



General Dental Practice Inspection (Announced)

Tara Martin Dental Care,
Holyhead

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Tara Martin Dental Care at 2 Victoria Terrace, Holyhead, Anglesey, LL65 1UT on the 18 April 2017.

HIW explored how the practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Tara Martin Dental Care provides a friendly and professional dental service to their patients. However we identified a number of areas which should be improved to support the safe and effective delivery of care.

This is what we found the service did well:

- The practice is committed to providing a positive experience for patients
- We saw evidence that patients were satisfied with the treatment and service received
- The staff team appeared happy in their roles and were competent in carrying out their responsibilities
- Both dental surgeries were well-equipped, visibly clean, tidy and well organised.

This is what we recommend the service could improve:

- Decontamination facilities and procedures to align with WHTM 01-05
- Recording of patients notes
- Ensure image quality x-ray audits are undertaken annually
- Implement a formal mechanism to seek the views of patients
- Ensure that sanitary disposal bins are provided in both the staff and patients' toilet.

3. What we found

Background of the service

Tara Martin Dental Care provides private only dental services and is based in Holyhead, Anglesey.

The practice staff team includes three dentists, one therapist, one dental nurse, two trainee dental nurses and a practice manager.

A range of private dental services are provided such as

- Teeth straightening
- Dental implants
- Crowns
- Bridgework
- Veneers
- Tooth whitening
- Conscious sedation.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found evidence that the practice was committed to providing a positive experience for their patients. The feedback gained from 34 patient questionnaires was positive and patients cited the friendly, caring and professional attitude of the practice staff.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 34 were completed. Patient comments included the following:

'I've always been given very good, reliable friendly service'

'I have been very pleased and satisfied by all the advice and treatments that I have received'

'This practice is great and helped me get over my fears of dentists. [Named staff] and all the staff are great'

'It is providing a perfectly adequate service'

'I feel I have been very fortunate to come to this dental practice and am happy with my treatment'

Staying healthy

There was ample dedicated dental health promotion information available, which meant patients had access to information which could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice. No smoking signs were displayed in the practice. Price lists were also clearly on display in the waiting / reception area.

Dignified care

All patients were satisfied with the care and treatment they had received at the practice and all patients felt welcomed by staff and confirmed they were always

treated with respect. We also observed the warm, friendly and professional approach adopted by staff towards patients.

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

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

Patient information

Of the questionnaires completed, 33 patients confirmed that they were always involved in the decisions made about their individual treatment and received sufficient information.

The practice has its own patient information leaflets which were available in the waiting area along with ample oral health information leaflets.

Communicating effectively

Some staff at the practice can communicate with patients bilingually. Of the 34 questionnaire completed, 25 patients stated that they had been able to speak to staff in their preferred language.

Timely care

The practice tries to ensure that dental care is always provided in a timely way. Of the completed questionnaire, only one patient stated that they had ever experienced a delay in being seen by the dentist on the day of the appointment. However, it was made clear to us that this was due to a road accident.

Individual care

Planning care to promote independence

Responses from patients' questionnaires showed us that all of the patients felt they were given enough advice about their individual treatment and were very happy with the service they received and were always made to feel welcome.

Patients' medical histories are captured at their first visit to the practice and we were informed that these are verbally checked at each appointment. However, the medical forms are not countersigned by the dentists. All patients who completed the questionnaires confirmed that the dentists do enquire about their medical histories prior to undertaking any dental treatment. We advised the

practice of the need to ensure that the medical history forms are countersigned by the dentists at each treatment appointment. We also suggested to the practice that patients should complete a new medical history form every two years.

Improvement needed

All clinical staff to ensure they countersign the patients' medical history forms at each treatment appointment.

People's rights

The practice had in place an equality and diversity policy. There are two surgeries on the ground floor, which are accessible for patients with mobility difficulties.

Listening and learning from feedback

We saw that the practice had a complaints policy in place which was fully compliant with the Private Dentistry Wales 2008 Regulations. The policy was clearly displayed in reception / waiting area for patients to view.

We saw that the practice had procedures in place to deal with formal and informal complaints and concerns. In order for the practice to identify any common themes, we advised the practice to introduce a log which they did immediately during our inspection.

