



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

Dental Surgery Sinervo, Bethesda

Inspection date: 16 May 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 Dental Surgery Sinervo at 3 High Street, Bethesda, Bangor, Gwynedd, LL57 3AE on the 16 May 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 Dental Surgery Sinervo 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:

- We saw evidence that patients were satisfied with the treatment and service received
- Appropriate arrangements were in place for the safe use of x-rays
- We found that all chemicals were kept securely
- We found that the practice managed waste appropriately and safely.

This is what we recommend the service could improve:

- Recording of patients clinical notes
- The floor and worktop surfaces should be sealed at the edges for easier cleaning in surgery and decontamination room
- Decontamination facilities to align with WHTM 01-05
- Medicines management
- Implement a range of clinical audits such as infection control and X-rays
- Ensure a dedicated radiation protection file is put in place
- Ensure that sanitary disposal bin is provided in the unisex toilet
- Introduce regular staff meetings and arrange annual staff appraisals
- Implement a formal mechanism to seek the views of patients.

## 3. What we found

### **Background of the service**

Dental Surgery Sinvero provides private only dental services and is based in Bethesda, Bangor.

The practice staff team includes one dentist and one dental nurse.

A range of private dental services are provided.

## 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 invited patients to tell us about their experiences of using the practice. The feedback gained from the patient questionnaires was positive and confirmed that patients were happy with the service they received.

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 nine were completed. Patient comments included the following:

*'The dental care I've received has always been excellent'*

*'Lovely atmosphere and a very friendly staff. They always make sure I'm relaxed, and the treatment is swift and professional'*

*'I have always been satisfied with the treatment received. The staff is friendly and professional'*

## Staying healthy

All patients who completed the questionnaires stated that they had received enough information about their treatment. However, there was little evidence of any dental health promotion materials around reception and waiting area for patients to read and take home.

### Improvement needed

The practice should offer dental health promotion materials in the form of posters and leaflets.

## Dignified care

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



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.

### **Patient information**

Of the questionnaires completed, all patients confirmed that they always felt that they have been given enough information about their individual treatment.

The practice has its own patient information leaflets which were available in the waiting area and also information is available for patients on their website.

### **Communicating effectively**

Of the nine questionnaires completed, seven 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. All patients who completed the questionnaires stated that they had always been seen on time by the dentist.

The practice provides emergency treatment for their patients. If the dentist cannot provide this cover, there is an arrangement in place for out of hours emergency treatment to be provided by another dental practice nearby.

### **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 history forms are not countersigned by the dentist. We advised the practice of the need to ensure that the medical history forms are countersigned by the dentist at each treatment appointment. We also suggested to the practice that patients should complete a new medical history form every two years.

### Improvement needed

The dentist to ensure that patients' medical history forms are countersigned at each treatment appointment.

### People's rights

The practice had in place an equality and diversity policy.

Wheelchair users can access the ground floor level of the practice and can access the reception, waiting area and the dental surgery.

### Listening and learning from feedback

The practice had a policy in place for dealing with complaints which was clearly displayed in the waiting area. However, the notice did not include the contact details of the registration authority nor did it contain the correct timescales for dealing with complaints. We brought this to the attention of the practice and the policy was amended during our visit.

We saw that the practice had procedures in place to deal with formal and informal complaints. The practice informed us that any complaints or concerns are captured within patients' individual records. In order for any common themes to be identified, we advised the practice to introduce a dedicated complaints file.

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. However, plans are in place to develop a questionnaire for patients. We advised the practice to display the analysis of the feedback received in the waiting area in order to demonstrate to patients that feedback is acted upon and is used to influence changes to the service delivery.

### Improvement needed

The practice should introduce a dedicated complaints file to capture all formal and informal complaints.

Implement a formal mechanism to seek the views of patients.

## 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 practice was being run with the intention of meeting the regulations and other relevant legislation and guidance to ensure the health, safety and welfare of staff and patients. However, we did find that improvements were needed to the decontamination room, the surgery and patients clinical records.

