

General Dental Practice Inspection (Announced)

Dental Clinic, Treharris Primary
Care Centre/Cardiff & Vale
University Health Board

Inspection date: 25 April 2017

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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 the Dental Clinic at Treharris Primary Care Centre, Fox Street, Treharris CF46 5HE, within Cardiff and Vale University Health Board on the 25 April 2017.

Our team, for the inspection comprised of an assistant HIW inspection manager (inspection lead), and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

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 the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Patient feedback from HIW questionnaires provided positive views about the service and treatment at this practice
- All staff had access to a training programme and were up to date with their training
- A feedback system was devised by staff to capture patient feedback

This is what we recommend the service could improve:

- Paperwork/certificates need to be available at the practice to evidence compliance with equipment/processes
- A first aider is required within the dental team
- Patient notes need to be improved, specifically treatment plans need to be signed for all band 2 and 3 procedures and oral cancer screening needs to be recorded
- A local resuscitation policy is required

Please refer to Appendix C for all improvements

3. What we found

Background of the service

The Dental Clinic at Treharris Primary Care Centre is part of the Cardiff and Vale Community Dental Service and is a Directorate of the Dental Clinical Board.

The service is commissioned by Cwm Taf University Health Board and provided by the Cardiff and Vale University Health Board Community Dental Service.

The staff working within the dental clinic are employees of Cardiff and Vale Health Board. The Health Board employs one dentist to cover the service and dental nurses to work within the clinical/reception area.

A Senior Dental Officer is employed by Cardiff and Vale to manage the service.

The practice provides a range of NHS general dental services.

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. Patient feedback from HIW questionnaires highlighted that patients were satisfied with the care they received and information provided. We recommended the practice have a system to record any verbal comments received which will enhance the other arrangements in place to capture patient feedback.

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 twenty questionnaires were completed. Patient comments included the following:

The dental practice is brilliant

Very good service in Treharris

Currently very happy with the service and standard

The dentist and nurses have always been helpful and explain everything

Staying healthy

Health promotion information was available in the waiting areas, including information leaflets and posters for children and specific information regarding different forms of treatments and preventative information. We noted that NHS posters contained information in both English and Welsh.

Signs displaying 'no smoking' were displayed outside the main entrance to the reception/waiting area which confirmed the emphasis being placed on compliance with smoke free premises legislation.

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner. We found there was space for staff to have conversations with patients in a private area, away from other patients if required. We heard staff speaking to patients in a friendly and professional way. Feedback from the patients who completed our questionnaires was very positive. All patients told us that they were treated with respect when they visited the practice.

Patient information

All patients who completed HIW questionnaires told us they received enough information about their treatment. Everyone agreed that they were involved as much as they wanted to be in any decisions made about their treatment.

All patients told us that the dental team had helped them understand all available options when they required treatment.

The majority of patients said the cost of treatment was made clear to them before they received treatment and the majority of patients also told us they understood how the cost of their treatment was calculated.

Communicating effectively

Some patient information and posters displayed in the waiting area were in Welsh and English. The patients who completed HIW questionnaires told us that they had been able to speak to staff in their preferred language. One patient told us that they had never been able to speak to staff in Welsh when they wanted to.

Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. Staff told us that if the dentist was running late they would make sure they kept patients informed.

The majority of the patients who completed HIW questionnaires told us they knew how to access out of hours dental care. An emergency contact telephone number for patients' use was displayed on the door to the main entrance of the surgery, as well as being displayed in reception. We were told that the emergency number was provided on the practice's answerphone message, so that patients could access emergency dental care when the practice was closed.

Individual care

Planning care to promote independence

Feedback from the patients that completed our questionnaires all confirmed that the dental team had discussed with them how to keep their mouths and teeth healthy.

People's rights

The practice had an open plan waiting area. Private conversations could be conducted with patients in the surgeries and there was sufficient space in the practice to make private phone calls if required. This set-up ensured that patient's privacy, dignity and confidentiality was maintained.

Listening and learning from feedback

The practice had a complaints policy and procedure in place. The NHS 'Putting Things Right' poster and leaflets were displayed in the reception area.