We discussed the practice's mechanism for seeking patient feedback. The practice informed us that they do not have a formal system in place to seek patient views. We recommended that the practice develops a patient survey in order for patients to provide their feedback. We also advised the practice to display an analysis of the feedback received in the waiting area / reception, demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice.

Improvement needed

The practice should implement a formal mechanism to seek the views of patients and ensure feedback analysis is displayed for patients to view.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that the surgeries were visibly clean, tidy and were well laid out and effectively used. However, we identified a number of improvements needed to patients' clinical records and the decontamination room to support the delivery of safe and effective care.

Safe care

Managing risk and promoting health and safety

There was one unisex toilet for use by patients and one toilet for staff. Both facilities were signposted and visibly clean. However, no sanitary disposal bin was provided in either facility. It was also noted that there was no lock on the staff toilet. We brought this to the attention of the practice who informed us an appropriate lock would be installed.

We noted that small portable appliance testing (PAT) was undertaken appropriately and at regular intervals to help ensure they were safe for use. Fire extinguishers were in place throughout the building and were serviced regularly. Directions for the emergency exits were clearly visible and the Health and Safety poster was clearly on display.

We noted that the practice accident book needed to be replaced with the 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR) book which includes the Health and Safety Executive (HSE) contact details and protocols.

We found that all chemicals were kept securely and none were left in public areas.

We could see that the practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We also saw that the waste had been segregated into the designated coloured bags / containers in accordance with the correct method of disposal. We did advise the practice to consider installing a wall mount bracket for the sharps

(hazardous waste) bin to improve safety and also order blue lidded bins for the use of unused medicines which the practice did immediately during our visit.

Improvement needed

Ensure all accidents are recorded in an approved RIDDOR book

Ensure that sanitary disposal bins are provided in the patients and staff toilet.

Appropriate locking mechanism to be installed in the staff toilet

Ensure any unused medicines are placed in blue lidded bins

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. However, the lack of space is hindering full compliance to WHTM 01-05.

We found the decontamination room was cluttered, disorganised, had large areas of cobwebs, was dusty and in need of a deep clean. This may have a negative impact on the thorough decontamination process essential for the delivery of safe and effective care to patients.

Our concerns regarding the cleanliness and tidiness of the decontamination room were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

The decontamination room is also used as a kitchen, with no segregation. Manual cleaning of dental instruments are rarely undertaken as the routine method used is automated. There is a hand washing sink available but this was not a dedicated sink as it is also used for washing cups and dishes. There is a separate sink which can be used for scrubbing instruments but the bowl that is currently used for rinsing is small. The WHTM 01-05 recommends that two dedicated sinks should be available for decontamination work, one for washing and cleaning of the instruments, the second for rinsing. We advised the practice to consider redesigning the decontamination room so that a further sink or a double sink can be installed for decontamination work. Until two sinks or a double sink is installed, we recommended to the practice that a larger rinsing bowl is used. This is because, after cleaning instruments in the first sink or bowl, the operator can efficiently rinse the cleaned instruments in the second

sink or bowl which will reduce the risk of re-contaminating the instruments with cleansing agents or detergents.

It was also noted that paint was flaking off the walls in the decontamination room and there was visible signs of damage to the flooring. We advised the practice to consider redecorating the area and also install new flooring. Until a new floor can be installed, we recommended that the damage to the floor is temporarily sealed.

We saw records that showed the practice undertakes audits of infection control on an annual basis. However, we noted that the audit tool used by the practice was Health Technical Memoranda 01-05 (HTM 01-05) which applies to England. We recommended that the practice uses the Welsh Deanery audit tool as recommended by WHTM 01-05.

We also noted that the dental instruments were stored in line with their current decontamination policy. However, we advised the practice that stored bagged instruments can be kept for 12 months and not 30 days. We recommended that the policy is reviewed and updated.

Improvement needed

Use one larger bowl for rinsing in the decontamination sink.

Ensure any damaged / broken areas of the floor in the decontamination room are sealed.

Ensure that the Welsh Deanery audit tool is used for future infection control audits.