### Safe care

#### Managing risk and promoting health and safety

There was one unisex toilet for use by patients and staff. The facility was signposted and visibly clean. However, no sanitary disposal bin was provided.

We were informed by the practice that portable appliance testing (PAT) had not been undertaken. However; the practice confirmed that all portable appliances are visually checked on a regular basis. We recommended that the practice arranges for all portable appliances to be tested ensuring they remain safe for use.

Fire extinguishers were in place throughout the building and directions for the emergency exits were clearly visible. We were informed that the fire equipment maintenance service was due to be renewed along with the gas maintenance which the practice agreed to arrange. 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. However, it was noted that there was no lid on the clinical waste bin in the surgery and we advised the practice to ensure a lid is installed.

#### Improvement needed

Ensure that a sanitary disposal bin is provided in the patients / staff toilet.

Ensure all portable appliances are tested (PAT).

Ensure all accidents are recorded in an approved RIDDOR book.

Forward to HIW the renewed gas and fire equipment maintenance service.

Ensure that a lid is installed on the clinical bin in the surgery.

#### 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, it was noted that the air flow was poor and the lack of space is hindering full compliance to WHTM 01-05. It was also noted that the decontamination room was in need of refurbishment and upgrading. The practice informed us that they are considering plans to refurbish and upgrade the facilities.

Dental instruments were cleaned manually. It was noted that only one sink was available in the decontamination room. The WHTM 01-05 recommends that two dedicated sinks should be available for decontamination, one for washing and cleaning of the instruments, the second for rinsing; and a dedicated sink for hand washing. We advised the practice to consider redesigning the decontamination room when they refurbish so that it contains either two sinks or a double sink for decontamination and a dedicated sink for hand washing. Until two sinks or a double sink is installed, we recommended to the practice that two dedicated bowls should be incorporated into the single sink. This is to ensure that 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 noted that the hand washing sink was in the room next door to the surgery.

We noted that the autoclave was purchased in March 2016. The WHTM 01-05 recommends servicing at maximum interval of 14 months and therefore the

autoclave was due to be serviced during the month we visited the practice. The practice agreed to arrange servicing of the autoclave.

The practice informed us that no audits of infection control have been undertaken. We recommended that audits are conducted annually and we advised the practice to use the Welsh Deanary audit tool as recommended by WHTM 01-05.

We also noted that not all dental instruments were stored in line with their current decontamination policy. We advised the practice to ensure that all stored and bagged instruments are clearly dated after they have been sterilised and bagged; and recommended that these are used within one month. We also reminded the practice that all loose items should be stored in drawers and covered in boxes or wrapped accordingly.

#### Improvement needed

Ensure that two bowls are used for washing and rinsing in the decontamination sink.

Ensure that annual Welsh Deanary infection control audits are undertaken.

Ensure all sterilised dental instruments are bagged and clearly dated.

Forward to HIW the autoclave service certificate.

#### 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 and one member of staff had been trained in first aid.

The emergency drugs were in date, stored securely and immediately available in the event of a medical emergency (patient collapse) at the practice. However, we did advise the practice to log the expiry dates of all emergency drugs and syringes / needles. We were informed that the oxygen levels are regularly checked. However, no records were kept. We advised the practice to check and log the oxygen levels on a regular basis.

### Improvement needed

Log expiry dates of emergency drugs and syringes / needles.

Ensure that oxygen levels are checked and logged regularly.

### Safeguarding children and adults at risk

We saw that the practice had a safeguarding policy in place which covered both children and vulnerable adults. Contact details for the local safeguarding team were on display in a prominent area in reception. We saw that all staff had completed training in the protection of children and vulnerable adults.

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

The practice informed us that the dentist Disclosure and Barring Service (DBS) check needed to be renewed and arrangements would be made. All dentists registered with HIW must hold a valid enhanced DBS check for which no more than three years have lapsed.

### Improvement needed

Forward to HIW details of the renewed enhanced DBS certificate for the lead dentist.

### Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgery and found that it contained appropriate equipment for the safety of patients and the dental team. However, we noted that the surgery was in need of refurbishment and upgrading. The practice informed us that they are considering plans to refurbish and upgrade the surgery.

