

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

Killay Dental Health Centre,  
Abertawe Bro Morgannwg  
University Health Board

Inspection date: 13 September  
2017

Publication date: 14 December  
2017

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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](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 .....	8
	Quality of patient experience .....	9
	Delivery of safe and effective care .....	14
	Quality of management and leadership .....	21
4.	What next? .....	23
5.	How we inspect dental practices .....	24
	Appendix A – Summary of concerns resolved during the inspection .....	25
	Appendix B – Immediate improvement plan .....	27
	Appendix C – Improvement plan .....	29

**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 Killay Dental Health Centre at 11 Cygnet Close, Killay Swansea SA2 7BD, within Abertawe Bro Morgannwg University Health Board on the 13 September 2017.

Our team, for the inspection comprised of two HIW inspectors 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 Killay Dental Health Centre provided safe and effective care to its patients.

The practice was patient focussed and had in place the required policies and procedures, with checks to ensure they were read by all staff.

We recommended that the practice consider addressing worn flooring in its clinical areas

This is what we found the service did well:

- The practice is committed to providing a positive experience for its patients
- There was evidence of good management and leadership from the practice manager
- We observed that staff interaction with patients was kind and courteous
- The practice had dedicated and appropriate facilities for the decontamination of dental instruments
- During the inspection the practice took immediate action to resolve issues as soon as they were highlighted.

This is what we recommend the service could improve:

- All policies should have review dates.
- The practice's website needs to be updated to ensure the information provided is up to date and consistent with that displayed in the practice
- The flooring in the three surgeries required attention

- The practice needs to ensure patient consent is recorded and medical records are completed with all required data at each visit.

## 3. What we found

### **Background of the service**

Killay Dental Health Centre provides services to patients in the Killay area. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice has a staff team which includes three dentists (one of whom is a locum), one hygienist, two dental nurses, three trainee dental nurses and one practice manager.

The practice provides a range of NHS and private dental services.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

We found that the practice is committed to providing a positive experience for their patients. The practice actively seeks patient feedback by conducting surveys and inviting patients to provide suggestions in the box provided in the waiting area. Patients who provided comments indicated that they were happy with the care and treatment they had received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 20 were completed. The majority of completed questionnaires were from patients who had received treatment at the practice for more than two years. Patient feedback was positive. Patients were asked within the questionnaires how the dental practice could improve the service it provided and their comments included the following:

*"Staff are very helpful and knowledgeable. I am always satisfied when leaving the practice."*

*" No improvement needed"*

*"Very happy with service that is currently provided - very caring staff"*

*"No improvements required, very professional, helpful and caring service provided always. Thank you"*

## Staying healthy

All of the patients who completed a HIW questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We saw that health promotion leaflets were available in the waiting area. These included information leaflets, posters and specific information regarding treatments and preventative information.

A "No Smoking" Sign was displayed at the entrance to the practice and in the waiting area, confirming the emphasis on complying with smoke free premises legislation.

## **Dignified care**

All the patients who completed a questionnaire told us that they had been treated with respect when visiting the practice.

The practice had an open plan reception and waiting area. Staff told us that if there was a need to have a private conversation with a patient they could utilise a free room away from the reception and waiting areas. Telephone calls could also be made away from other patients providing privacy to the patient.

All the dental surgeries had sliding doors which made them accessible for patients in wheelchairs and which could be closed when a patient received care, maintaining privacy and dignity.

## **Patient information**

Every patient who completed a questionnaire said they felt as involved as they wanted to be in any decisions made about their treatment, and that they had received clear information about the treatment options that were available.

The majority of the patients who completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment and that they understood how the cost of their treatment was calculated.

In addition to the dental health promotion information available in the waiting area there was a price list displayed setting out private treatment costs. There was no price list displayed showing NHS treatment costs. We advised the practice to consider displaying information about any applicable NHS charges.

We found that both handwritten and electronic patient information was stored securely, ensuring that personal and sensitive patient information was protected.