The practice should review and update their decontamination policy

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in relevant areas. We saw records that indicated the team had received all relevant training. The emergency drugs were stored securely and immediately available in the event of a medical emergency (patient collapse) at the practice. We did advise the practice to consider replacing the injectable Midazolam (which is used in an epileptic emergency) with oral Midazolam as this is much easier to administer in an emergency situation.

We saw evidence that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use. We noted that the practice checks the oxygen levels on a monthly basis and we recommended that oxygen levels are checked and logged on a daily basis. We also recommended adding needle / syringe expiry dates to the existing log.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training. However, the practice did not have a dedicated trained first aider.

Improvement needed

Ensure that oxygen levels are checked and logged daily

Add needle / syringe expiry dates to the existing log of emergency equipment

Ensure at least one member of staff is trained in first-aid.

Safeguarding children and adults at risk

We saw that all staff had completed training in the protection of children and vulnerable adults. We saw that the practice had a safeguarding policy in place which covered both children and vulnerable adults. However, the policy was in need of updating to ensure it contained up to date contact details for the local safeguarding team which the practice did immediately during our visit.

We confirmed that all relevant staff were registered with the General Dental Council (GDC).

The practice informed us that two of the dentists Disclosure and Barring Service (DBS) check were currently being renewed and we saw evidence confirming this. All dentists registered with HIW must hold a valid DBS check for which no more than three years have lapsed. We also checked that all other relevant staff had a valid DBS in place.

Improvement needed

Forward to HIW details of the renewed DBS certificate for two dentists

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained appropriate equipment for the safety of patients and the dental team. We noted

that the surgeries had been designed and organised to help the team work efficiently and was visibly very clean and in good condition.

We saw evidence that the compressor had been regularly serviced. The practice informed us that the compressor is drained on a weekly basis. However, no log was maintained and we advised the practice to introduce a log.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. We saw evidence of up-to-date ionising radiation training for all the clinical staff. However, a full certificate for one of the dentists could not be located on the day and this was immediately emailed to HIW.

We saw evidence that the practice had undertaken image quality assurance audits of X-rays. However, an audit had not been completed since 2015. We recommended that image quality x-rays audits are undertaken annually.

Improvement needed

Introduce a log to record compressor weekly draining

Image quality x-rays audits to be undertaken annually

Effective care

Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that relevant audits had been completed or arranged by the practice.

Information governance and communications technology

The storage of patient files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

Record keeping

A sample of patients' records completed by two dentists was reviewed.

Overall, there was evidence that the practice as a whole is keeping adequate clinical records. However, we did identify some areas of improvement to the clinical notes. It was noted that more detail needed to be recorded in respect of social history; in particular the need to question patients about alcohol intake. We also noted that recall intervals are not recorded in patients' clinical records.

Patients' records also lacked justification for radiographic x-rays and we also found that x-rays were not reported on nor graded. We also found that not all records contained a treatment plan and consent was not always demonstrated.

No log was in place for any external referrals made at the practice and we recommended that a referral log book is introduced.

Improvement needed

More detail to be recorded in patients' records in respect of social history; in particular questioning patients about alcohol intake.

Recall intervals to be recorded in patients records.

All radiographic x-rays must be justified, reported on and graded within patients' records.

The dentists should ensure all records contain a treatment plan and consent to treatment.

Introduce a referral log book for all external referrals.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Private Dentistry Regulations and relevant professional standards.

We found the practice to have good leadership and clear lines of accountability. The day to day management of the practice was provided by the practice manager. A range of relevant policies and procedures were in place. The staff team appeared happy in their roles and were competent in carrying out their responsibilities

Governance, leadership and accountability

Tara Martin Dental Care has provided services to patients in Anglesey since it opened in 2009.

We found the practice had good leadership and clear lines of accountability. Most of the staff had worked together for many years and there was a good rapport amongst them. The staff told us that they were confident in raising any issues or concerns directly with the practice manager or lead dentist.

Staff and resources

Workforce

We saw completed staff induction folders and these were well planned. All staff had access to policies and procedures.

We also saw that all staff had access to a wide variety of training; meeting the Continuous Professional Development (CPD) requirements and we saw evidence of annual staff appraisals.

