

General Dental Practice Inspection (Announced)

O'Keeffe and Jones Dental
Practice / Cardiff & Vale University
Health Board

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Copies of all reports, when published, will be available on our website or by contacting us:

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
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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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 O'Keeffe and Jones at 97 Cathedral Road, Cardiff CF11 9PG, within Cardiff and Vale University Health Board on the 18 July 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

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

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

2. Summary of our inspection

Overall, we found evidence that the practice provides safe and effective care to its patients. The practice had a range of policies and procedures in place which support the delivery of services and treatments in-line with standards and regulations.

Plans were in place for the refurbishment of one surgery and the decontamination room.

The feedback we received from our questionnaires confirmed that patients were very happy with the service they received.

We recommended improvements regarding patient notes, specifically better recording of social history and cancer screening, treatment plans and options, along with the justification, frequency, grading and clinical findings of X-rays.

A formalised system needs to be put in place for staff appraisals and team meeting minutes. The development of a central training record will provide the practice with an overview of the continuing professional development activity required to maintain professional registration, skills and knowledge.

This is what we found the service did well:

- Patients told us they were happy with their treatment and were satisfied with the treatment and service received
- The staff team appeared happy in their roles and had a strong commitment to providing a high quality service
- Clinical facilities were well-equipped and there were plans in place to refurbish one surgery and a decontamination room
- Appropriate arrangements were in place for the safe use of x-rays

This is what we recommend the service could improve:

- Systems need to be put in place to capture patient feedback
- Critical examination reports are required for each X-ray machine
- A system of regular audits and peer reviews need to be in place to help maintain and improve standards of quality care to patients
- Improvements to patient notes are required, specifically better recording of social history, cancer screening, treatment and option plan and the justification, frequency, grading and clinical findings of X-rays
- Formalised staff appraisals and team meeting minutes need to be put in place

The full list of improvements are listed in Appendix A.

3. What we found

Background of the service

O'Keeffe and Jones provide services to patients in the Cardiff area. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes three dentists, four dental nurses (including one trainee dental nurse) and two reception staff.

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 this practice was working hard to provide a high quality experience to their patient population. The feedback we received confirmed that patients were very happy with the service they received.

We have recommended that the practice develops a system to obtain and analyse patient feedback in order to continually improve services and review the availability of price lists in line with GDC guidelines.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. A total of sixteen questionnaires were completed, all from patients that had been at the dental practice for more than 2 years. Patient comments included the following:

I am very satisfied

I am extremely happy with my dentist

I am very happy at the moment with the care we receive

Staying healthy

Health promotion information was available in the waiting areas, including information leaflets and posters regarding different forms of treatments and preventative information. We noted that there were some posters which contained information in both English and Welsh.

A NHS treatment price list was displayed in the waiting area. Staff told us that private treatment price lists were given to patients as and when required. In-line with the General Dental Council (GDC) Standards (2.4), patients must be given clear information about costs. As private treatments were provided at the practice these need to be clearly displayed in accordance with GDC guidelines.

A sign displaying 'no smoking' was displayed in the reception and waiting area which confirmed the emphasis being placed on compliance with smoke free premises legislation.

Improvement needed

Clear information about costs for private treatments needs to be displayed without the need for patients to ask for this information

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner. We found there was space for staff to have conversations with patients in private, away from other patients if required. We heard staff speaking to patients in a friendly and professional way.

Feedback from the patients who completed our questionnaires was very positive. All patients told us that they were treated with respect when they visited the practice.

Patient information

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

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

Only half of the patients said the cost of treatment was made clear to them before they received treatment and the majority of patients told us they did not understand how the cost of their treatment was calculated. The practice should consider these findings along with the above recommendation regarding private treatment costs to improve understanding among their patients.

Communicating effectively

A small amount of patient information displayed in the waiting area was in Welsh and English. The majority of patients who completed HIW questionnaires did not consider themselves as Welsh speakers and confirmed they were able to speak to staff in their preferred language. However, a small number of patients did state they were Welsh speakers and said they had never been able to speak to staff in Welsh, despite one dentist being a fluent Welsh speaker. The practice should consider the language needs of their patient

group and highlight the staff that can communicate in another language, for example Welsh, if preferred.

Staff showed us practice information leaflets which were only handed to patients when private treatment costs were being considered. A review of the patient leaflet highlighted information that all patients may find helpful, including costs for private treatments, emergency contact numbers, complaint information etc. The practice should consider displaying the leaflets in the waiting room as another means of informing patients about the services and treatments the practice can offer.

