



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

Courtland Dental Practice, Cwm  
Taf University Health Board

Inspection date: 25 May 2017

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In writing:

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

Or via

**Phone: 0300 062 8163  
Email: [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

## Contents

1.	What we did .....	5
2.	Summary of our inspection .....	6
3.	What we found .....	7
	Quality of patient experience .....	8
	Delivery of safe and effective care .....	13
	Quality of management and leadership .....	19
4.	What next? .....	21
5.	How we inspect dental practices .....	22
	Appendix A – Summary of concerns resolved during the inspection .....	23
	Appendix B – Immediate improvement plan .....	24
	Appendix C – Improvement plan .....	25

**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 Courtland Dental Practice, 23 Courtland Terrace, Merthyr, CF47 0DT within Cwm Taf University Health Board on 25 May 2017.

Our team, for the inspection comprised of an HIW assistant inspection manager (inspection lead), HIW assistant inspection manager (observer) 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 Courtland Dental Practice was providing safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff. 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:

- Patients were satisfied with the service provided
- We found evidence that this is a well run service with effective systems to support overall practice management and leadership
- The staff team were friendly, welcoming and committed to providing a high standard of care
- Clinical facilities were well-equipped, clean, tidy and well organised
- Dental instruments were cleaned and sterilised appropriately
- There were arrangements in place for the safe use of X-rays.

This is what we recommend the service could improve:

- A private patients price list must be prominently displayed
- The practice must ensure that information is provided in a language and format that meets the needs of patients
- Patient feedback processes need to be developed
- Decontamination evidence and processes
- Review resuscitation policy
- Safeguarding checks for four dentists require renewal
- The principal dentist must ensure that IRMER refresher training is arranged in good time
- Dentists must ensure that the specific findings in the report are addressed around patient record keeping.

## 3. What we found

### **Background of the service**

Courtland Dental Practice provides services to patients in the Merthyr Tydfil and surrounding areas. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

The practice employs a staff team which includes six dentists (some part time), four dental nurses (one of whom also provides the practice manager role), two trainee dental nurses, one therapist, one hygienist, two receptionists and one practice manager.

The practice provides a range of NHS and private 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.*

Overall, we found that Courtland Dental Practice was working hard to provide a high quality service and were committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was positive.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 20 completed questionnaires.

The majority of completed questionnaires were from patients who had been a patient at the practice for more than two years. Overall, patients who completed a questionnaire told us they were satisfied with the service they received at the practice. Patient comments included the following:

*"This is one of the best dentists I have ever been to, and all the staff are exceptional"*

*"Very good service. Very informative on available treatment. Staff professional and very approachable"*

*"Have been with the practice for 20 years and am more than happy with the service provided to myself and 2 children"*

## Staying healthy

Every patient who completed a questionnaire told us that the dental team had spoken with them about how to keep their mouth and teeth healthy. Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. There was ample dedicated dental health promotion information available. This meant patients had access to information which could support them in caring for their own oral hygiene, including information flip charts and leaflets displayed in the waiting area.



## Dignified care

The majority of patients who completed a questionnaire felt that they had been treated with respect when visiting the practice and were made to feel welcome by the practice team. We observed the warm, friendly and professional approach adopted by staff towards patients.

There was space available for staff to have conversations with patients in a private area, away from other patients, if required, for the purpose of maintaining patient confidentiality. We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

## Patient information

Just under a quarter of patients who completed a questionnaire told us that the cost of their treatment was not always made clear to them before they received the treatment. On the same theme, a high number of patients who completed a questionnaire also stated that they did not understand how the cost of their treatment was calculated. We saw that information about the price of NHS treatment was available in the waiting area, so that patients were informed about costs. However, a private patient's price list was not displayed prominently.

The practice has a "meet the practice" display in the waiting area which provides patients with information on the practice. We saw that the practising dentists' details and the surgery opening hours were being displayed externally.

The practice should improve its bilingual information and communication where required.

Patient information was being stored securely.

### Improvement needed

A private patient price list must be displayed in a prominent accessible place to inform patients of relevant costs.