We saw that the practising dentists' details and the surgery opening hours were displayed externally.

## **Communicating effectively**

A small number of the patients that completed a questionnaire were Welsh speakers, and these patients told us that they could only sometimes speak to

staff in Welsh at the practice. The majority of patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

We saw some information, including the practice's complaints policy was displayed in both English and Welsh.

We observed the staff being polite and courteous when speaking to patients in person and on the telephone.

We noted that the practice's website did not contain up to date information, including its opening hours and complaints policy. Also, the NHS dental treatment price list and the list setting out private treatment costs were inconsistent on the website and with that information provided in the practice. The complaints policy also needed to be updated to ensure consistency with that displayed in the practice.

#### Improvement needed

The practice is to review its website to ensure the information provided is up to date and consistent with that displayed in the practice.

### **Timely care**

The majority of patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem.

Displayed both inside and outside of the practice were details of how patients could access emergency care when the practice was closed. This was also provided on the practice's answerphone message but not on their website. We advised the practice to provide details of how to access emergency care on its website.

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

### **Individual care**

#### **Planning care to promote independence**

All of the patients who completed a questionnaire confirmed that the dentist enquired about their medical history before undertaking any treatment.

### People's rights

The practice had an equality and diversity policy in place.

The practice was located in a single storey building. There were steps and also a ramp leading up to the practice allowing easy access for those with mobility difficulties and wheelchair users. Each dental surgery had a sliding door, again allowing ease of access.

There was a unisex disabled patient toilet which had appropriate support rails, a sanitation unit and an alarm fitted.

### Listening and learning from feedback

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) regarding private treatment, in accordance with the Private Dentistry Wales 2008 Regulations<sup>1</sup>, was displayed in the reception area in both English and Welsh. There was no information on raising a concern regarding NHS treatment - NHS Wales Putting Things Right<sup>2</sup>. We recommended that the complaints process for NHS patients needed to be displayed, containing the necessary contact details for the University Health Board and Community Health Council. We also recommended the practice's website is updated to ensure consistency. The practice agreed to obtain a "Putting Things Right" poster and leaflets from the University Health Board.

We noted that the practice had a folder for recording any complaints received and this recorded the actual complaint, and how it was resolved.

---

<sup>1</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)

<sup>2</sup> "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by Responsible in Wales.

The majority of patients who completed a questionnaire told us that they knew how to raise a concern or complaint about the services they receive at the dental practice.

The practice conducts patient surveys annually. We also saw a suggestion box in the waiting area, together with pen and paper, inviting patients to provide feedback on services provided. This was a recent addition, in response to a suggestion of one of the trainee nurses. Most patients who completed a questionnaire confirmed that they were asked for their views on the dental practice.

#### Improvement needed

The practice should update its complaints process to include the correct contact details for the University Health Board and Community Health Council and to provide information about the NHS Wales Putting Things Right process.

## Delivery of safe and effective care

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

Overall we found evidence that patients were provided with safe and effective dental care.

We saw various contracts in place ensuring the facilities and environment were safe and well maintained.

We found that the surgeries were visibly clean, tidy and were well laid out but improvements were required to the flooring in the surgeries to address the gaps between the flooring and skirting boards.

There were arrangements in place for the safe use of X-ray equipment.

The practice needs to ensure patient medical records are completed at each patient visit in order to confirm patient consent has been given and that appropriate health checks have been made.

### Safe care

#### Managing risk and promoting health and safety

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

The building appeared to be well maintained externally. Internally we saw that in the surgeries there were gaps between the flooring and the skirting boards which could inhibit thorough cleaning. We acknowledge the practice's plans to renew the flooring in April 2018 but recommend that it considers bringing this work forward or putting in place an interim solution to address the problem. There were no concerns given by patients over the cleanliness of the dental practice; all patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean.

We also noted the condition of the cupboard in which the development chemicals were stored in the X-ray development room was very poor. We recommend that this is replaced.