Timely care

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

Over half of the patients who completed HIW questionnaires told us they did not know how to access out of hours dental care. At the time of our visit, an emergency contact telephone number for patients' use was provided on the practice's answerphone message, in the patient information leaflet and displayed on the entrance door, so that patients could access emergency care.

Individual care

Planning care to promote independence

Feedback from the majority of patients who completed our questionnaires confirmed that the dental team had discussed with them how to keep their mouths and teeth healthy and that the dentist enquires about their medical history before undertaking any treatment.

The majority of patient responses confirmed that the dental team helped patients understand all available options when treatment was needed and they were involved as much as they wanted to be in any decisions about their treatment.

People's rights

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensure that everyone had access to the same opportunities and to the same fair treatment.

Entry to the practice was via a small step but the practice had a ramp available if required. The reception, waiting room and one surgery were all accessible for those with mobility issues. The other surgeries and toilets were on the ground floor but accessible down one step.

A separate male and female toilet was available and signposted. The amenities were clean and provided hand washing and drying facilities. However, they were unsuitable for wheelchair users and those patients with mobility issues due to the small cubicles and lack of hand rails.

Listening and learning from feedback

The practice had a complaints policy and procedure in place which was also displayed in the waiting area. The procedure covered both NHS and private treatment complaints, including timescales and details of alternative organisations that may be contacted by patients if raising a complaint. However, two thirds of the patients that completed a questionnaire told us that they would not know how to raise a concern or complaint about the services they receive at the practice.

There was no formal system in place to record and log any complaints and we recommended the practice put one in place. In addition, a review of the complaints file revealed that there was no evidence of the responses the practice had made to complaint letters. We recommended that any correspondence the practice receives and makes is saved together to evidence the full correspondence trail.

There was no system in place to obtain patient feedback and we recommended that one is put in place. This will enable the practice to identify the areas they may need to improve/address but also recognise the practises patients wish to continue seeing/receiving.

Improvement needed

A formal system needs to be developed to capture and log complaints and verbal/informal comments.

Systems to obtain and analyse any feedback need to be put in place which will allow patients to comment on the services and treatments 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 that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

There were contracts in place to ensure the environment and facilities were safe and well maintained. There were imminent plans to modernise and up-grade one surgery and staff told us of their plans to improve the decontamination room.

We recommended that the practice should undertake audits and peer reviews to contribute to the quality and safety of the care provided to patients.

We identified a number of areas that patient notes needs to be improved. Specifically better recording of social history and cancer screening, treatment plans and options along with the justification, frequency, grading and clinical findings of X-rays.

Safe care

There were no immediate assurance issues identified during this inspection visit.

Managing risk and promoting health and safety

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

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

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately. Arrangements with the local council were in place for the disposal of non hazardous (household) waste. Due to the hazardous and non hazardous waste bags being similar in colour, we recommended that the

storage and separation of these two types of waste bags is clear to avoid confusion.

Improvement needed

The storage of hazardous and non hazardous waste needs to be clearly defined to avoid any confusion due to the similar colour bags for each type of waste

The building was visibly well maintained externally. The practice had five parking spaces that patients could use and there was parking on the road and in a nearby car park. All the practice facilities were located on the ground floor. Internally the practice was clean and tidy and there were plans in place to modernise one surgery and improve the decontamination room. The practice should review and consider the ventilation in the small room that was being used by staff as a changing facility as well as a store room. The room contained some large equipment including a compressor and suction unit for the three surgeries and chemical X-ray developer.

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

Infection prevention and control

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

- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection
- Dedicated hand washing sink

The practice had a room dedicated to decontamination activity and staff told us of the plans to improve the facilities in line with Welsh Health Technical Memorandum (WHTM) 01-05¹ guidance.

We saw evidence that an infection control audit had been undertaken in July 2017 using an audit tool aligned to the WHTM 01-05 guidance. We recognise this as good practice due to the comprehensive content the audit covers. It was recommended that the audit is submitted and certified by the School of Postgraduate Medical and Dental Education.

The practice had a daily maintenance programme for checking the sterilisation equipment. For example, a logbook was in place for each autoclave² and we saw evidence that start and end of the day checks were taking place.

We recommended that the time steam temperature (TST) strips³ are not stored on top of the sterilisation equipment as the temperature from the machine when in use could damage the strips before they are used.

At the time of our visit we noted that only the date of sterilisation was being recorded on the pouches of sterilised instruments. We recommended that staff record the date of sterilisation and an expiry date in line with WHTM 01-05 guidelines.