## Communicating effectively

A small number of patients who completed a questionnaire considered themselves to be a Welsh speaker. While some of these patients said they could always speak to staff in their preferred language at the practice, other

patients indicated that they were only sometimes able to. The large majority of the non-Welsh speaking patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language. The practice must have a formal arrangement in place to access interpreting services. Interpreting services must be offered to patients who may require it.

### Improvement needed

The practice must ensure that information is provided in a language and format that meets the needs of patients, including those patients who speak Welsh.

## Timely care

The practice tries to ensure that dental care is always provided in a timely way. Only a small number of patients who completed a questionnaire said that they wouldn't know how to access the out of hour's dental service if they had an urgent dental problem. We saw that the details of the emergency contact number were being displayed externally.

## Individual care

### Planning care to promote independence

The majority of patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. Almost all patients who completed a questionnaire felt involved (as much as they wanted to be) in any decisions made about their treatment. The majority of patients who completed a questionnaire told us that the dental team helped them to understand all available options when they needed treatment. This meant that patients were being informed and encouraged to care for their teeth/gums after and between appointments.

### People's rights

The practice had in place an equality and diversity policy. There is level access to one surgery on the ground floor, which is accessible for patients with mobility difficulties. The patient toilet is located on the ground floor. Wheelchair users can access the ground floor level of the practice with assistance from staff and can access the reception, waiting area and the dental surgery.

### Listening and learning from feedback

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS dental treatment. The complaints procedure was compliant with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'<sup>1</sup>).

Just under a quarter of patients who completed a questionnaire told us that they wouldn't know how to raise a concern or complaint about the services they receive at the dental practice. Details of the complaints procedure were available on the wall of the waiting room. There was also information for private patients' complaints procedures displayed in the waiting area in line with the Private Dentistry Wales 2008 Regulations<sup>2</sup>. The practice manager confirmed that copies of the complaints procedures were accessible, on the reception desk. This meant that patients could easily access this information, should they require it.

Few patient complaints had been received over recent years and there was a complaints file with evidence to indicate that those received had been responded to in line with the complaints policies. It was suggested that the practice put in place a concerns log to record informal concerns centrally to enable any common themes to be identified.

One half of the patients that completed a questionnaire said that they are asked for their views on the dental practice, for example, through patient questionnaires. We discussed the practice's mechanism for seeking patient feedback. The practice informed us that they needed to develop a formal system to seek patient views. We suggested that the practice develops a patient survey in order for patients to provide their feedback. We also suggested the practice 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.

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<sup>1</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=932&pid=50738>

<sup>2</sup> [https://www.dentalprotection.org/uk/help-advice/regulations/wales/private-dentistry-\(wales\)-regulations-2008](https://www.dentalprotection.org/uk/help-advice/regulations/wales/private-dentistry-(wales)-regulations-2008)

### Improvement needed

The practice must develop a system for regularly seeking the views of patients as a way of monitoring the quality of care provided.

## 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. Clinical facilities were well equipped and were visibly clean and tidy. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections.

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use.

There were arrangements in place for the safe use of X-ray equipment. The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. However, up to date Disclosure Barring Service (DBS) safeguarding checks are required for four dentists in line with the private dental regulations.

### Safe care

#### Managing risk and promoting health and safety

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. We saw that the portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. Evidence of a five yearly electrical wiring certificate for the premises was also available.

There was one unisex toilet for use by patients accessible on the ground floor. These facilities were clearly signposted and visibly clean; with sanitary disposal bin in place.

Risk assessments on Control of Substances Hazardous to Health (COSHH) and safety data sheets were being kept for substances in addition to risk assessments. COSHH substances were being stored safely.

Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place and fire signage and risk assessment were evident. There was a health and safety policy in place. Advice was given on the day of the inspection that the practice considers the stairs and landing areas in their environmental risk assessment.

### **Infection prevention and control**

Patients were asked in the questionnaire for their opinion on how clean they thought the dental practice was. There was a mixed response to this question by patients in the questionnaires; while some patients felt the dental practice was very clean, other patients felt the dental practice was not very clean or not at all clean. However on the day of the inspection we found the practice was visibly well maintained and surgeries were clean, tidy and well organised.

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

- Designated room for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Instruments were stored and transported appropriately and their packaging dated to show when they had to be used.

