

General Dental Practice Inspection (Announced)

Troedyrhiw Dental Practice / Cwm
Taf University Health Board

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2017

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Troedyrhiw Dental Practice at 4 Bridge Street, Troedyrhiw, Merthyr Tydfil, CF48 4JX, within Cwm Taf University Health Board on the 18 September 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 that patient care was satisfactory.

We did however find improvements were needed in some of the practice's decontamination arrangements, emergency drug kits, storage of patient information and confirmation of some staff Hepatitis B immunisation status.

We did receive positive feedback from patients on the services and treatment provided to them.

This is what we found the service did well:

- The feedback we gained from patients through the HIW patient questionnaire was positive
- Staff told us they felt supported by senior practice staff

This is what we recommend the service could improve:

- A review of environmental risk assessments
- Arrangements for decontamination of dental instruments
- The availability of a full emergency kit in the event of a patient collapse
- Documentation regarding X-ray equipment
- Storage of patient information
- Introduction of a range of clinical audits and peer review
- Dentists need to improve some aspects of patient record keeping
- Confirmation of staff Hepatitis B immunisation status

3. What we found

Background of the service

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

The practice has a staff team which includes two dentists, one therapist, one hygienist, four dental nurses and a receptionist.

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.

We saw that patients visiting the practice were treated with dignity, respect and kindness by the practice team. Patients who provided comments indicated they were very satisfied with the service 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 questionnaires were completed. Patient's comments included the following:

"I've always been very happy and impressed with the service my dental practice provides. I have recommended the service to friends and family"

"Smarter, more modern building, but the clinical service and other staff are first class"

"No need to improve anything"

"To have a dental room downstairs for patients who are disabled"

Staying healthy

We found that the practice had a range of health promotion information leaflets and posters available in the waiting area.

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

We saw 'No smoking' signs displayed throughout the practice which confirmed the emphasis being placed on compliance with smoke free premises legislation.

Dignified care

We observed staff speaking to patients in a friendly, respectful and professional manner. The staff presented as a friendly team and we saw polite and

courteous interactions with patients. Without exception, all patients agreed that they had been treated with respect when visiting the practice.

The practice confirmed they were able to provide privacy to patients, if they wanted, to discuss personal or confidential information with the dental team, away from other patients.

Patient information

The practice provided a range of private and NHS dental treatments. Information about prices for private dental treatments was available to view in the waiting area, as were charges for NHS dental treatments. This meant patients had easy access to information on how much their treatment may cost.

Around three quarters of patients that completed a questionnaire said that the cost of their treatment was always made clear to them before they received the treatment.

The majority of patients that completed a questionnaire told us that they had received information about their dental treatment, including available treatment options. This meant that patients were able to make an informed decision about their treatment.

All patients that completed a questionnaire told us that they felt involved as much as they wanted to be, in any decisions made about their treatment.

Communicating effectively

The practice had a number of staff who were able to speak Welsh, however those patients who stated in the patient questionnaire that they spoke Welsh told us they were unable to speak Welsh when they wanted to. The practice may wish to consider how they can highlight this service to their patients.

Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times.

The vast majority of patients that completed a questionnaire told us they knew how to access out of hours dental care. An emergency contact telephone number for patients' use was provided on the practice's answerphone message, contained within the practice information leaflet and also displayed on the window of the practice, so that patients could access emergency care when needed.

Individual care

Planning care to promote independence

The vast majority of patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. A sample of patient records considered during the inspection confirmed that patients were asked about their medical histories prior to treatment.

Patient records did not however provide evidence that treatment planning, treatment options or informed consent were obtained or discussed with the majority of patients. This was brought to the attention of the practice owner on the day of inspection. Further details of this can be found within the 'Record Keeping' section of the report.

People's rights

The practice was located in a two storey building with two surgeries located on the first floor and accessed via steps. The practice made it clear within their practice information leaflet that they would be unable to provide dental services to patients unable to use stairs.

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) was displayed in the reception area and included in the patient information leaflet.

The practice needed to update the procedure to include HIW's contact details, which is a regulatory requirement for private complaints. The practice may also wish to consider how it can make more patients aware of the process. This is because around half of patients that completed a questionnaire told us they did not know how to raise a concern or complaint about the services received at the practice.