We advised the practice that some temporary measures were required in the surgery until the refurbishment takes place. We recommended to the practice that the floor and worktop surfaces should be sealed at the edges for easier cleaning and any areas of broken tiles should be replaced.

All radiological equipment was maintained and in good working order and we saw that all staff had completed training in ionising radiation. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. However, not all paper work relating to radiation was easily

available and kept in one place. We recommended that the practice have a dedicated radiation protection file ensuring that it contains the name of the radiation protection adviser, plan of the controlled area, working instructions, including equipment malfunction contingency plans, processing and storage which the practice agreed to do.

The practice informed us that no image quality assurance audits of X-rays had been undertaken. The method used for processing was automatic. However, no logbook was maintained. We recommended to the practice that audits of X-rays are undertaken on an annual basis and a logbook is needed for the processor.

#### Improvement needed

The surgery floor and worktop surfaces should be sealed at the edges for easier cleaning and any areas of broken tiles replaced.

Ensure a dedicated radiation protection file is put in place.

Undertake image quality assurance audits of X-rays on an annual basis.

Introduce a logbook for the processor.

### Effective care

#### Safe and clinically effective care

We did not see that the practice had a programme in place for undertaking a wide range of clinical audits with the aim of identifying areas for improvement. We recommend that the practice implements a programme of audits across the year.

#### Improvement needed

Implement a range of clinical audits with a view to identifying areas for improvement.

#### Quality improvement, research and innovation

We were informed that some peer review between clinical staff was undertaken which contributes to the quality and safety of the care provided to patients. We advised the practice to keep a record of all clinical reviews.

The practice confirmed that they have not used the Maturity Matrix Dentistry tool. This is a self-evaluation tool that allows the dental team to focus on how they work and enables the practice to consider the quality and care provided in a range of areas.

#### Improvement needed

Self evaluate using the Maturity Matrix Dentistry tool.

### Information governance and communications technology

Patients' paper records were stored in reception. These were not kept in a locked cabinet. However, the reception area is securely locked with shutters at night.

#### Record keeping

Our review of patient records found that significant improvements were required to bring them up to a higher standard as recommended by professional clinical guidelines.

A sample of patient records was reviewed. Overall, we found that patient care entries did not contain sufficient information regarding discussions held about treatment options, or evidence of appropriate treatment planning.

Some records showed no evidence of discussion on oral cancer screening or of informed consent. The basic periodontal examination (BPE) was not being updated at each visit. Recall (the time period in which a patient is called back for examination) should be recorded in line with National Institute for Health and Care Excellence (NICE) guidelines. Patients' records also lacked justification for radiographic x-rays and we also found that x-rays were not reported on nor graded.

#### Improvement needed

Clinical notes must be improved, to contain evidence of:

- Records of treatment discussions, planning and information regarding treatment options.
- Recording of informed consent.
- Record social history on alcohol consumption and smoking.



- Recording of BPE.
- Recording of soft tissue and oral cancer screening.
- Recall recorded as per NICE guidelines.
- All radiographic x-rays must be justified, reported on and graded within patients' records.
- Recording of batch and expiry date of local anesthetic.

## 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.*

Overall, we identified improvements needed in the governance and management of the practice. No audits have been undertaken or any quality assurance checks.

### **Governance, leadership and accountability**

Dental Surgery Sinvero is a family run practice providing services to patients in Bethesda since 1999. It is a wholly private practice.

The principal dentist is responsible for the day to day operation of the practice and we found some improvements needed in the governance and management of the practice. We found that the practice was disorganised and lacked systematic arrangements. Although the daily operation of the practice was underpinned by a range of clinical procedures there were no quality assurance processes to ensure that these policies were being adhered to or that patients' care and treatment were delivered safely and in a timely way. We know this because we were not able to consistently confirm these arrangements when looking at a variety of records and policies.

### **Staff and resources**

#### **Workforce**

We were informed that the team meets informally, on a regular basis, to discuss any issues. However, no records were kept of these meetings and we recommended to the practice that all team meetings, formal or informal should be minuted and recorded. We were also informed that no staff appraisals have taken place.