Staff told us that complaints were handled by head office which had systems in place to record, monitor and respond to any complaints about the practice. We were told that complaints information was regularly discussed at regional meetings to ensure learning and changes if applicable.

Staff at the practice had devised a system for capturing patient feedback, with a suggestion box situated in the reception area. Comments were regularly reviewed and were shared in the regional team meetings. This system ensured that all views (both negative and positive) were shared with the health board and provided an additional overview of the service provided to the patient group.

Discussions with staff confirmed that there was no formal method in place to capture any verbal comments and we recommended that a system to record verbal comments is introduced.

Improvement needed

A system to record and capture any verbal comments needs to be put in place.

Delivery of safe and effective care

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

Overall, we found evidence that patients were provided with safe and effective dental care. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections.

Despite the absence of certificates for the X-ray equipment, we were satisfied that x-ray equipment was used appropriately and safely.

The facilities and environment was well maintained.

We recommended that patient records are improved by ensuring treatment plans are signed for all band 2 and 3 procedures and oral cancer screening is recorded.

First aid arrangements need to be reviewed and we recommend dental staff are trained in first aid to ensure an emergency situation can be dealt with quickly.

Safe care

Our concerns regarding absent certificates for the scheme of maintenance for the autoclave and compressor were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in insert Appendix B.

Managing risk and promoting health and safety

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

We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice.

We saw hazardous waste being stored in a locked store room. Clinical waste was disposed of in the same bin collected with the doctors waste from the clinics upstairs within the centre.

Arrangements with the local council were in place for the disposal of non hazardous (household) waste.

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.

The dental practice was situated in a multi purpose health centre. The building and maintenance is the responsibility of Cwm Taf health board. The practice was visibly well maintained both internally and externally and all areas within the practice were clean and tidy.

All treatment areas and the reception/waiting area were located on the ground floor, enabling people with mobility issues to access these areas. The patient toilets were easily located. However the disabled toilet at the time of our visit did not have facilities to dispose of feminine hygiene products. A feminine hygiene bin is required in the disabled toilet as this facility we were told was regularly used by all patients.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months. In addition, the dental clinic undertake their own fire safety management checks and we observed these had been completed on a monthly basis. The overall responsibility of maintaining the fire alarms and systems is with Cwm Taf health board who own and manage the building.

Due to a different health board owning and managing the building and maintenance, some aspects of the paperwork we routinely ask to see during a visit was unavailable. Despite staff telling us about the arrangements for the collection of hazardous (clinical) waste we were unable to evidence the contract in place, including the fire equipment maintenance contract. We recommended that where lines of responsibility are split there is clear evidence about who and where to go to obtain the necessary information, ideally with access to copies of necessary paperwork/contracts.

Improvement needed

The disabled toilet situated in the dental clinic needs to have a feminine hygiene bin available at all times

Health boards (specifically Cwm Taf and Cardiff and Vale) need to ensure that where lines of responsibility are split, access to necessary paperwork/contracts is available

Infection prevention and control

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination). Our observations of this process were satisfactory. Examples included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments next to the surgery
- A dedicated hand washing sink
- The availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Logbooks for checking sterilisation equipment had been kept and maintained, including daily testing.

We saw evidence that an infection control audit had been completed using the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05¹ guidance. We recognise this as good practice due to the comprehensive content the audit covers. However the audit had been completed in November 2015 and we advised that in line with WHTM 01-05 guidance the audit needs to be completed annually.

The decontamination room benefited from signage which indicated the 'dirty' to 'clean' flow to avoid any misunderstanding and to prevent clean areas from cross contamination.

We saw that staff were dating the instrument storage pouches with the date they were processed, but we recommended that a used by date is also recorded.

At the time of our visit there were no certificates available for the autoclave and compressor to evidence the scheme of maintenance. Discussions with staff highlighted that these were held centrally by the Health Board. It is essential

1 [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

that the Health Board provide the practice with the originals, or copies of these to evidence that all checks are up to date. This evidence is required at inspection to demonstrate compliance.