A decontamination policy was in place and we saw evidence that two new staff were signing and dating to indicate that they had considered key policies. We found that inoculation immunity check status for staff members was up to date.

The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05 (WHTM 01-05)<sup>3</sup> guidelines and relevant staff had completed decontamination refresher training on a five yearly basis. The principal dentist indicated that replacement cabinetry was being planned for the surgeries. The cabinetry was appropriate for use, with some minor wear and tear. Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored.

There were two areas identified which required improvements. All pieces of decontamination equipment need a protocol for validation at installation. The service engineer who has carried out a certified testing course should test or validate the equipment. Evidence of validation schedules and testing must be kept for the two ultrasonic baths (ultrasonic cleaning is a process that uses ultrasound and an appropriate cleaning solvent (sometimes ordinary tap water to clean items). Expiry and processing dates are required to be stamped on sterilisation pouches.

#### Improvement needed

Evidence of validation and testing must be kept for the two ultrasonic baths in line with WHTM 01-05.

Expiry and processing dates are required to be stamped on sterilisation pouches

#### Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in all 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 saw evidence

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

that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use. All clinical staff had up to date cardiopulmonary resuscitation (CPR) training. The resuscitation policy needs to be reviewed to include the location of the equipment and roles and responsibilities. There were designated and trained first aiders available at the practice.

#### Improvement needed

The resuscitation policy should be reviewed to include the location of the equipment and roles and responsibilities.

#### Safeguarding children and adults at risk

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place and safeguarding training was being provided for relevant staff.

There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice.

#### Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgery and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgery had been designed and organised to help the team work efficiently and was visibly very clean and in good condition.

We saw that the environment had been planned and laid out to ensure the safe use of radiation equipment. We advised that X-ray diagram maps which were available at the practice be included in the radiation file, to ensure all key information was kept in one place. We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use. We found that most staff involved in taking radiographs had completed the



required training, in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000<sup>4</sup>.

However, on the day of the inspection we noted that two dental nurse staff were booked on IRMER radiation training courses for the 12 June 2017, as their training required refreshing in this area. It was confirmed following the inspection that this training was completed and evidence of certification was received by HIW. The principal dentist must ensure that IRMER refresher training is arranged in good time.

#### Improvement needed

Radiation protection refresher training must be kept up to date for all relevant staff in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.

### 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 engaged in relevant audits, including infection control, medication (prescribing). A radiographic audit was planned.

#### Quality improvement, research and innovation

The principal dentist stated that the practice had previously been engaged with the Deanery of Wales Clinical Audit and Peer Review, or CAPRO<sup>5</sup>. Also the principal dentist indicated that there had been intermittent peer quality review processes internally. It was advised that the practice develop and continue with peer review processes, for example a clinical record keeping audit.

#### Information governance and communications technology

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<sup>4</sup> [http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf)

<sup>5</sup> <https://dental.walesdeanery.org/improving-practice-quality/carro>

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

We considered a sample of patient dental records to assess the quality of record keeping and overall these were good. However, we identified the following areas for improvements:

- The consistency of patient notes, including social histories
- The consistency of reporting and justification of radiographs
- The frequency of radiographs (bite wings) needs to be considered in line with guidance
- The consistency of oral cancer screening records needs to be improved

The findings were discussed with the dentists in detail and we advised, and it was agreed, that they would implement a peer review programme for patients' records, to further improve the quality of record keeping.

#### Improvement needed

Dentists must ensure that the specific findings in the report are addressed around record keeping and must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping. A record keeping audit is advised.

## 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.*

The practice was owned by the principal dentist. There were five other dentists and a friendly and settled staff team. There was a practice manager in place to support the day to day management of the practice. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients.

Staff told us they felt well supported by senior practice staff and their colleagues and that they had opportunities to attend relevant training. Staff we spoke with were committed to providing high quality care for patients.

## Governance, leadership and accountability

Courtland Dental Practice is owned by the principal dentist who is supported by five other dentists and the wider practice team. There is a practice manager in place to assist with the day to day management of the practice. Where we identified areas for improvement, the principal dentist and practice manager demonstrated a commitment to address these quickly.

Staff told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear about their roles and responsibilities. Staff told us that they felt communication within the practice was good. We saw records of practice meetings that had been held on a regular basis with action points and minutes being kept.