We found that the practice maintained a record of complaints received, and included the action taken to address any issues.

We saw that the practice asked patients to complete questionnaires to be able to obtain feedback on the services provided. We recommended that the practice may wish to consider a way for patients to be able to provide feedback on an ad-hoc and anonymous way. The practice agreed to consider doing this.

Improvement needed

The practice must include the contact details for HIW within their complaints procedure.

Delivery of safe and effective care

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

We found that the practice needed to review their environmental risk assessments to ensure the building was free from hazards.

Improvements were required with regards to some decontamination arrangements.

A full emergency and first aid kit needed to be made available for patient and staff use.

We identified that the practice needed to implement a process for undertaking clinical audit and peer review.

The storage of some patient records needed to be improved to protect personal and confidential information.

We identified that improvement was needed around aspects of the dentists' record keeping to fully comply with clinical standards for record keeping.

Safe care

Managing risk and promoting health and safety

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

During a tour of the building we saw that all areas were clean and tidy. Due to the age, size and layout of the building storage was limited and some areas presented as potential hazards to those working at, and people visiting the practice. We found that improvements to an external storage area housing used X-ray developer solutions and an old gas canister needed to be made. We also

recommended where improvements could be made to the staff kitchen area that was also used to develop X-rays and store the practice's compressor.

We recommended that the practice should review their environmental risk assessments to ensure all risks have been appropriately identified and managed. The practice owner agreed to do this.

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

Portable Appliance Testing (PAT) of electrical equipment within the practice had been carried out within the last 12 months, to help ensure equipment was safe to use.

We found that the maintenance for the gas boiler on the premises was out of date. The practice owner agreed to arrange a service to ensure the boiler was working safely.

We saw that the practice had some arrangements in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw most hazardous waste was being stored securely whilst waiting to be collected by the contractor company. We found that containers of used x-ray developer solution were being stored in an open shed within a locked back yard outside the practice whilst waiting for collection. Whilst we saw evidence that suitable arrangements were in place to have these collected, they had not been collected for a number of months. We recommended that the practice make suitable arrangements for the contract company to collect this material as agreed. Non hazardous (household waste) was collected through arrangements with the local council.

The practice owner was unable to confirm whether amalgam separator equipment was 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.

Our concerns regarding this issue were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B. The practice owner confirmed, within the agreed timescales, that appropriate separator equipment was installed to remove amalgam safely.

Improvement needed

The practice should seek advice from appropriately qualified persons to promote the health and safety and welfare of staff and patients in relation to the following:

- The practice must ensure that suitable, secure and safe arrangements are put in place for storage of used X-ray developer solution and gas canisters
- The practice should review their environmental risk assessment document
- The practice should ensure that gas appliances are maintained on an annual basis
- The practice must ensure that collection of used X-ray developer solution is carried out in line with the agreement with the contract company

Infection prevention and control

The practice did not have a designated decontamination room, as recommended in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1¹) guidance document. Decontamination and sterilisation of equipment was carried out within the surgeries. The practice had the use of a washer disinfectant to clean dental instruments prior to sterilisation. We were told however that due to the age of the machines the practice was unable to have them serviced. The practice owner agreed on the day of inspection not to use the washer disinfectants as they were unable to evidence they were safe to use.

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.

A manual cleaning process was demonstrated by staff and we made some recommendations to ensure compliance with WHTM 01-05, namely monitoring the temperature of the water and amount of cleaning fluid required in line with the manufacturer's recommendations. The practice agreed to do this.

We were unable to see up to date certificates showing all clinical staff had attended training on decontamination. The practice must ensure that all staff receive appropriate training in line with the recommendations of the General Dental Council.

The practice had the use of two autoclave² machines for sterilising dental instruments. We saw inspection certification for both machines to show they were safe to use.

Whilst we saw that some daily checks were being carried out on both autoclaves and records maintained, not all checks as recommended by WHTM 01-05, of tests on sterilisation equipment at the start of the day were being completed.

One autoclave had the option of using an automated printer to record each cycle processed, the practice did not utilise this function. The practice was, therefore, unable to demonstrate that any other cycle, other than the start of each dental session (morning and afternoon), had reached the appropriate parameters to ensure effective sterilisation had taken place.