We were informed that the team meets informally, on a regular basis, to discuss any issues. However, no records were kept of these meetings. We saw some evidence of formal team meetings and we recommended to the practice that all team meetings, formal or informal should be minuted.

Two of the dentists' HIW registration certificates were on display, as required by the Private Dentistry (Wales) Regulation 2008. However, one dentist's certificate was not on display. We advised the practice to contact the Registration Team at HIW in order for a replacement certificate to be issued.

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

We looked at the policies and procedures in place and, overall, found that they reflected actual practice. However, not all of the policies and procedures contained review dates and / or were version controlled. We recommended to the practice that they ensure all policies and procedures are regularly reviewed, contain review dates and / or version controlled and ensure all staff sign the policies and procedures in order to demonstrate that these have been read and understood.

We found that the practice only displayed the name and qualification of the principal dentist and we advised the practice of the need to display the names and qualifications of all dentists working at the practice. We also recommended that the practice displays its opening times.

Improvement needed

The practice should ensure that all team meetings are minuted and formally recorded.

The HIW registration certificate for one of the dentists to be displayed as required by the regulations.

Names and qualifications of all dentists working at the practice should be on display.

The practice opening times should also be displayed.

Ensure all policies and procedures are regularly reviewed, contain review dates and / or version controlled along with staff signatures.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Our dental practice inspections are usually announced. Dental practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

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](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). 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 professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further details about how HIW inspects [dental practices](#) and [independent healthcare services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Tara Martin Dental Care

Date of inspection: 18 April 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>We found that the decontamination room was cluttered, disorganised, had large areas of cobwebs and was dusty. This may have a negative impact on the required thorough decontamination process; essential for the delivery of safe and effective care to patients.</p> <p>The practice owner must make arrangements to ensure the practice complies with section 5.6 and 6.39 of the Welsh Health Technical Memorandum (WHTM 01-05). Specifically, a tidy working environment makes carrying out decontamination easier and therefore the</p>	<p>WHTM 01-05 (Section 5.6 and 6.39)</p>	<p>All dental model boxes to be removed from the tops of the cupboards and replaced inside lidded boxes which will make for easier cleaning.</p>	<p>Sarah Carrington</p>	<p>To be completed by 05.05.2017</p>
		<p>All cobwebs will be removed and the walls, tops of the cupboards and all shelves to be cleaned and wiped with alcohol wipes/spray</p>	<p>Sarah Carrington</p>	<p>To be completed by 21.04.2017</p>
		<p>The decontamination area walls to be painted</p>	<p>Sarah Carrington</p>	<p>To be completed by 31.05.2017</p>

Immediate improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>working environment should be uncluttered. All surfaces, including walls and floors should be such as to aid effective cleaning and hygiene.</p> <p>The practice must ensure that the decontamination room is</p> <p>1) free from clutter and cupboards reorganised</p> <p>2) undertake a deep clean of the whole area</p>		All files to be removed from decontamination area	Sioned Jones	Completed