Fire equipment was available at various locations around the practice and we saw this had been serviced in the last 12 months to make sure it was working properly.

We saw that a contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored securely behind the practice whilst waiting to be collected by the contractor company. There was amalgam separator equipment installed so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely. Non hazardous (household) waste was collected through arrangements with the local council.

We noted the practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book which included the Health and Safety Executive (HSE) contact details and protocols. There was a health and safety policy in place and we noted the health and safety poster, with relevant information, in the staff kitchen.

#### Improvement needed

The practice must ensure the floor is appropriately sealed to prevent water, dust and debris from accumulating in the unsealed part of the floors of the surgery identified to the practice manager

We recommend the practice reconsider the storage options in the X-ray development room to ensure safety and cleanliness.

#### Infection prevention and control

The practice had dedicated and appropriate facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the

Welsh Health Technical Memorandum (WHTM) 01-05<sup>3</sup>. We saw that the room had a dedicated hand washing sink and appropriately labelled clean and dirty boxes. Staff had access to and used personal protective equipment (PPE) such as disposable gloves, aprons and eye protection.

We noted that there were maintenance inspection certificates available for the sterilisation machines. We saw the appropriate log books for checking the sterilisation equipment were maintained and there was a decontamination policy in place that had been signed and dated by all staff to indicate that they had read it. We also saw evidence that all clinical staff had certificates on file to confirm their decontamination training was current.

The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum (WHTM) 01-05 guidelines, but had not recorded any outcomes/conclusions and, if applicable, there was no action plan.

#### Improvement needed

The practice is to ensure it completes its infection control audit, by including a conclusion, setting out outcomes and if applicable, an action plan.

#### Medicines management

The practice had procedures in place to deal with patient emergencies. We saw records to show that the majority of staff had received training, within the last 12 months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). However, we found that training was out of date for two members of staff. We informed the practice manager of our findings and arrangements were made during the inspection for those members of staff to attend appropriate training before the end of September.

We found that the practice had a named, appointed first aider.

---

<sup>3</sup> 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.

We saw that the emergency drugs and equipment were stored appropriately but we found that some of the equipment, namely Oropharyngeal airways, were out of date. We brought this to the attention of the practice manager who immediately ordered new stock which would be delivered the following day. We recommended that in accordance with standards set out by the Resuscitation Council (UK)<sup>4</sup>, the practice introduce an effective system that includes checking that emergency drugs and equipment remain in date and are ready for use.

#### Improvement needed

The practice must make suitable arrangements to ensure that:

- a full emergency kit is available at the practice, and
- regular checks are being conducted on the emergency drugs and equipment;

in accordance with the quality standards set out by the Resuscitation Council (UK)

#### Safeguarding children and adults at risk

The practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults. Whilst the policy relating to the protection of children contained contact details for the relevant agencies, the policy relating to the protection of vulnerable adults did not. We recommended that this should be corrected.

All staff had completed training in the protection of children and vulnerable adults.

We were told that pre-employment checks of any new members of staff were carried out and we saw Disclosure and Barring Service (DBS) certificates for all members of staff.

---

<sup>4</sup> [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.

### Improvement needed

The practice should include as part of the policy for the protection of vulnerable adults, contact details for the appropriate local authority safeguarding teams.

### Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental teams.

All radiological equipment was maintained and in working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. In accordance with the requirements of the General Dental Council<sup>5</sup> and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000, all clinical staff had completed the required training. We saw that the Radiation Protection file was maintained and contained all essential information.

We saw evidence that the practice had undertaken image quality assurance audits of X-rays.

### Effective care

#### Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service it provides. We saw evidence that the practice undertakes a number of audits including an infection control audit and peer reviews.

#### Quality improvement, research and innovation

We noted that clinical staff at the practice use the Deanery Maturity Matrix Dentistry practice development tool<sup>6</sup>. The Maturity Matrix Dentistry (MMD) Self-

---

<sup>5</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>6</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

evaluation Tool<sup>7</sup> is a dental practice team development tool to allow the team to focus on how they work.