Cleaning and sterilisation of dental instruments was carried out in each of the two surgeries. On the day of inspection one autoclave was out of use. This meant that dental instruments needed to be cleaned and sterilised in the other dental surgery. The practice did not have appropriate clean and dirty containers available to safely transport the instruments between the surgeries.

Our concerns regarding the above detailed issues were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B. The practice owner confirmed, within the agreed timescales, that appropriate action had been taken to address these concerns.

² An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam

We looked at all the clinical facilities (surgeries) within the practice. We found that there were gaps between the flooring and walls of both surgeries potentially allowing dust and debris to collect. We recommended that the practice should consider replacing the floor or making suitable arrangements for sealing the areas identified during the inspection. The practice owner agreed to do this.

The practice had recently conducted an infection control audit to identify areas for improvement and development as part of the overall quality assurance monitoring activity.

Improvement needed

The practice must ensure its manual cleaning process is in line with guidance within WHTM 01-05

The practice must ensure all staff receive training in decontamination in line with recommendations of the General Dental Council

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 surgeries

Medicines management

The practice had drugs and equipment available for use in the event of a patient emergency (collapse). We found however, that the kit was incomplete as one drug, namely glucagon, had passed its expiry date. The practice was able to demonstrate that this had been identified prior to the inspection through regular checks of the emergency drugs and equipment, but a replacement had not yet been ordered as the practice told us they were advised that it was not required.

Our concerns regarding this issue were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B. The practice owner confirmed within agreed timescales that appropriate action had been taken to address the concerns.

We found that some of the contents of the first aid kit had passed their expiry dates. We recommended that the practice should replace the expired contents and include the first aid kit as part of their regular checks. The practice agreed to do this.

We saw records to show that most staff had completed cardiopulmonary resuscitation (CPR) training within the last 12 months. One certificate was not available on the day of inspection, but was forwarded onto HIW the following day.

Improvement needed

The practice must replace the contents of the first aid kit that have passed their expiry dates and make suitable arrangements to ensure that first aid equipment is available and safe to use

Safeguarding children and adults at risk

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or are at risk. We recommended that the practice should update the policy to include the contact details for the child and adult safeguarding teams of the local council for ease of reference in the event of need. The practice agreed to do this.

The practice owner confirmed that all appropriate staff had completed training on child and adult protection, whilst we saw certificates on the day of inspection confirming most staff had undertaken this training, we were unable to see a certificate for one member of the team. This certificate was forwarded onto HIW the following day. We recommended that the practice ensure it obtains and retains all appropriate training certification to evidence that training has been undertaken. The practice agreed to do this.

We saw that the practice had a whistleblowing policy in place and staff we spoke to confirmed they felt able to raise any work related concerns they may have with senior practice staff, and were confident these would be acted upon.

Improvement needed

The practice should update the adult and child safeguarding policy to include the contact details for the safeguarding teams of the local council.

Medical devices, equipment and diagnostic systems

On the day of inspection the practice was unable to provide appropriate maintenance certification of the X-ray equipment in use. The practice was able

to forward appropriate certification for one X-ray machine the following day. The practice owner confirmed that the remaining X-ray machine had been maintained in a timely way, however they were unable to locate the certificate. The practice owner confirmed that a new service had been arranged for the 26 September 2017.

We saw training certificates demonstrating that all staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

We saw that image quality audits of X-rays had been completed regularly as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required.

Improvement needed

The practice must ensure that maintenance documentation for the X-ray equipment is retained and available for inspection by HIW

Effective care

Safe and clinically effective care

Whilst we saw evidence that the practice had recently carried out an audit of their decontamination arrangements and undertook X-ray audits, we did not see that the practice had a programme in place for undertaking a wide range of clinical audits with the aim of identifying areas for improvement. We discussed this with the practice owner and recommended that they should consider implementing a programme of audits across the year. The practice owner agreed to do this

Improvement needed

The practice should implement a range of clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate

Quality improvement, research and innovation

The practice did not carry out any form of peer review. This presented a potential risk of the dentists practicing in clinical isolation³. We recommended to the practice that they should implement a process for peer review as a way of identifying practice improvement areas, which they agreed to do.