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative: Sarah Carrington

Name (print): Sarah Carrington

Job role: Practice Manager

Date: 20th April 2017

Appendix C – Improvement plan

Service: Tara Martin Dental Care

Date of inspection: 18 April 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
All clinical staff to ensure they countersign the patients' medical history forms at each treatment appointment	GDC Guidance, Standard 4.1.1 and 4.1.2	All Clinicians to record that they have checked medical history.	All Clinicians	Ongoing
		Medical history forms now have a section for clinician to sign	Rebecca Greenan	Completed
The practice should implement a formal mechanism to seek the views of patients and ensure feedback analysis is displayed for patients to view.	GDC Guidance, Standard 2.1	Design a patient questionnaire and arrange to issue these every 4 months. Display the results in the waiting room.	Sarah Carrington	30/06/2017
Delivery of safe and effective care				
Ensure that sanitary disposal bins are provided	Workplace (Health, Safety	Sanitary bins already provided by Cannon Hygiene and installed in both	Sarah Carrington	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
in the patients' and staff toilet.	and Welfare) Regulations 1992	toilets		
Appropriate locking mechanism to be installed in the staff toilet	Workplace (Health, Safety and Welfare) Regulations 1992	Joiner contacted and lock to be fitted	Sarah Carrington	16/06/2017
Use blue lidded bins for the disposal of unused medicines	Hazardous Waste (Wales) Regulations 2000	Blue lidded bin already provided by Cannon Hygiene	Sarah Carrington	Completed
One larger bowl to be made available for rinsing at decontamination sink	WHTM 01-05, Section 2.24 Note	Larger bowl already purchased and in use in decontamination area	Sarah Carrington	Completed
Ensure any damaged / broken areas of the floor in the decontamination room are sealed.	WHTM 01 - 05, Section 6.47, 6.48	Clinical flooring provider to measure up and provide new flooring for decontamination area	Sarah Carrington	30/06/2017
Ensure that the Welsh Deanary audit tool is used for future infection control audits.	WHTM 01-05, Section 2.23	The Audit Tool has been downloaded and saved ready for the next Infection	Sarah Carrington	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		Control audit due in January 2018		
The practice should review and update their decontamination policy with regards to stored bagged instruments	WHTM 01-05, Section 2.4 (K)	Decontamination Policy already amended	Sioned Jones	Completed
Ensure that oxygen levels are checked and logged daily	GDC Guidance, Section 1.5.3	Oxygen level checks added to daily nurse duties	Rebecca Greenan	Completed
Add needle / syringe expiry dates to the existing log of emergency equipment	GDC Guidance, Section 1.5.3	Needle and Syringe expiry dates added to the Emergency Kit checklist which is checked monthly	Rebecca Greenan	Completed
Ensure at least one member of staff is trained in first-aid.	GDC Guidance, Section 6.2.6	First Aid Course booked	Sarah Carrington	31/07/2017
Forward details of the renewed DBS certificate for two of the dentists to HIW	Regulation 13 (3)(c) Schedule 2	Still awaiting DBS certificates. To forward to HIW as soon as received	Sarah Carrington	14/07/2017
Introduce a log to record compressor weekly drainage	Pressure Systems Safety Regulations	Log already in place for weekly compressor drainage	Rebecca Greenan	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	2000			
Annual image quality x-rays audits to be undertaken	IR(ME)R 2000	X-Ray Audits to completed annually with decontamination and antibiotic prescribing audits	Tara Martin	January 2018
More detail to be recorded in patients' records in respect of social history; in particular questioning patients about alcohol intake.	GDC Guidance 4.1	Alcohol intake question added to the medical history form	Rebecca Greenan	Completed
Recall intervals to be recorded in patients' records.	GDC Guidance 4.1	Clinicians and receptionist to check recall interval recorded at check up appointment	All Clinicians Reception Staff	Immediately Continuous
All radiographic x-rays must be justified, reported on and graded within patients' records.	GDC Guidance 4.1, IR(ME)R 2000	Clinicians to ensure that all details recorded in patient notes	All Clinicians	Immediately Continuous
The dentists should ensure all records contain a treatment plan and consent to treatment	GDC Guidance 4.1	Treatment plan to be issued and signed by patient for all treatment	Reception Staff	Immediately Continuous
Introduce a log book for all external referrals.	GDC Guidance 4.1.6	Log already introduced for external referrals	Beky Ward	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The practice should ensure that all team meetings are minuted and recorded formally.	GDC Guidance, Section 6.6.4, 6.6	All meetings to be recorded, regardless of whether they are formal or informal	Sarah Carrington	Immediately
The HIW registration certificate for one of the dentists to be displayed as required by the regulation.	Private Dentistry Regulations 2008, Section 4	Certificate already displayed	Sarah Carrington	Completed
Names and qualifications of all dentists working at the practice should be on display.	Regulation 13 (3)(c) Schedule 2	Sign ordered providing the names of all dentists working at the practice	Sarah Carrington	30/06/2017
The practice opening times should be displayed	GDC Guidance, Section 6.6.10	Practice opening times now displayed in the window	Sarah Carrington	Completed
Ensure all policies and procedures are regularly reviewed, contain review dates and / or version controlled along with staff signatures		All policies and procedures to be reviewed and versioned	Sarah Carrington	30/06/2017

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Sarah Carrington

Job role: Practice Manager

Date: 02.06.2017