### Information governance and communications technology

The practice had a combination of paper and electronic records and we noted that the storage of the records was appropriate to ensure the safety and security of personal data. Electronic data was saved on a daily basis. Access to computer screens was secure and discreet.

We noted that the practice had a Data Protection policy in place.

### Record keeping

We reviewed a sample of patients' records. Overall, we found there was good quality record keeping and patient care. We did find that in some cases there were omissions, namely there was no record as to the following:

- informed consent to treatment
- Basic Periodontal Examination<sup>8</sup> (BPE) levels
- patients' social history including alcohol and tobacco use
- if smoking cessation advice was given
- treatment options

#### Improvement needed

In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record:

- informed consent to treatment

---

<sup>7</sup> <https://www.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

<sup>8</sup> Careful assessment of the periodontal tissues is an essential component of patient management. The Basic Periodontal Examination (BPE) is used as a basic screening method to check the periodontal status of a patient

- Basic Periodontal Examination<sup>9</sup> (BPE) levels
- patients' social history including alcohol and tobacco use
- if smoking cessation advice was given
- treatment options

---

<sup>9</sup> Careful assessment of the periodontal tissues is an essential component of patient management. The Basic Periodontal Examination (BPE) is used as a basic screening method to check the periodontal status of a patient

## 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 day to day management of the practice was provided by the practice manager.

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

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

## Governance, leadership and accountability

Killay Dental Health Centre is owned by the principal dentist who is based there full time. We found the practice to have very good leadership and staff understood their roles and responsibilities. The day to day management of the practice was provided by an efficient practice manager. We noted a good rapport between the practice staff.

The practice was well organised, with good record keeping being maintained across most areas. We noted a wide range of policies and procedures in place to ensure the safety of both staff and patients. We noted that each policy had been signed by all staff members indicating that they had been read. We noted that there were review dates on only a few of these documents. We advise that for consistency all documents have both issue and review dates, ensuring they are all up to date. Staff can therefore have confidence that they have access to the relevant/current information.

There was evidence of effective quality assurance processes and relevant audits were being undertaken, as demonstrated by the WHTM 01-05 audit and image quality assurance audits of X-rays, although the WHTM 01-05 audit

needed to record an outcome (as noted above). There was a quality assurance policy in place.

All clinical staff were registered with the General Dental Council and their name badges displayed their GDC registration number. The dentists' HIW certificates were on display as required by the Private Dentistry (Wales) Regulations 2008.

## **Staff and resources**

### **Workforce**

We saw certificates that evidenced staff had attended training on a range of topics relevant to their role.

Staff told us they were happy in carrying out their roles and received the support and training they required. We saw evidence that the practice has an induction programme and that staff receive annual appraisals of their performance.

We saw evidence of regular formal practice team meetings that were supported by detailed minutes that had been signed by all staff.

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

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

The Regulations for Private Dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out on all members of staff.

## 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
<p>Whilst the emergency drugs and equipment were stored appropriately some of the equipment was out of date.</p>	<p>This meant that in the case of an emergency patients were at risk of being treated with out of date and potentially ineffective medication</p>	<p>We brought this to the attention of the practice manager at the time.</p>	<p>The practice manager immediately ordered new stock and provided us with evidence of the order and that it would be delivered the following day</p>
<p>We saw records to show that the majority of staff had received training, within the last 12 months, on how to deal with medical emergencies and how to perform. We identified that cardiopulmonary resuscitation (CPR) training was out of date for two members of staff. We informed the practice manager of our findings and arrangements were made during the inspection for those members of staff to</p>	<p>Clinical staff are required to receive training every 12 months on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).</p>	<p>We brought this to the attention of the practice manager at the time.</p>	<p>On the day the practice manager made arrangements for both members of staff to attend training in October 2017.</p> <p>Since the inspection we have been advised that the training has had to be re-scheduled and will now take place in October and November 2017</p>

attend appropriate training before the end of September.			
--	--	--	--

## Appendix B – Immediate improvement plan

**Service:** Killay Dental Health Centre

**Date of inspection:** 13 September 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
There were 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:** Killay Dental Health Centre