Improvement needed

The practice should implement a process for clinical peer review

Information governance and communications technology

Patient records were in paper format and were stored in filing cabinets behind reception. We found that some arrangements for storage of patient paper records and patient impressions (models) were not stored securely.

Our concerns regarding safe and secure storage of patient information were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B. The practice owner confirmed within agreed timescales that appropriate action would be taken to address the concerns.

Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. We found that there were areas for improvement to ensure that patient records were consistently sufficiently detailed. These were:

- Patients' alcohol and tobacco use had not always been noted by the dentists, together with any health promotion advice provided. The practice owner confirmed this was a question asked in the medical history form. We found inconsistent reporting of the soft tissues at the start of each course of treatment. These would demonstrate that dentists had assessed patients for their risk of developing oral cancer and provided advice on how this could be reduced

³ To work separate from other clinicians

- Patients' consent to treatment must be recorded at every appointment
- Treatment planning, an explanation of treatment options provided to patients and treatment given was not consistently recorded within the records
- Confirmation and the outcomes of BPE (Basic Periodontal Examination) checks were not consistently recorded

The findings were discussed with the practice owner in detail and we recommended that they should introduce a patient record card audit to improve the consistency and quality of patient record keeping. The practice agreed to do this.

In addition, the reason for taking X-rays and the dentists' findings from them had not always been recorded and quality graded as required by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

Improvement needed

The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.

The dentists working at the practice must ensure they record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000.

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 one dentist who was supported by a small team of clinical and non-clinical staff. We saw that a range of policies was in place with the aim of ensuring the safety of staff and patients. Some policies were in need of updating.

Staff told us they felt well supported by the whole practice staff. They also told us they had opportunities to attend relevant training.

The practice must ensure confirmation of staff immunisation against Hepatitis B is clear and appropriate documentation retained.

The practice should make arrangements to ensure copies of training certificates for all clinical staff are available for inspection by HIW

Governance, leadership and accountability

The practice was owned by one dentist and supported by a small team of clinical and non-clinical staff. The day to day management of the practice was undertaken by the practice owner. Where we identified areas for improvement, the dentist demonstrated a commitment to address these quickly. Areas requiring immediate improvement were dealt with by the practice owner within the agreed timescales.

Given the number of immediate concerns raised on the day of inspection, we identified that an improvement was required in the governance arrangements of the practice to ensure staff documentation, equipment maintenance, environmental risk assessments and staff training records are up to date and maintained appropriately.

Staff working on the day of our inspection told us that they felt well supported in their roles by all members of the practice team. Staff told us that they felt

communication within the practice was good. We found that as a small team informal meetings were held on a regular basis and when appropriate, the practice would take minutes of the meetings.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients, some of which required updating.

Staff and resources

Workforce

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role. We did however find that some training certificates, as detailed earlier within the report, were not available on the day of inspection. We recommended that the practice ensure it obtains and retains all appropriate training certification to evidence that training has been undertaken. Staff also confirmed that they were supported and encouraged by the practice owner to access training opportunities.

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

Records were available to show that the majority of staff had received immunisation against Hepatitis B to protect patients and themselves against infection. Records for two members of staff however were very unclear, meaning the practice was unable to positively confirm their immunisation status.

Our concerns regarding staff immunisation against Hepatitis B were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B. The practice owner confirmed within agreed timescales that appropriate had been taken to address the concerns.

The dentists working at the practice provided private dental services. We were only able to see one HIW registration certificate displayed as required by the regulations for private dentistry. We recommended that both certificates should be prominently displayed.

We saw up to date Disclosure and Barring (DBS) certificates for the dentists working at the practice as required by the Private Dentistry (Wales) (Amendment) Regulations 2011.

Improvement needed

The practice should ensure it obtains and retains all appropriate training certification for all staff to evidence that training has been undertaken and make available for inspection.