Improvement needed

Sterilised instruments should clearly have a date of sterilisation and expiry date in line with WHTM 01-05 guidelines.

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

² An autoclave is a pressure chamber used to carry out industrial processes requiring elevated temperature and pressure. Autoclaves are used in medical applications to perform sterilization.

³ TST (Time steam temperature) These are three critical parameters which need to be achieved to guarantee the effectiveness of the sterilisation process. TST strips will present a clear visual indication that the load was exposed to the correct sterilization criteria.

Medicines management

The practice had procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). A resuscitation policy was in place.

The practice had a named, appointed first aider.

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. There were systems in place to ensure drugs and equipment are checked and replaced in accordance with standards set out by the Resuscitation Council (UK)⁴. However, we found out of date airways, face masks, portable oxygen mask and needles and syringes. This was communicated to staff at the time of the visit and we were reassured that these items were being replaced to ensure in-date equipment is available at the practice.

There were arrangements in place to ensure the security of drugs and prescription pads, however we recommended that written confirmation is kept to confirm the disposal of out of date drugs.

Improvement needed

Confirmation is required that all out of date emergency equipment has been replaced and regular checks are being carried out to ensure they remain in date.

Safeguarding children and adults at risk

We saw that some staff had completed training in the protection of children and vulnerable adults. We saw that the practice had safeguarding policies in place which covered both children and vulnerable adults.

⁴ [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

We were told there were arrangements in place for staff to raise any concerns about the delivery of services to patients. We were told that all staff were in the process of having Disclosure and Barring Service⁵ (DBS) checks undertaken.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities within the practice and found that they contained appropriate equipment for the safety of patients and the dental team. One surgery was scheduled to be re-fitted with new cabinetry and equipment which will bring it to a standard comparable to the other surgeries. We noted that the surgeries were well organised to help the team work efficiently. The surgeries were visibly clean and in good condition and all floors and work surfaces were sealed at the edges to ensure infection control procedures are effective.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and evidence of up-to-date ionising radiation training for all the clinical staff. The notification letter to Health and Safety Executive (HSE) regarding radiological protection was on file confirming that the practice is registered as required with the HSE. We were unable to evidence the critical examination reports which summarise the outcome of testing all safety features and warning devices and a survey of radiation levels around the installed equipment. It was confirmed during the visit that the paperwork had been lost by the company undertaking the checks; therefore a new critical examination report is required.

We found that the staff involved in taking radiographs had completed the required training. This was in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).

⁵ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). For more information visit <https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

The practice did not have a suitable quality assurance system in place to ensure that the image quality of patient X-rays were graded and recorded. This would identify possible issues with the taking of X-rays and indicate where improvements may need to be made to ensure that good, clear X-rays supported decisions about patient care and treatment. We recommended that regular audits are carried out for each clinician.

Improvement needed

Critical examination reports are required for each X-ray machine

A system of regular X-ray audits needs to be put in place for each clinician and any findings addressed.

Effective care

Safe and clinically effective care

It was evident that the practice needs to carry out a range of relevant and regular audits to continuously improve the service provided. We have made reference and recommendations throughout this report of the areas the practice need to undertake audits in.

Quality improvement, research and innovation

From discussions with staff, we were informed that there was no formal peer review system between clinical staff. A peer review system is an evaluation of professional work by others in the same field. This method is to help maintain standards of quality and improve performance where applicable. We recommended that a peer review system is implemented to contribute to the quality and safety of the care provided to patients.

Improvement needed

An evaluation system of professional, clinical work (peer review) needs to be implemented to help maintain and improve standards of quality care to patients

Information governance and communications technology

The practice had a paper records system in place and we were told of the arrangements in place to ensure the records are safe and comply with the practices data protection policies.

Record keeping

A sample of fourteen patient records were reviewed and we noted that the records contained clear patient identifiers, including the name, address and date of birth. Reasons for attendance were recorded on the notes we reviewed and X-rays were stored satisfactory within the notes. However, we noted that not all the records we reviewed recorded social history (smoking and tobacco use) and cancer screening.

Of the records we reviewed, not all the medical histories were being signed and countersigned by the dentist and patient and they were not always recorded and/or updated in the clinical notes. The same was identified for basic periodontal examination⁶ (BPE), which were not being recorded regularly.

Issues were identified when reviewing patient radiographs. We noted that the frequency of X-rays, grade quality of the X-ray, justification and clinical findings were not always recorded in the notes. X-rays were not always being taken at regular intervals as per guide lines. We suggested that the practice establish an X-ray frequency in line with the Faculty of General Dental Practice (UK) guidelines.