The HIW registration certificate for the dentist was on display, as required by the Private Dentistry (Wales) Regulation 2008.

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

We looked at the policies and procedures the practice had in place. Not all policies and procedures contained review dates and / or were version controlled and some had not been reviewed for several years. We advised the practice to 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 displayed the name and qualification of the principal dentist, along with the practice opening times and emergency contact details.

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

#### Improvement needed

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

Staff appraisals to be undertaken annually.

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.

## 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 summarizes 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:** Dental Surgery Sinervo

**Date of inspection:** 16 May 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
No immediate assurance issues were identified.				

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):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Dental Surgery Sinervo

**Date of inspection:** 16 May 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
<b>Quality of the patient experience</b>				
The practice should offer dental health promotion materials in the form of posters and leaflets.	GDC Guidance 11.4.2	Dental health promotion material will be produced and displayed in the form of posters and leaflets.	Dr. Pekka Sinervo	By 31.7.16
The dentist to ensure that patients' medical history forms are countersigned at each treatment appointment.	GDC Guidance, Standard 4.1.1 and 4.1.2	Patients medical history forms will be reviewed and countersigned at every treatment appointment. Any changes will be noted and updated on the form accordingly.	Dr. Pekka Sinervo	By 31.7.16
The practice should introduce a dedicated complaints file to capture all formal and informal complaints.	GDC Guidance 5.1	A complaints file has been produced and will be implemented to capture all possible complaints.	Dr. Pekka Sinervo	Completed 7.7.17



Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Implement a formal mechanism to seek the views of patients.	GDC Guidance, Standard 2.1	Communication with patients will be enhanced so that they will have the time to consider information and express their individual needs.	Dr. Pekka Sinervo	Ongoing. Started 1.7.17
<b>Delivery of safe and effective care</b>				
Ensure that a sanitary disposal bin is provided in the patients / staff toilet.	Workplace (Health, Safety and Welfare) Regulations 1992	A sanitary disposal bin has been provided in the patients and staff toilets. This provides a discrete and hygienic way of disposing sanitary waste.	Anna Sinervo	Completed 3.7.17
Ensure all portable appliances are tested (PAT).	The Electricity at Work Regulations 1989 and HSE	All portable appliances will be tested.	Dr. Pekka Sinervo	Within month a
Ensure all accidents are recorded in an approved RIDDOR book.	Health and Safety Executive (HSE)	An approved RIDDOR book has been purchased and implemented.	Dr. Pekka Sinervo	Completed 3.7.17
Forward to HIW certificates for the gas and fire equipment maintenance service.	Gas Safety Regulations	Certificates for the gas and fire equipment maintenance service will be	Dr. Pekka Sinervo	Within month a

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	1998	produced and forwarded to HIW		
Ensure that a lid is installed on the clinical bin in the surgery.	Hazardous Waste (Wales) Regulations 2000	A lid has been installed on the clinical bin in the surgery.	Anna Sinervo	Completed 3.7.17
Ensure that two bowls are used for washing and rinsing in the decontamination sink.	WHTM 01-05, Section 2.24 Note	Two bowls have been implemented and are in use during washing and rinsing in the decontamination sink.	Anna Sinervo	Completed 3.7.17
Ensure that annual Welsh Deanary infection control audits are undertaken.	WHTM 01-05, Section 2.23	Annual welsh deanary infection control audits will be undertaken using appropriate auditing tools and forms to comply with WHTM 01-05.	Anna Sinervo	Ongoing. To be finished by end of September
Ensure all sterilised dental instruments are bagged and clearly dated.	WHTM 01-05, Section 24, K	All sterilised dental instruments are bagged and clearly dated.	Anna Sinervo	Completed and ongoing
Forward to HIW the autoclave service certificate.	WHTM 01-05, Section 4.13	The autoclave service certificate provided by prestige medical will be forwarded to HIW.	Dr. Pekka Sinervo	Ongoing. Certificate to be sent within a month.
Log expiry dates of emergency drugs and	GDC Guidance,	An expiry date log form has been produced and expiry dates of	Dr. Pekka Sinervo	Completed 3.7.17 and