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>The practice owner confirmed that they had been using a washer disinfector prior to sterilising dental instruments. Due to the age of the washer disinfector, the practice had been unable to service the machine to determine whether it was suitable to be used.</p>	<p>Without appropriate servicing and maintenance, the practice was unable to confirm that the washer disinfector was safe to use.</p>	<p>The concern was raised directly with the practice owner on the day of inspection.</p>	<p>The practice owner agreed to cease using the washer disinfector with immediate effect.</p>

Appendix B – Immediate improvement plan

Service: Troedyrhiw Dental Practice

Date of inspection: 18 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
The practice owner must ensure that appropriate equipment is in place to safely remove amalgam from waste water.	2.1 Managing risk and promoting health and safety	<p>I can confirm that an amalgam separator is present in the practice adjacent to the suction pump (this was confirmed following a visit by our equipment engineer to the practice on Tuesday 19th September).</p> <p>The amalgam separator is monitored by the engineering during routine visits and when full (every 3-4 years) is replaced by a new one.</p>	Lowri Leeke	Already Completed
The practice owner must ensure that all relevant checks are carried out and recorded on the	2.4 Infection Prevention	A data logger has been purchased for the autoclave not already fitted	Lowri Leeke	1 week

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>autoclaves in use at the practice as recommended by WHTM 01-05.</p> <p>The practice owner must make suitable arrangements to demonstrate that every cycle processed through the autoclave is appropriately checked and recorded to ensure it has reached the relevant parameters for the effective sterilisation of dental instruments.</p> <p>The practice owner must make suitable arrangements for the safe transfer of dirty and clean dental instruments between surgeries.</p>	<p>and Control (IPC) and Decontamination</p>	<p>with one, and is due to be fitted by our engineering next week.</p> <p>A test record book has been purchased on the day of inspection from Isopharm (as recommended by our inspectors) and is already in use for daily and weekly checks.</p> <p>Boxes have been purchased with clipped lids to ensure safe transfer if instruments between surgeries if required.</p>		<p>Already completed</p> <p>Already completed</p>
<p>The practice owner must ensure that a full emergency kit is available for use in the event of a patient collapse.</p>	<p>2.6 Medicines Management</p>	<p>A new batch of glucagon was ordered on the day of inspection and was delivered to the practice on 19th September.</p>	<p>Lowri Leeke</p>	<p>Already completed</p>
<p>The practice owner must ensure that suitable storage is available for all patient information to prevent unauthorised access.</p>	<p>3.4 Information Governance and</p>	<p>Locks to be placed on the cupboard in the waiting room.</p> <p>Locks also to be placed on the filing</p>	<p>Lowri Leeke</p>	<p>2 weeks</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
	Communications Technology	cabinets that cannot be locked. The practice is in the process of relocating and during the relocation, new filing cabinets will be purchased.		
The practice owner must ensure that all staff are immunised against Hepatitis B and have appropriate records to demonstrate this.	7.1 Workforce	The two members of staff who did not have Hep B status confirmation have made appointments with occupational health in the week following the inspection in order to have their statuses checked.	Lowri Leeke	1 week

