7	The practice must ensure that there is a central process for recording compliments, concerns and complaints. Ensuring that a periodic review of these records is undertaken and that a consistent approach is maintained, with actions and outcomes and any lessons learnt being captured.	Health care Standards 6.3 Private Dentistry (Wales) Regulations 2008 16 (7) <i>GDC Guidance standard 5.1.7</i>	A 'Comments, Concerns and Complaints' file has been created. This is kept at reception. If patients have a comment, concern or complaint, they are asked to fill in a sheet detailing this information. There is an 'outcome' section at the end of the sheet, where staff are able to record the outcome of the comment/complaint and any actions that need to be taken. The file is reviewed at every practice meeting.	Dr Rachel Coles	Completed 31st January 2017
7	The practice must implement a way	Health care	A 'patient feedback' questionnaire	Dr Rachel	Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
	of listening, learning and acting upon feedback with a view to improving services.	Standards 6.3 Private Dentistry (Wales) Regulations 2008 14 (1) (a) <i>GDC Guidance standard 2.1</i>	similar to that used by HIW will be created and given to patients at random to assess the overall patient experience and to identify any improvements we can make to the service we provide. Feedback and suggestions for improvement will be discussed at staff meetings, where plans will be made for any improvements, if necessary.	Coles	
Delivery of safe and effective care					
9	The practice must undertake residual repairs to dental chairs and cabinetry in surgeries.	Health care Standards 2.9 Private Dentistry (Wales) Regulations 2008 14 (3) (b) <i>GDC Guidance</i>	Replacement cabinet doors have been ordered. Dental Chair Upholsterer has been contacted and arrangements have been made for dental chairs to be repaired.	Dr Rachel Coles	31/7/2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>standard 1.5</i>			
9	The practice must ensure there is a process in place for checking that all out of date dental materials are disposed of appropriately.	Health care Standards 2.6 Private Dentistry (Wales) Regulations 2008 14 (3) (a) Misuse of Drugs (Safe Custody) (amendment) Regulations 2001	The checking of expiry dates for all materials has been added to the list of daily checks to be carried out in each surgery.	Dr Robert P C Coles	Completed
9	The five yearly electrical wiring certificate to be updated and a copy to be sent to HIW.	Health care Standards 2.1 Private Dentistry (Wales) Regulations 2008	Electrical testing of building completed 18/02/17. Some minor remedial works to comply with new guidelines to be arranged. Certificate to follow.	Dr Robert P C Coles	31/5/2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		14 (1) (b) <i>The Electricity at Work Regulations 1989</i>			
9	Arrangements must be made and maintained for the safe and secure storage all COSHH items.	Health care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>Control of Substances Hazardous to Health Regulations 2002</i>	COSHH regulations to be reviewed. COSHH are now kept in storage room at back of practice. This storage facility is kept locked.	Dr Rachel Coles	Completed
9	Following the decommissioning of the downstairs decontamination room, ensure safe and secure storage of	Health care Standards 2.1, 2.9	The downstairs decontamination room has been decommissioned and is also no longer used for the	Dr Robert P C Coles.	Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
	hazardous waste bin is maintained.	Private Dentistry (Wales) Regulations 2008 14 (1) (b) Hazardous Waste (Wales) 2005	storage of clinical waste, this is now being stored in a secure place.		
10	The practice must review and update environmental risk assessments and ensure that all risks within the environment are identified and managed appropriately.	Health care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>Management of Health and Safety at Work Regulations 1999</i>	A review has been carried out of the already existing environmental risk assessments for clinical and non-clinical areas. A sign has been placed at the entrance to the surgery warning patients and visitors of an uneven floor. Remedial work has been carried out to the non-slip coverings on the stairs. Clearer 'Staff Only' signs have been placed at designated 'Staff Only' areas.	Dr Robert P C Coles.	Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
			The downstairs storage room has had a lock placed on the door.		
11	The practice must review the daily maintenance checks for the decontamination of instruments in compliance with WHTM01-05	Health care Standards 2.4 Private Dentistry (Wales) Regulations 2008 14 (4) <i>WHTM01-05</i>	New start and end of day checklists are being used. Protein testing is done weekly and logged.	Mrs Catherine Griffiths	Completed