**Date of inspection:** 13 September 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>				
The practice is to review its website to ensure the information provided is up to date and consistent with that displayed in the practice.	4.2 Patient Information	The website has been updated and added contact details for the University Health Board and Community Health Council and the website now has provided information about NHS Wales Putting Things Right process if patient requires additional assistance regarding a complaint.	P. Edwards	October 2017
The practice should update its complaints process to include the correct contact details for the University Health Board and Community Health Council and to provide information about	6.3 Listening and Learning from feedback	The practice policy has been reviewed and updated to include contact details for university health board and community health council. All members	P. Edwards	October 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
the NHS Wales Putting Things Right process		of staff have read and signed to policy.		
<b>Delivery of safe and effective care</b>				
The practice must ensure the floor is appropriately sealed to prevent water, dust and debris from accumulating in the unsealed part of the floors of the surgery identified to the practice manager	2.1 Managing risk and promoting health and safety	The floor is going to be replaced in its entirety, not in parts. This will be completed by March 2018 as the practice will need to be closed for its refurbishment and the flooring company are unable to give us an earlier date.	P. Edwards	March 2018
We recommend the practice reconsider the storage options in the X-ray development room to ensure safety and cleanliness.		The x-ray development room is being refurbished to include a new development stock cupboard and worktops. This is currently undergoing.	P. Edwards	December 2017
The practice to ensure it completes its infection control audit, by including a conclusion, setting out outcomes and if applicable, an action plan.	2.4 Infection Prevention and Control (IPC) and Decontamination	A conclusion has been added to the current audit, everything is following best practice procedure. The outcome shows that a decontamination lead person needs to be implemented.	P. Edwards	October 2017
<p>The practice must make suitable arrangements to ensure that:</p> <ul style="list-style-type: none"> <li>a full emergency kit is available at the</li> </ul>	2.6 Medicines Management	Arrangements have been made to make sure the emergency drugs kit is fully compliant and regularly checks that happen weekly will ensure that the kit is	P. Edwards	September 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>practice, and</p> <ul style="list-style-type: none"> <li>regular checks are being conducted on the emergency drugs and equipment;</li> </ul> <p>in accordance with the quality standards set out by the Resuscitation Council (UK)</p>		<p>fully functional, and no medicines or equipment is out of date. This is documented.</p>		
<p>The practice should include as part of the policy for the protection of vulnerable adults, contact details for the appropriate local authority safeguarding teams.</p>	<p>2.7 Safeguarding children and adults at risk</p>	<p>The policy has been reviewed and updated to include the current contact details regarding the safeguarding contact details. All members of staff have read and signed the updated version.</p>	<p>P. Edwards</p>	<p>September 2017</p>
<p>In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record:</p>	<p>3.5 Record keeping</p>	<p>The relevant staff have had retraining which has been documented in their personal files. New and updated templates have been</p>	<p>P. Edwards</p>	<p>September 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>informed consent to treatment</li> <li>Basic Periodontal Examination<sup>10</sup> (BPE) levels</li> <li>patients' social history including alcohol and tobacco use</li> <li>if smoking cessation advice was given</li> <li>treatment options</li> </ul>		<p>added to the computer to ensure all staff are following the same procedures when documenting patients' notes.</p> <p>The audits of patient's records will be done every 3 months</p>		

**Quality of management and leadership**

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.

---

<sup>10</sup> Careful assessment of the periodontal tissues is an essential component of patient management. The Basic Periodontal Examination (BPE) is used as a basic screening method to check the periodontal status of a patient

**Service representative**

**Name (print): P. EDWARDS**

**Job role: PRACTICE MANAGER**

**Date: 21/11/2017**