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): Lowri Leeke

Job role: Principal dentist and Practice owner

Date: 24/09/2017

Appendix C – Improvement plan

Service: Troedyrhiw Dental Practice

Date of inspection: 18 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
Quality of the patient experience				
The practice must include the contact details for HIW within their complaints procedure.	6.3 Listening and Learning from feedback	Our complaints procedure now contains full contact details for HIW	Lowri Leeke	Already completed
Delivery of safe and effective care				
<p>The practice should seek advice from appropriately qualified persons to promote the health and safety and welfare of staff and patients in relation to the following:</p> <ul style="list-style-type: none"> The practice must ensure that 	2.1 Managing risk and promoting health and safety	<p>Despite storage of the used X-ray developer solution and gas canisters in outside shed, the back yard is fully secure with a locked gate.</p> <p>Plans are in place to relocate the practice within the next few months so</p>	Lowri Leeke	3 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>suitable, secure and safe arrangements are put in place for storage of used X-ray developer solution and gas canisters</p>		<p>we will have more adequate storage facilities available. In the meantime, all effort will be made to dispose of used items quicker. Our waste contractor has been contacted for more regular collection and the gas canisters have been disposed of.</p>		
<ul style="list-style-type: none"> The practice should review their environmental risk assessment document 		<p>Our environmental risk assessment document will be reviewed and updated.</p>	<p>Lowri Leeke</p>	<p>2 months</p>
<ul style="list-style-type: none"> The practice should ensure that gas appliances are maintained on an annual basis 		<p>Servicing of the gas appliances has now been carried out on 17/10/17. All was found to be satisfactory.</p>	<p>Lowri Leeke</p>	<p>1 week</p>
<ul style="list-style-type: none"> The practice must ensure that collection of used X-ray developer solution is carried out in line with the agreement with the contract company 		<p>Our waste collection contractor (PHS) has been contacted for more regular collection of used X-ray developer solution with monthly collections now set up in place of 6 monthly collections.</p>	<p>Lowri Leeke</p>	<p>1 month</p>
<p>The practice must ensure its manual cleaning process is in line with guidance within WHTM 01-05</p>	<p>2.4 Infection Prevention and Control (IPC) and</p>	<p>Our manual cleaning policy is to be updated in line with WHTM 01-05. We already use the correct amount of</p>	<p>Lowri Leeke and all nursing personnel</p>	<p>2 weeks</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Decontamination	cleaning fluid as per manufacturer's recommendations. Thermometers have been purchased to ensure temperature remains stable throughout the cleaning process.	(Tracey Small, Danila Wilkins, Chrissy Jones and Sara Beynon)	
The practice must ensure all staff receive training in decontamination in line with recommendations of the General Dental Council		All staff members that have not undertaken recent decontamination training have been booked on a decontamination course on 11/12/17.	Danila Wilkins, Sara Beynon, Julie Gillard, Tracey Small	3 months
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 surgeries		The practice is relocating within the next 6 months so no new flooring is justified. In the meantime however, the surgery floors will be sealed as best as possible.	Lowri Leeke	2 months
The practice must replace the contents of the first aid kit that have passed their expiry dates and make suitable arrangements to ensure that first aid equipment is available and safe to use	2.6 Medicines Management	A new first aid kit has been purchased and is available for use.	Lowri Leeke	Already completed
The practice should update the adult and child safeguarding policy to include the contact details for the safeguarding teams of the local council.	2.7 Safeguarding children and adults at risk	Our adult and child safeguarding policy is to be updated to include full contact details for the safeguarding teams of the local council (MTCBC).	Lowri Leeke	1 month

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that maintenance documentation for the X-ray equipment is retained and available for inspection by HIW	2.9 Medical devices, equipment and diagnostic systems	For the X-ray machine with no inspection document available, an inspection was carried out on 26/09/19 and no faults were found with machine in full working order. All documents to be retained by practice.	Lowri Leeke	6 months
The practice should implement a range of clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate	3.1 Safe and Clinically Effective care	A process of audits have been arranged and will be implemented. These audits will be carried out on a regular basis.	Lowri Leeke	6 months
The practice should implement a process for clinical peer review	3.3 Quality Improvement, Research and Innovation	Following a meeting with all dentists, systems are to be put in place for clinical peer review. An application has been made with the Post-graduate department of Cardiff university for Maturity Matrix training.	Lowri Leeke	3 months
The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.	3.5 Record keeping	This has been adopted with immediate effect. Following a meeting, we have discussed the importance of this with the dentists that were not already doing so, all treatment options and	Lowri Leeke and Geraint Morgan	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The dentists working at the practice must ensure they record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000.</p>		<p>discussions are now documented in patient notes.</p> <p>This has been adopted with immediate effect. Following a meeting, we have discussed the importance of this with the dentist not already doing so, all justifications and findings of X-rays are now recorded in patient notes.</p>	<p>Lowri Leeke and Geraint Morgan</p>	<p>Immediate</p>
<p>Quality of management and leadership</p>				
<p>The practice should ensure it obtains and retains all appropriate training certification for all staff to evidence that training has been undertaken and make available for inspection.</p>	<p>7.1 Workforce</p>	<p>The majority of certificates were available on the day of inspection. Any certificates not available at the practice on the inspection day have been collected and records retained.</p>	<p>Lowri Leeke</p>	<p>Already completed</p>

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): Lowri Leeke

Job role: Practice Principal

Date: 17/10/2017