



General Dental Practice Inspection (Announced)

Hillcrest Dental Practice/Cardiff &
Vale University Health Board

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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 Hillcrest Dental Practice, 866 Newport Road, Rumney, Cardiff, CF3 4LJ, within Cardiff & Vale University Health Board on 21 June 2017.

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

This is what we recommend the service could improve:

- Information to be provided in a language and format that meets the needs of patients.
- NHS and private patients' complaints policy to be developed and displayed in a prominent position. Complaints handling training.
- A five yearly electrical wiring service to be undertaken and gas appliance certificate to be undertaken.
- Environmental risk assessment to be reviewed to consider fire signage, trip risks, access to staff areas and COSHH storage.
- A hand washing sink and a dual sink arrangement is required in the decontamination room.
- One dentist required an inoculation immunity check booster dose.
- Relevant staff are required to complete decontamination training.

- Some remedial works to cabinetry and décor required in the downstairs surgery and review cleaning schedule in this surgery area.
- Safeguarding Protection of Vulnerable Adult (POVA) training was required for five staff.
- Recording of patient notes must be kept in line with GDC guidance.
- DBS safeguarding checks to be renewed for 2 dentists.

3. What we found

Background of the service

Hillcrest Dental Practice provides services to patients in the Cardiff and surrounding area. The practice forms part of dental services provided within the area served by Cardiff & Vale University Health Board.

The practice employs a staff team which includes four dentists, five dental nurses, one trainee dental nurses, two hygienists, 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 Hillcrest 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.

However, information should be provided in a language and format that meets the needs of patients. Complaints policies must be reviewed and or developed and displayed prominently. Complaints handling training is required for one staff member.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. 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, patient feedback was very positive. Patient comments included the following:

"Good service, no need for improvement"

"I'm very happy with the service provided"

"Excellent service. Frontline staff very helpful and dentist very good."

Patients were asked on the questionnaires how the dental practice could improve the service it provides, and the only 2 improvements suggested were:

"Texts to remind you about appointments"

"Needs redecorating"

Staying healthy

All but a few of the patients who completed a questionnaire told us that the dental team had spoken to 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

Every patient 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

The majority of patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and that the dental team helped them to understand all available options when they needed treatment. Patients who completed a questionnaire confirmed that the cost of their treatment was always made clear to them before they received the treatment, with less than a quarter of patients telling us that they did not understand how the cost of their treatment was calculated.

We saw that information about the price of both NHS and private treatment was available in the waiting area, so that patients were informed about costs. The practice provides patients with information on the practice, which is available in the waiting area. We saw that the practising dentists' details and the surgery opening hours were being displayed externally.

Patient information was being stored securely.

Communicating effectively

None of the patients who completed a questionnaire considered themselves to be a Welsh speaker so it was not possible to find out how often patients had been able to speak to staff in Welsh. Most patients, however, indicated on the questionnaire that they were always able to speak to staff in their preferred language.

The practice should improve its bilingual information and communication where required. The practice must have a formal arrangement in place to access interpreting services. Interpreting services must be offered to patients who may require it. For instance key documents such as the complaints policies should be available in the Welsh language.

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, there was an undue delay policy in place and we were informed that receptionists inform patients of the reasons for any undue delays. Just over a quarter of patients who completed a questionnaire said that they wouldn't know how to access the out of hours 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

Almost all patients who completed a questionnaire said that the dentist enquires about their medical history before undertaking any treatment. We saw evidence 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. Wheelchair users can access the ground floor level of the practice

with assistance from staff and can access the reception, waiting area and the ground floor dental surgery.

Listening and learning from feedback

Most patients that completed a questionnaire told us they are asked for their views on the dental practice, for example, through patient questionnaires.

More than three quarters 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.

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS dental treatment. However this complaints procedure needs to be reviewed to ensure it is compliant with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'¹) i.e. to include the ombudsman contact details and to be displayed in a prominent position.

There was no separate information available for private patients' complaints procedures, this must be developed in line with the Private Dentistry Wales 2008 Regulations² and is to include the HIW contact address and telephone number. When reviewed and developed these complaints procedures must be available in a prominent place in the waiting areas, so that patients could easily access this information, should they require it.

Few patient complaints had been received over recent years and there was a complaint file being kept. 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. The practice manager was the designated complaints person and therefore is required to undertake complaints handling training.

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

² [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 review the NHS complaints policy and develop a private complaints policy for private patients in line with Putting Things Right and the Private Dentistry Wales 2008 Regulations respectively. These documents must be displayed prominently in the patient waiting areas.

The practice manager as the designated complaints person is required to undertake complaints handling training.

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, a five yearly electrical wiring certificate and gas appliance certificate are required. The environmental risk assessment must be reviewed and actions taken to address specific issues identified in the report. A hand washing sink and a dual sink arrangement is required in the decontamination room. One dentist required consideration for an inoculation immunity check booster dose. Relevant staff are required to complete refresher decontamination training. The surgery downstairs requires decorating and residual works to cabinetry and a review of the cleaning schedule. Safeguard training needs to be arranged for five staff. Record keeping practices require improvement and audit.