There were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients.

## Staff and resources

## Workforce

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the management team to access training opportunities. We saw certificates to evidence that all clinical staff had completed training in areas highly recommended by the General Dental Council.

The practice had a settled and stable staff team, with good team working being reported and observed on the day of the inspection. We saw evidence that staff had received an appraisal of their performance within the last year and personal development plans identified as a result of their appraisals.

We found that dentists and nursing staff were registered with the General Dental Council to practice and had indemnity insurance cover in place.

Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

The dentists working at the practice provided private dental services and we saw their HIW registration certificates prominently displayed as required by the regulations for private dentistry.

There were systems in place to ensure that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance checks. However DBS safeguarding checks were not up to date for four dentists in line with the private dental regulations

### Improvement needed

Up to date DBS safeguarding checks are required for four dentists in line with the private dental regulations. Evidence to be provided to HIW.

## 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 on this inspection			

## Appendix B – Immediate improvement plan

**Service:** Courtland Dental Practice

**Date of inspection:** 25 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	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues				

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:** Courtland Dental Practice

**Date of inspection:** 25 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	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
A private patient price list must be displayed in a prominent accessible place to inform patients of relevant costs.	Private Dentistry (Wales) Regulations 2008 Regulation 14 (1) (b) General Dental Council (GDC) Guidance 2.4.1	Our private price list now on the patients notice board in waiting room	Janie Cartwright Practice Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that information is provided in a language and format that meets the needs of patients, including those patients who speak Welsh.	Health and Care Standards 4.2	PRW's, Treatment plans and receipt books available. Also we are currently formatting patient information leaflet into welsh for future requests.	Janie Cartwright Practice Manager	Completed
The practice must develop a system for regularly seeking the views of patients as a way of monitoring the quality of care provided.	Health and Care Standards 6.3  Private Dentistry (Wales) Regulations 2008  14 (2)  GDC Guidance 2.1	An annual patient questionnaire will be developed and given to patients and patient views will reviewed and recorded.	Janie Cartwright Practice Manager	30 September 2017
<b>Delivery of safe and effective care</b>				
Evidence of validation and testing must be kept for the two ultrasonic baths in line with WHTM 01-05.	Health and Care Standards 2.9  Private	Payment made and awaiting date for Ultrawave to book and come validate both machines.	Janie Cartwright Practice Manager	31 July 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Dentistry (Wales) Regulations 2008 14 (1) (b) WHTM01-05			
Expiry and processing dates are required to be stamped on sterilisation pouches	Health and Care Standards 2.9 Private Dentistry (Wales) Regulations 2008 14 (1) (b) WHTM01-05 11.4	Stamp ordered from Viking and now in use	Janie Cartwright Practice Manager	Completed
The resuscitation policy should be reviewed to include the location of the equipment and roles and responsibilities.	Health and Care Standards 5.1 Private	The resuscitation policy now includes staff roles and location of equipment Amended policy sent to HIW	Janie Cartwright Practice Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Dentistry (Wales) Regulations 2008 14 (1) (b) GDC Guidance 6.2.6, 6.6.6			
Radiation protection refresher training must be kept up to date for all relevant staff in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.	Health and Care Standards 2.9 Private Dentistry (Wales) Regulations 2008 14 (1) (b) GDC guidance 7.3.1 Ionising Radiation (Medical	Certificates have been forwarded to HIW for the 2 nurses	Janie Cartwright Practice Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Exposure) Regulations 2000.			
Dentists must ensure that the specific findings in the report are addressed around record keeping and must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping. A record keeping audit is advised.	Health and Care Standards 3.3, 3.5, 4.2 Private Dentistry (Wales) Regulations 2008 14 (1) (b) GDC guidance 4	Audit to be arranged.	Huw Jones Principal Dentist	30 September 2017
<b>Quality of management and leadership</b>				
Up to date DBS safeguarding checks are required for four dentists in line with the private dental regulations. Evidence to be provided to HIW.	Private Dentistry (Wales) Regulations 2008	Four dentists DBS checks certificates brought up to date and copies sent to HIW	Janie Cartwright Practice Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
	13 (4)			

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): Janie Cartwright**

**Job role: Practice Manager**

**Date: 11/07/2017**