We recommended that treatment plans and options are recorded and signed by the patient where applicable and that risk factors are recorded before NICE guidelines are implemented.

At the time of our visit patient records were being stored in the room currently used as the decontamination room. As the records were not in a locked cabinet the practice should consider improving the storage facilities of patient records by ensuring they are locked away and kept safe.

⁶ BPE - Basic periodontal examination - is a clinical examination of the periodontium (gums). The dentist takes a small measuring device and by gently poking the gums a dentist can see what state a patients gums are in and if gum disease is present.

Improvement needed

The following improvements are required in relation to patient notes:

- Social history and cancer screening needs to be regularly recorded
- Medical histories need to be signed and updated in clinical notes
- The recording of radiographs is required, specifically the justification, frequency, grading and clinical findings
- The establishment of radiograph frequency in-line with guidelines and more detailed justification recorded
- Treatment plans and options, basic periodontal examinations and risk factors need to be recorded

The practice should consider the storage and access arrangements of patient records to ensure they are locked away and kept safe.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found evidence of systems and processes in place which ensure the practice and the staff are supported and committed to providing a high quality service.

A range of relevant policies and procedures were in place and there were systems in place to protect patients and staff from risks posed by health, conduct or performance.

We identified some areas that need to be improved to ensure the practice is inline with standards and regulations. These included documented staff appraisals and team meetings, documented inductions for agency staff and a central training record that provides an overview of all staff training.

Governance, leadership and accountability

Dental services have been provided in its current accommodation since 1976.

We observed a good rapport among the staff team and good interactions with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns directly with the dentists or appropriate body if required.

Staff and resources

Workforce

All staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. Each staff

member had their own folder which contained the most relevant policies and procedures for them to refer to as and when required. We did recommend that the practice introduce a system to evidence that staff had read and understood the policies and procedures.

All policies and procedures are devised by the practice and the documents contained issue and review dates which ensured they were regularly reviewed.

An induction process was in place for new starters. Staff confirmed that agency dental nurses had been used in the past and told us what information they would expect from an agency to ensure they had the right staff member for their practice. Staff confirmed that agency staff received an induction but this was not recorded. It was therefore recommended that the induction for agency staff is recorded and signed by the individuals as a record of the content covered.

We saw that all staff had accessed a variety of training, fulfilling their continuous professional development (CPD) requirements. Each staff member had their own training record and responsibility for ensuring that it was up to date. There was no central record available to provide an overview of the training each staff member had completed and when it needed to be renewed. The practice needs to put a system in place to be able to confirm the training each staff member has received.

There was no formal, documented appraisal process in place. Staff told us that informal discussions regarding their work, training and development do take place but are not documented. In-line with GDC Standards and other regulatory requirements an appraisal system needs to be put in place for all staff.

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

Staff told us that formal team meetings were held on a quarterly to six-monthly basis but these were not documented. As the staff team was small, daily communication between the team was felt to be appropriate, however it was recommended that formal minutes are captured during team meetings to evidence the discussions, lessons learnt and other key messages.

We confirmed that all staff (where applicable) were registered with the General Dental Council. The dentists' HIW certificates were on display as required by the Private Dentistry (Wales) Regulation 2008 and we saw confirmation of indemnity cover.

We found that the practice displayed its emergency contact details and the practice opening times on the outside entrance of the premises. The names and qualifications of the dentists were displayed outside and the names of other staff were displayed in the reception area.

Improvement needed

All agency staff must have a written induction and signed by all parties to evidence that the process has been completed.

A central training record is required to ensure the principle dentist has an overview of staff training and when training needed to be renewed.

An appraisal system for all staff needs to be put in place and discussions documented.

Formal team meetings need to be documented.

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 Radiations 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: **Insert name**

Date of inspection: **Insert date**

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 on 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): John W Jones G O'Keeffe