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. However, evidence of a five yearly electrical wiring certificate for the premises is required and an up to date gas certificate is required.

There was three unisex toilets for use by patients one was accessible on the ground floor and two on the first floor. There was a separate staff toilet available. These facilities were clearly signposted and visibly clean; with sanitary disposal bins 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 need to be stored safely and securely at all times. Access to staff only areas needs to be considered and staff only signs put in place.

Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place and fire risk assessment were evident. Fire signage was available in most areas, but needs further consideration. There was a health and safety policy in place. There was a potential trip risk noted at the threshold of the downstairs room used to speak to patients if a private conversation is required. The dental equipment in the white cabinet en route to the downstairs toilet should be secured so that this is not accessible to patients. The practice must review its environmental risk assessment, to address the minor issues identified.

Improvement needed

Evidence of a five yearly electrical wiring certificate for the premises is required a copy is to be sent to HIW

An up to date gas certificate is required and copy is to be sent to HIW

The practice must review its environmental risk assessments to consider and take action in respect of; COSHH storage arrangements, fire signage needs, trip hazards, staff access only signage and access to dental equipment.

Infection prevention and control

There were no concerns given by patients over the cleanliness of the dental practice; all of the patients who completed a questionnaire felt that, in their opinion, the dental practice was either very clean or fairly clean. 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
- 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 staff were signing and dating to indicate that they had considered key policies. However, a hand washing sink and a dual sink arrangement is required in the decontamination room.

We found evidence of inoculation immunity check status for staff members was available. However, one dentist required consideration for an inoculation immunity check booster dose.

The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05 (WHTM 01-05)³ guidelines. We found that not all relevant staff had evidence of decontamination training undertaken within their continuing professional development cycle. The principal dentist indicated that decoration and residual works to the cabinetry in the ground floor surgery was being planned, a date for these works is required and a review of the cleaning schedule in this surgery to be undertaken.

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

Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored.

Improvement needed

A hand washing sink and a dual sink arrangement is required in the decontamination room.

One dentist required consideration for an inoculation immunity check booster dose.

Relevant staff are required to complete decontamination training.

The surgery downstairs requires decorating and residual works to cabinetry and a review of the cleaning schedule.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in all relevant areas. All clinical staff had up to date cardiopulmonary resuscitation (CPR) 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 that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use. A resuscitation policy was in place which included the location of the equipment and roles and responsibilities. There were designated and trained first aiders available at the practice.

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. However, there was no evidence of POVA training for five staff. Training records must be maintained regularly so that they are up to date and accurately detail individual staff and team compliance with training requirements.

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

Improvement needed

There was no evidence of Safeguarding Protection of Vulnerable Adult (POVA) training for five staff. Training records must be maintained regularly so that they are up to date and accurately detail individual staff and team compliance with training requirements.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgeries had been designed and organised to help the team work efficiently and were 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. A radiation file was available at the practice with key information 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 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) 2000⁴.

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 and radiographic audits.

Quality improvement, research and innovation

There was an audit and peer review policy in place. The principal dentist indicated that there were peer quality review processes internally. The principal

⁴ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

dentist stated that the practice had previously been engaged with the Deanery of Wales Clinical Audit and Peer Review, or CAPRO⁵.

Information governance and communications technology

The storage of patient files was appropriate, to ensure the safety and security of personal data. Paper files were in use at this practice, electronic data where used was 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 needs to be maintained including alcohol/smoking cessation
- The consistency of oral cancer screening records needs to be improved
- The consistency of medical histories needs to be maintained, countersigned by dentists and updated at each course of treatment
- Full base charting needs to be updated at each course of treatment and signed and dated
- Extra intra oral examination needs to be consistently and fully recorded
- Recall periods need to be recorded and justified

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

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

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 should be undertaken.

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 three 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 they had opportunities to attend relevant training. Staff we spoke with were committed to providing high quality care for patients.

Up to date Disclosure Barring Service (DBS) safeguarding checks are required for two dentists in line with the private dental regulations.