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
syringes / needles.	Section 1.5.3	emergency drugs and syringes/needles are recorded at the beginning of each week (Monday morning).		ongoing
Ensure that oxygen levels are checked and logged regularly.	GDC Guidance, Section 1.5.3	Oxygen levels are checked at the beginning of every week (Monday morning). The levels are recorded in a log book.	Dr. Pekka Sinervo	Completed 3.7.17 and ongoing.
Forward to HIW details of the renewed enhanced DBS certificate for the lead dentist.	Regulation 13 (3)(c) Schedule 2	A renewed enhanced DBS certificate will be provided by UKCRBs and this will be forwarded to HIW	Dr. Pekka Sinervo	To be completed within a month.
The surgery floor and worktop surfaces should be sealed at the edges for easier cleaning and any areas of broken tiles replaced.	WHTM 01 - 05, Section 6.47, 6.48	Floor and worktop edge seals will be inspected and appropriate plans will be made for required changes. Broken tiles will be removed and replaced.	Dr. Pekka Sinervo	To be started by end on September.
Ensure a dedicated radiation protection file is put in place.	IR(ME)R 2000	A dedicated radiation protection file will be put into place to comply fully with the IR(ME)R 2000.	Dr. Pekka Sinervo	To be completed within a month.
Undertake image quality assurance audits of X-	IR(ME)R 2000	Image quality assurance audits will be undertaken annually using appropriate	Dr. Pekka Sinervo	To be started by end of

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
rays on an annual basis.		auditing tools and forms.	Sinervo	September.
Introduce a logbook for the processor.	IR(ME)R 2000	An appropriate log book has been produced for the processor and recordings are made regularly outlining dates of replenishment and replacement of processing solutions.	Dr. Sinervo Pekka	Completed 3.7.17 and ongoing
Implement a range of clinical audits with a view to identifying areas for improvement	Private Dentistry Regs 2008, Section 16A (1)	A range of clinical audits will be implemented to improve areas of weakness. Appropriate auditing tools will be used. Areas such as co-operational and compliance, communication and patient information will be covered as well as many other areas.	Dr. Sinervo Pekka	To be started by end of September
Self evaluate using the Maturity Matrix Dentistry tool.	Wales Deanery	Self evaluation will be completed using the maturity matrix dentistry tool.	Dr. Sinervo Pekka	To be completed by end of September
Clinical notes must be improved, to contain evidence of:	GDC Guidance, Standard 4	Clinical notes will and have been improved to always show evidence of the outlined information.	Dr. Sinervo Pekka	Completed 3.7.17 and ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>• Records of treatment discussions, planning and information regarding treatment options</li> <li>• Recording of informed consent</li> <li>• Record social history on alcohol consumption and smoking</li> <li>• Patients' medical history to be updated and signed at each visit</li> <li>• Recording of BPE</li> <li>• Recording of soft tissue and oral cancer screening</li> <li>• Recall recorded as per NICE guidelines</li> <li>• All radiographic x-rays must be justified, reported on and graded within patients' records</li> <li>• Recording of batch and expiry date of local anesthetic.</li> </ul>				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale	
<b>Quality of management and leadership</b>					
The practice should ensure that all team meetings are minuted and formally recorded.	GDC Standards 6	Formal records will be kept of all team meetings and they will be minuted.	Dr. Sinervo	Pekka	Ongoing
Staff appraisals to be undertaken annually.	GDC Standards 6	Staff appraisal will be undertaken annually using appropriate evaluation forms.	Dr. Sinervo	Pekka	To be started by end of September
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		All policies and procedures will be reviewed at least annually. All policies and procedures will be signed by all staff annually and after each review.	Dr. Sinervo	Pekka	Completed 3.7.17. Ongoing.

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): Dr. Pekka Sinervo**

**Job role: Principle Dentist**

**Date: 10.7.2017**