Job role: Co-owners and practice principals

Date: 16/08/2017

Appendix C – Improvement plan

Service: O'Keeffe & Jones

Date of inspection: 18 July 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				
Clear information about costs needs to be displayed without the need for patients to ask for this information <i>GDC Standards 2.4</i>	4.2 Patient information	NHS and Private price charts displayed. Price list also available as a Practice Information Leaflet and a print out	JWJones	Immediate
A formal system needs to be developed to capture and log complaints and verbal/informal comments <i>GDC Standards 5.1</i>	6.3 Listening & learning from feedback	Complaints system displayed and operated in line with regulations. Record of complaints and response to be operated	JWJones	Immediate
Systems to obtain and analyse any feedback need to be put in place which will allow patients	6.3 Listening & learning from	Patient questionnaire to be developed and a suggestion box to be used.	GOKeeffe	Oct 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
to comment on the services and treatments provided.	feedback			
Delivery of safe and effective care				
The storage of hazardous and non hazardous waste needs to be clearly defined to avoid any confusion due to the similar colour bags for each type of waste	<p>2.1 Managing risk and promoting health and safety</p> <p>2.4 Infection prevention and control and decontamination</p> <p>2.9 Medical devices, equipment and diagnostic systems</p>	<p>Discussing with Cannon Hygiene about supply of different colour bags to avoid confusion with Cardiff Council commercial waste bags.</p> <p>Clinical waste and non clinical waste are kept in separate rooms at present</p>	JWJones	Oct 2017
Sterilised instruments should clearly have a date of sterilisation and expiry in line with WHTM 01-05 guidelines.	2.4 Infection prevention & control and decontamination	Done!	JWJones	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
	on WHTM 01-05			
Confirmation is required that all out of date emergency equipment has been replaced and regular checks are being carried out to ensure they remain in date	2.9 Medical devices, equipment & diagnostic systems	Order placed with Medical World for new equipment. Equipment list to be included with drugs list to ensure out of date items are replaced when necessary.	JWJones	14/08/2017
Critical examination reports are required for each X-ray machine	2.9 Medical devices, equipment & diagnostic systems The Private Dentistry (Wales) Regulations 2008 - Regulation 14 (3) (a) (b)	Both machines were serviced FOC by DBG as they had lost the paperwork!! This was carried out 08/08/2017	JWJones	08/08/2017
A system of regular X-ray audits needs to be put	Governance,	Audit started 01/08/2017	JWJones	01/08/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
in place for each clinician and any findings addressed.	leadership & accountability The Private Dentistry (Wales) Regulations 2008 - Regulation 14 (2)			
An evaluation system of professional, clinical work (peer review) needs to be implemented to help maintain and improve standards of quality care to patients	Governance, leadership & accountability; The Private Dentistry (Wales) Regulations 2008 - Regulation 14 (2)	A peer review system will be introduced	GOKeeffe	Nov 2017
The following improvements are required in relation to patient notes:	3.5 Record Keeping	STOCS now noted in all records whereas previously only soft tissue exams were recorded even though patients were screened for cancer.	JWJones and GOKeeffe	19/07/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> • Social history and cancer screening needs to be regularly recorded • Medical histories need to be signed and updated in clinical notes • The recording of radiographs is required, specifically the justification, frequency, grading and clinical findings • The establishment of radiograph frequency in-line with guidelines and more detailed justification recorded • Treatment plans and options, basic periodontal examinations and risk factors need to be recorded <p><i>GDC Standards 4.1</i></p>		<p>Medical histories updated and signed</p> <p>Radiographs to be graded (see Audit above)</p> <p>All radiographs to be graded and justified.</p> <p>All clinicians to adhere to NICE guidelines on taking radiographs.</p> <p>Treatment plans to be noted together with risk factors.</p> <p>BPE to be recorded on more frequent(6 monthly) basis</p>		
<p>The practice should consider the storage and access arrangements of patient records to ensure they are locked away and kept safe</p>	<p>3.5 Record Keeping</p>	<p>The vast majority of files are kept in locked cabinets. Remaining files are kept in a locked room.</p>	<p>GOKeeffe</p>	<p>Immediately</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<i>GDC Standards 4.5</i>				
Quality of management and leadership				
All agency staff must have a written induction and signed by all parties to evidence that the process has been completed <i>GDC Standards 6.6</i>	7.1 Workforce	All agency staff will have in future a written induction rather than the informal verbal induction that exists at present. Proof of GDC registration will also be required	GOKeeffe	OCT 2017
A central training record is required to ensure the principle dentist has an overview of staff training and when training needed to be renewed <i>GDC Standards 7</i>	7.1 Workforce	Staff training to be recorded	JWJones	Oct 2017
An appraisal system for all staff needs to be put in place and discussions documented <i>GDC Standards 6.6</i>	7.1 Workforce	A new system will be developed to appraise staff	GOKeeffe	Oct 2017
Formal team meetings need to be documented	Governance, leadership & accountability;	Minutes of future staff meetings will be recorded and retained	GOKeeffe	OCT 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
	3.5 Record Keeping			

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): John W Jones

Job role: Principal Dentist

Date: 16/08/2017