Governance, leadership and accountability

Hillcrest Dental Practice is owned by the principal dentist who is supported by three 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 two dentists in line with the private dental regulations

Improvement needed

Up to date DBS safeguarding checks are required for two 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: Hillcrest Dental Practice

Date of inspection: 21 June 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 were identified during this inspection				

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: Hillcrest Dental Practice

Date of inspection: 21 June 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				
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 and 6.3 Private Dentistry (Wales) Regulations 2008 14 (1) (a)	We are displaying bilingual posters in our waiting room. We have downloaded and displayed the “Putting things Right” poster which is in English and Welsh. We have downloaded the “Putting things Right” leaflets in English and Welsh.	Caroline Dirks	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must review the NHS complaints policy and develop a private complaints policy for private patients in line with Putting Things Right and the Private Dentistry Wales 2008 Regulations respectively. These documents must be displayed prominently in the patient waiting areas.	Health and Care Standards 6.3 Private Dentistry (Wales) Regulations 2008 15 (4)	The NHS “Putting Things Right” poster is now on display. There is now a separate complaints policy for private and NHS treatment. There is a notice in reception explaining the complaints procedure including timelines and external addresses (e.g. ombudsman).	Caroline Dirks	Completed
The practice manager as the designated complaints person is required to undertake complaints handling training.	Health and Care Standards 6.3 Private Dentistry (Wales) Regulations 2008 15 (3)	Online BDA course undertaken 18.7.17.	Caroline Dirks	Completed
Delivery of safe and effective care				
Evidence of a five yearly electrical wiring	Health and	An electrician has been booked to carry	Dr Ann Rockey	30

Improvement needed	Standard	Service action	Responsible officer	Timescale
certificate for the premises is required a copy is to be sent to HIW	Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (d)	out the wiring test on the weekend of August 12/13th 2017. Copy will be sent to HIW.	Caroline Dirks	September 2017
An up to date gas certificate is required a copy is to be sent to HIW	Health and Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (d)	Gas servicing carried out 30.6.17. Certificate sent to HIW.	Caroline Dirks	Completed
The practice must review its environmental risk assessments to consider and take action in respect of; COSHH storage arrangements, fire signage needs, trip hazards, staff access only	Health and Care Standards 2.1 Private	Additions have been made to risk assessment. Document sent to HIW.	Caroline Dirks	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
signage and access to dental equipment.	Dentistry (Wales) Regulations 2008 14 (1) (d)			
A hand washing sink and a dual sink arrangement is required in the decontamination room.	Health and Care Standards 2.4 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	Interim arrangements for hand washing are in place and a single sink and bowl arrangement is also being used. Intentions are to have a builder knock through the decontamination room into adjoining bathroom and extend in order to make space for a dual sink and hand washing facility. This has been a long term plan.	Dr Ann Rockey	31 December 2018
One dentist required consideration for an inoculation immunity check booster dose.	Health and Care Standards 2.4 Private Dentistry (Wales) Regulations	Appointment booked with Occupational Health on 11th August 2017. We understand, that HIW are advised of a vaccine shortage nationally. As such we are aware and advised therefore that where immunity booster dose updates are pending that a risk assessment	Caroline Dirks	11 August 2017 Risk assessment in place if required.

Improvement needed	Standard	Service action	Responsible officer	Timescale
	2008 14 (1) (b)	should be arranged to maintain best practice in the interim. This advice will be followed.		
Relevant staff are required to complete decontamination training.	Health and Care Standards 2.4 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	In house decontamination training for the whole team is booked for 14 August 2017	Caroline Dirks	14 August 2017
The surgery on the ground floor requires decorative works, residual works to cabinetry and a review of the cleaning schedule.	Health and Care Standards 2.4 Private Dentistry (Wales) Regulations 2008 14 (1) (d)	The cleaning schedule has already been revised. The practice builder and practice decorator are going to look at cabinetry and redecoration with Dr Ann Rockey.	Caroline Dirks Dr Ann Rockey	Completed Redecoration 31 August 2018 Cabinetry 31 July 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>There was no evidence of Safeguarding Protection of Vulnerable Adult (POVA) training for five staff. Training records must be maintained regularly so that they are up to date and accurately detail individual staff and team compliance with training requirements.</p>	<p>Health and Care Standards 2.7 Private Dentistry (Wales) Regulations 2008 14 (1) (b)</p>	<p>PoVA training has been undertaken for one staff member on 26/7/17. One newly qualified dental nurse and one trainee dental nurse the PoVA training, status will be reviewed and training arranged or evidence of training undertaken will be recorded on staff files. Two reception staff members will undertake PoVA training by 31 October 2017</p>	<p>Dr Ann Rockey Caroline Dirks</p>	<p>31 October 2017</p>
<p>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 should be undertaken.</p>	<p>Health and Care Standards 3.3 Private Dentistry (Wales) Regulations 2008 14 (1) (b)</p>	<p>A record keeping audit is being prepared.</p>	<p>Dr Ann Rockey Caroline Dirks</p>	<p>15 November 2017</p>

Quality of management and leadership

Improvement needed	Standard	Service action	Responsible officer	Timescale
Up to date DBS safeguarding checks are required for two dentists in line with the private dental regulations. Evidence to be provided to HIW.	Health and Care Standards 3.3 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	One dentist had an up to date DBS check, which was not available for inspection, a copy of this certificate has been sent to HIW. The other DBS application form has already been filled in and submitted and evidence will be forwarded to HIW.	Caroline Dirks	30 September 2017

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

Service representative

Name (print): Ann Rockey

Job role: Practice owner and principal dentist

Date: 26.7.17