Medicines management

The practice had procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). A resuscitation policy was in place however we recommended that a local policy is produced that is specific for the service.

We saw a certificate for a first aider, however the individual did not work at the practice. Staff told us that in an emergency they would contact doctors and/or nurses from the GP practice situated upstairs. There was nothing available to confirm these arrangements between the two practices and we recommended that staff at the dental practice are trained in first aid.

We reviewed the first aid kit and recommended that an eye bath is added to the equipment.

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)². However if any drugs were used the whole kit was replaced.

Improvement needed

A review of the first aid arrangements is required to ensure in an emergency a named, appointed first aider is available

An eye bath is required for the first aid kit

A resuscitation policy specific for the dental practice is required to ensure staff

know their responsibilities/role in an emergency

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults in place. The dental practice follows the Cardiff and Vale Safeguarding Procedure for children and vulnerable adults.

We were told there were arrangements in place for staff to raise any concerns about the delivery of services to patients. The practice told us that pre-employment checks of any new members of staff are carried out before they join the practice, including Disclosure and Barring Service (DBS) clearance. All staff had completed training in the protection of children and one staff member required training in the protection of vulnerable adults.

Medical devices, equipment and diagnostic systems

The practice had x-ray equipment however we were not able to access all the documentation to ensure the arrangements in place for the use of x-ray equipment were in-keeping with existing standards and regulations. We observed that the radiation protection file was in place however the notification letter from the Health and Safety Executive acknowledging that x-rays were being undertaken at the practice was not available. Staff confirmed that this was held centrally by the health board.

We were unable to evidence certificates to show that the x-ray machines had been regularly serviced to help ensure they were safe for use. The critical examination certificate available was dated in 2011 but there was nothing on file to evident this had been completed every three years. We saw certificates to confirm yearly checks had been completed.

We found that the dentist involved in taking radiographs had completed the required training. This was in accordance with the requirements of the General Dental Council³ and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The dental nurses had not completed training in IR(ME)R and we recommended that they did.

The practice had a suitable quality assurance system in place to ensure that the image quality of patient x-rays were graded and recorded. This would identify possible issues with the taking of x-rays and indicate where improvements should be made if required to ensure that good, clear x-rays supported decisions about patient care and treatment.

Improvement needed

All dental nurses need to complete training in IR(ME)R in accordance with their professional registration requirements

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice completed some audits, including infection control, prescribing audit and topical audits completed by dental care trainees.

Quality improvement, research and innovation

Discussions with staff confirmed that a quality and safety group was held regularly in which audits and incidents were discussed among the attendees. There was no formal system in place for peer review of clinical staff and we recommended that this would benefit staff due to some working isolated from other dentists.

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

Improvement needed

A peer review programme should be introduced for clinical staff

Record keeping

We looked in detail at a sample of five patient records at the practice. Overall, we found that the records were appropriate and sufficiently detailed with information about each patient's treatment. However we identified issues that needed to be addressed, including:

- Treatment plans need to be signed for all band 2 and 3 procedures not just band 3 that we observed at the time of our visit
- Oral cancer screening needs to be recorded at examination not just soft tissue examination

Improvement needed

Patient records need to be improved by ensuring all treatment plans are signed for band 2 and 3 procedures and oral cancer screening is recorded

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 Health and Care Standards.

We found evidence of good team working at this practice. Staff we spoke to were happy in their roles and felt supported. A range of relevant policies and procedures were in place, however we made recommendations to streamline the paper copies of their policies and procedures at the practice and ensure for consistency they all have issue and review dates.

Governance, leadership and accountability

The dental services provided at Treharris Primary Care centre are commissioned by Cwm Taf health board from Cardiff and Vale health board. The building is owned and managed by Cwm Taf health board while all other services and the staff are part of Cardiff and Vale health board. This set up did provide some issues for the inspection process due to the split responsibility of some areas (specific issues are highlighted within this report) and it is recommended that the health boards ensure that access to relevant paperwork is manageable.