12	The practice must consider further first aid training for staff members, so that sufficient first aid cover is available at the practice	Health care Standards 2.9 Private Dentistry (Wales) Regulations 2008 14 (1) (a) <i>Health and Safety (First</i>	We now have a full-time member of staff with First Aid training.	Dr Rachel Coles	Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>Aid) Regulations 1981</i>			
12	The practice needs to ensure that all relevant staff have up to date safeguarding training for both adults and children safeguarding.	Health care Standards 2.7 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>GDC Guidance standard 4.3.3, 8.5</i>	One staff members safeguarding training certificates were not available at the time of the inspection and could not be located. This member of staff undertook safeguarding training on 8 march 2017 and certificates were provided to HIW.	Dr Rachel Coles	Completed
12	The enhanced DBS safeguarding checks need to be further considered to ensure that the Children's barring register checks part has been marked as considered.	Health care Standards 7.1 Private Dentistry (Wales) Regulations 2008	Dyfed Powys Police have been contacted with regards to the DBS certificates that they have provided, and we have been informed that the correct certificates have been issued. We have requested replacement certificates for all staff in line with	Dr Rachel Coles	Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		14 (1) (b) <i>GDC Guidance standard 6.1.6</i>	HIW's request.		
13	The radiation protection file needs to be reviewed, so that it is practice specific and better organised.	Health care Standards 2.9 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.</i>	The radiation protection file has been reviewed and reorganised. A log of all X-ray equipment and chart of due dates for servicing and recertification for each surgery has been compiled.	Dr Rachel Coles	Completed.
14	Patient notes must be maintained in	Health care	Dentists have agreed to be more	Dr Rachel	Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
	<p>accordance with professional record keeping guidance and improvements should be made regarding the specific findings identified in the report.</p>	<p>Standards 3.3, 3.5, 4.2</p> <p>Private Dentistry (Wales) Regulations 2008</p> <p>14 (1) (b)</p> <p><i>GDC Guidance standard 4</i></p>	<p>systematic in their note taking.</p> <p>A patient's Medical History is always checked at each visit, however, arrangements have been made for medical history forms to be signed and dated by dentist and patient at every visit.</p> <p>Justification and findings for each radiograph taken will be recorded.</p> <p>Mouth cancer screening is carried out as part of the soft tissue checks that are carried out at each examination appointment.</p> <p>However, an 'OCS/ Oral Cancer Screen' will now also be recorded.</p> <p>An in-practice audit of patient notes has been arranged.</p> <p>Where advice is given regarding smoking cessation, this will also be recorded.</p> <p>A written treatment plan will routinely be discussed and signed by the patient prior to treatment.</p>	<p>Coles</p>	

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
14	The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of increasing learning, sharing best practice and helping to ensure the quality of the care provided.	Health care Standards 3.3 <i>Private Dentistry (Amendment) Regulations 2008 Section 16 A (1)</i>	Radiograph audits were being undertaken. We were implementing use of the 'The Maturity Matrix Dentistry' practice development tool and receiving guidance from our Practice Quality Improvement Tutor provided by Wales Deanery. We have now further developed and extended our formal peer review and general environmental practice quality assurance processes.	Dr Rachel Coles	Completed
Quality of management and leadership					
15	The practice must review the storage of patient files to maintain the safety and security of personal data.	Health care Standards 3.4 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	The storage of patient files has been reviewed. Filing cabinets containing patient files are to be kept locked at all times. All staff members have been reminded that cabinets should be locked after each use and the keys are to be kept in a secure cabinet behind the reception desk.	Dr R P C Coles	Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>Data Protection Act 1998</i>			

Practice Representative:

Name (print): Dr Rachel Coles

Title: Principle Dentist

Date: 8/03/2017