Staff and resources

Workforce

We found that the practice was committed to ensuring that patients' care and treatment was delivered safely and in a timely way. This was supported by a range of policies and procedures. We were also able to confirm such arrangements by looking at a variety of records and through discussions with members of the dental team.

We identified that the practice had a range of policies and procedures in place. All policies and procedures were available online but the practice had folders containing hard copies for staff to access. We noted that some policies had

issue and review dates and others did not. It is recommended for consistency that all documents have an issue and review dates.

The folders we reviewed contained policies and procedures that had expired. To avoid any confusion it is recommended that old/expired documents are removed so only the relevant documents are accessible.

We saw a staff team at work who told us they were happy in carrying out their roles and received the support and training they required. We also found there were systems in place to ensure any new staff received an induction and that they were made aware of policies and procedures and undertook essential training.

There was a system in place for staff to receive an appraisal, which ensured staff had opportunities to reflect on their work and identify any relevant training they may feel is required. Regular team meetings took place which were recorded, showing evidence of the discussions.

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice. This meant that the practice had a system in place to protect patients and staff from this blood borne virus.

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

All staff had a Disclosure and Barring Service (DBS) certificate in place which provided reassurance that staff are suitable to work with children and adults who may or may not be vulnerable. However the certificates are not renewed regularly so the certificates we observed were a number of years old.

Improvement needed

A review of the policy and procedure files is required to ensure they contain the most relevant documents

All policies and procedures need to have issue and review dates

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

Dental practice inspections are usually announced. Dental practices receive up to twelve 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.

We check how dental practices are meeting the [Health and Care Standards 2015](#). 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 detail about how HIW inspects [dental practices](#) and the [NHS](#) 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			

Appendix B – Immediate improvement plan

Service: Dental Clinic, Treharris Primary Care Centre

Date of inspection: 25 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	Standard	Service action	Responsible officer	Timescale
<p>Findings</p> <p>A separate decontamination room was set up and met the principles set out within the WHTM 01-05 (Revision 1) guidance document.</p> <p>Decontamination equipment appeared visibly in good condition and written logs had been maintained. However certificates for the scheme of maintenance for the autoclave and compressor were unavailable.</p> <p>Discussions with staff highlighted that these certificates were held centrally by the health</p>	<p>Health and Care Standards: Standard 2.4;</p> <p>The Welsh Health Technical Memorandum 01-05 (Revision</p>	<ul style="list-style-type: none"> • Development of a maintenance service schedule • Confirm processes with Cwm Taff for immediate provision of maintenance certificates. • Maintain a log of quarterly and annual maintenance / servicing activity including certification. 	<p>Governance and Quality Lead Dental Clinical Board</p>	<p>End May 2017</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>board. However, the Health Board must ensure that the practice is provided with the originals, or copies of these as evidence that all checks are up to date. This evidence is required at inspection to demonstrate compliance.</p> <p>WHTM 01-05 states that all records of these procedures should be retained for audit and inspection which was not the case at the time of our visit.</p> <p>Immediate Improvement Needed</p> <p>Certificates for the scheme of maintenance for the autoclave and compressor must be forwarded to HIW as evidence that the practice is compliant with guidance on the decontamination process.</p>	<p>1): Chapter 2, Chapter 4 and Chapter11</p>			

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: Plan approved by: Dinah Jones Directorate Manager CDS

Name (print): Rowena Griffiths, Governance & Quality Manager 23/05/17

Final sign off by:

Hayley Dixon

Job role: Director of Operations

Date: 23/05/17

Appendix C – Improvement plan

Service: Dental Clinic Treharris Primary Care Centre

Date of inspection: 25 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	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
A system to record and capture any verbal comments needs to be put in place.	6.3 Listening and Learning from feedback	The Dental Clinical Board has a 'verbal' concerns form which is used to capture 'on the spot' concerns in line with the NHS 'Putting Things Right'. This has been implemented across the Community and Hospital Directorates. We are in the process of reviewing and developing a Patient Feedback Framework and consideration for capturing verbal comments will be considered during this process.	Governance & Quality Manager	September 2017
Delivery of safe and effective care				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The disabled toilet situated in the dental clinic needs to have a feminine hygiene bin available at all times	Workplace (Health, Safety and Welfare) Regulations 1992	Feminine bin has been located in disabled toilet	Dental Nurse Manager	Complete
Health boards (specifically Cwm Taf and Cardiff and Vale) need to ensure that where lines of responsibility are split, access to necessary paperwork/contracts is available	Governance, leadership & accountability	The Service Level Agreement between Cwm Taf and Cardiff & Vale University Health board is currently being review. Access to necessary paperwork and contracts will be agreed and shared during this process	Directorate Manager CDS	December 2017
A review of the first aid arrangements is required to ensure in an emergency a named, appointed first aider is available	2.1 Managing Risk & Promoting Health & Safety GDC Standards 6.2.6; 6.6.6	6.2.6 There is always at least one additional member of staff within the dental clinic to respond to medical emergencies 6.6.6 There is a defibrillator within the practice. Dental clinical staff are trained in AED There are first aid facilities present	Governance and Quality lead	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>within the clinic</p> <p>Staff are aware that they ring 999 in a medical emergency.</p>		
An eye bath is required for the first aid kit	2.9 Medical Devices, Equipment and Diagnostic Systems	Eye bath has been placed in first aid kit	Dental Nurse Manager	Complete
A resuscitation policy specific for the dental practice is required to ensure staff know their responsibilities/role in an emergency	5.1 Timely Access GDC Standards 6.2.6; 6.6.6; 6.6.9	All staff working within the Community Dental Service Directorate receives training on Basic Life Support and Medical Emergencies on an annual basis. This is in line with both the GDC and Cardiff & Vale Health Board requirements. Training records are held electronically on a secure shared IT folder. Medical Emergency flowcharts are available in the emergency resuscitation kits which are held in the dental clinic. A local resuscitation protocol will be developed across the Community Directorate	Dental Governance and Quality Manager	September 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
All dental nurses need to complete training in IR(ME)R in accordance with their professional registration requirements	7.1 Workforce	All qualified dental nurses employed by Cardiff and Vale University Health Board are registered with the GDC. In accordance with their professional registration they are required to submit their IR(ME)R CPD requirements to the GDC on an annual basis. This is discussed with their line manager at their annual appraisal. A record of IR(ME)R training and a copy of their training certificate is held on a secure shared IT folder within the Dental Clinical Board for those dental nurses who are employed in Radiography posts.	Dental Nurse Manager	Complete
A peer review programme should be introduced for clinical staff	3.3 Quality Improvement, Research and Innovation	A peer review programme for clinicians working within the Community Dental Service has been implemented. The first meeting was held in June 2017. Meetings will be held on a 6-monthly basis (June/Dec)	Directorate Manager/Clinical Director	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
Patient records need to be improved by ensuring all treatment plans are signed for band 2 and 3 procedures and oral cancer screening is recorded	3.5 Record keeping	Dental staff at Treharris will ensure that all treatment plans are signed for band 2 and 3 courses of treatment. The Dental Officer will ensure that oral cancer screening is recorded at all examination appointments for all patients.	Senior officer Dental	21/07/17
Quality of management and leadership				
A review of the policy and procedure files is required to ensure they contain the most relevant documents	Governance, Leadership and Accountability	All out of date hard copies of Policies and Procedures will be disposed of. The Dental Clinical Board is in the process of reviewing local procedures across the Hospital and Community Directorates in line with the Cardiff and Vale 'Procedure Process'.	Dental Manager Nurse	07/07/17 December 2017
All policies and procedures need to have issue and review dates	3.4 Information Governance & Communications Technology	The Dental Clinical Board works within Cardiff and Vale approved Policies and procedure. These all have issue and review dates and are available to all staff via the intranet IT system	Cardiff & Vale UHB	Complete

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): Dinah Jones

Job role: Directorate Manager CDS

Date:

Name: Rowena Griffiths

Job role: Governance & Quality Manager

Final sign off by: Hayley Dixon

Job role: Director of Operations

Date: