

General Dental Practice Inspection (Announced)

Crescent Dental Care Abertawe
Bro Morgannwg University Health
Board

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2017

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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 Crescent Dental Care at 24 Uplands Crescent, Uplands, Swansea, SA2 0PB, within Abertawe Bro Morgannwg University Health Board on the 28 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 evidence that Crescent Dental Care Practice was striving to provide safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff. However, we found some evidence that the practice was not fully compliant with the Health and Care Standards in all areas.

This is what we found the service did well:

- Patients were very satisfied with the service provided
- The staff team were friendly, welcoming and committed to providing a high standard of care
- Clinical facilities were well equipped and clean

This is what we recommend the service could improve:

- More dental health promotion information to be made available to patients
- The NHS and Private patients' complaints policy needs to be reviewed and updated
- A five yearly electrical wiring inspection to be undertaken and evidence provided to HIW
- The practice should ensure that there are sufficient numbers of ultrasonic handpieces¹ for every surgery and improve the validation

¹ Common in today's hygiene and periodontal armamentarium is the sonic or ultrasonic handpiece. The sonic scaler operates at a low frequency of about 3,000 to 8,000 cycles/second (which is how many times the tip comes in contact with the tooth).

of manual cleaning processes by the use of a dedicated logbook and introduce the use of single use matrix bands

- Vulnerable adults safeguard training needs to be in place for all relevant staff
- The radiation file detailing the safe use of X-rays should be reviewed and updated
- Recording of patient notes must be kept in line with GDC guidance
- A safeguarding clearance check must be updated for two dentists

3. What we found

Background of the service

Crescent Dental Care provides services to patients in the Swansea and surrounding areas. 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 eight dentists, one hygienist, five dental nurses, five trainee dental nurses, three receptionists, two practice managers and one director of services.

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 Crescent Dental Care practice was working hard to provide a high quality service and were committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was very positive.

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 20 questionnaires were completed. The majority of completed questionnaires were returned by people who had been a patient at the practice for more than two years. Overall, patient feedback was very positive. Patients were asked within the questionnaires about how the dental practice could improve its services. Some of the comments received were:

"The service is very good"

"I get a text to remind me of the date & time of my next appointment"

"Wait time. Always waiting 15-30 min in waiting room before appointment"

The receptionist on the day of the inspection stated that the practice did monitor any time delays and seek to inform patients of any issues. The practice may however, wish to consider this aspect of service further.

Staying healthy

All but three of the patients who completed a HIW questionnaire indicated that the dental team had spoken to them about how to keep their mouth and teeth healthy. Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. The practice needs to make more dental health promotion information available in the waiting areas, which would allow patients to access information which could support them in caring

for their own oral hygiene. Signs displaying 'no smoking' were displayed in the reception/waiting area.

Improvement needed

The practice needs to make more dental health promotion information available in the waiting areas.

Dignified care

We saw evidence to indicate that patients were provided with care in a dignified and respectful manner. All patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

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

The practice were advised during the inspection to better utilise the blinds available in the downstairs surgery (from staff passing by) and the front upstairs surgery (from adjacent buildings overlooking the surgery), to maintain privacy more effectively in those areas.

Patient information

Patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment and were helped to understand the treatment options available.

The majority of patients who completed a questionnaire told us that the cost of any treatment was always made clear to them before they received any treatment. However, almost half of patients told us they didn't understand how the cost of their treatment was calculated. We did though see that information about price lists for both NHS and private treatment was available in the waiting area, so that patients were informed about costs.

Patients' medical histories were reviewed and updated at regular intervals. In addition, we saw recorded evidence of treatment planning and options being discussed with patients.

Communicating effectively

No patients that completed a HIW questionnaire identified themselves as a Welsh speaker. Additionally, all patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language. There were Welsh versions of complaints procedures available in waiting rooms. We were informed that the practice has access to a language translation line for patients if required. Practice staff are able to support patient language needs as staff have Welsh, Arabic, Persian, Bengali, French, Turkish and some German language skills. The practice advised that they also make GDC Standards available in Mandarin, Bengali and Polish. This communication support and approach is to be commended.

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. Nearly a third of patients that completed a questionnaire said that they wouldn't know how to access the out of hour's dental service if they had an urgent dental problem. However, we saw that the details of the emergency NHS contact number, the practising dentists' details and the surgery opening hours were being displayed externally.

Individual care

Planning care to promote independence

All questionnaire respondents confirmed that the dentist enquired about their medical history before undertaking any treatment. All but three of the patients that completed a questionnaire indicated that the dental team had spoken to them about how to keep their mouth and teeth healthy.

People's rights

The practice had equality and diversity policy in place to guide staff about what was expected of them and to inform their recruitment practices. The practice premises are accessed by a number of stone steps at the front and so are not accessible to wheelchair users. The practice told us however that they would refer patients with significant mobility needs to another practice.

Listening and learning from feedback

The practice had a written procedure for dealing with concerns (complaints) about NHS and private patients' dental treatment and this was prominently

displayed on the day of the inspection in the reception and waiting areas. However, over half of 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 dental practice. The practice may want to consider this patient response further. The joint complaints procedure available was compliant with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'²) and for private patients in line with the Private Dentistry Wales 2008 Regulations³. However, the NHS and Private patients' complaints policy needed to be reviewed and updated to more easily distinguish the NHS/Private patient contact details and complaint response times.

We also reviewed the practice's complaints handling policy and complaints and concerns recording keeping processes. We saw evidence that regular audits were being conducted to consider any themes or trends. The complaints received by the practice, were being dealt with in line with the policy in place. Advice was given though, in respect of more clearly evidencing actions and outcomes in a standard format pro forma.

13 of the 20 patients that completed a questionnaire were not aware of being asked for their views on the dental practice, for example, through patient questionnaires. However, we saw evidence that patient satisfaction surveys were distributed to seek patients' feedback and suggestions. Actions and learning from patient feedback was considered, through an audit. We advised the practice to display an analysis of the feedback received in the waiting area demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice.

Improvement needed

The NHS and Private patients' complaints policy needs to be reviewed and updated.

² <http://www.wales.nhs.uk/sites3/page.cfm?orgid=932&pid=50738>

³ [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)

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 being provided with safe and effective dental care. However, there were some areas where improvement was required.

Clinical facilities were well equipped and were visibly clean and tidy. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We found the practice had taken steps to help protect the health, safety and welfare of staff and patients.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk.

There were arrangements in place for the safe use and maintenance of X-ray equipment. However, the Radiation file should be reviewed and updated. We also identified some improvement was needed around aspects of the dentists' record keeping to fully comply with clinical standards for record keeping.

Safe care

Our concern regarding refresher training for cardiopulmonary resuscitation (CPR) training for one staff member was dealt with via 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.

Managing risk and promoting health and safety

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

There was one unisex toilet for use by patients on the ground floor. There were also two staff toilet facilities available. These facilities were clearly signposted and visibly clean; with sanitary disposal bins in place. A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We also saw that hazardous waste was being stored appropriately. Sharps containers were safely stored. Risk assessments about Control of Substances Hazardous to Health (COSHH) and safety data sheets were being kept for substances in addition to risk assessments to assist staff in their safe use. COSHH substances were being stored safely.

Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place and fire signage and risk assessment were evident. There was a health and safety policy in place. Advice was given on the day of the inspection that the practice re-positions the wall mounted staff smoker's box further away from the storage area of the compressor.

Improvement needed

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

Infection prevention and control

We looked at all the surgeries within the practice, and noted that they were clean and tidy. Floors and surfaces within the surgery were easily cleanable to reduce cross infection. There were no concerns given by patients over the cleanliness of the dental practice. Most patients that completed a questionnaire felt that the dental practice was very clean, with one patient saying that it was fairly clean. We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at the dental practice. This is because we saw evidence that there were infection prevention and control measures in place. Examples included the following:

- The practice had a designated decontamination room which met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)⁴ policy and guidance document
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Logbooks for checking sterilisation equipment were being used.

However, the practice should ensure that there are sufficient number of ultrasonic hand pieces for every surgery and improve the validation of manual cleaning processes by the use of a dedicated logbook.

The use of single use injection syringes and single use matrix bands⁵ was advised as good practice. The practice should improve the validation of manual cleaning processes by the use of a dedicated log book.

Improvement needed

The practice should ensure that there are sufficient number of ultrasonic hand pieces for every surgery and improve the validation of manual cleaning processes by the use of a dedicated logbook.

Medicines management

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use in the event of a patient emergency (collapse). Advice was given to the principal dentist to conduct and record weekly checking of the resuscitation kit and oxygen. A resuscitation policy was in place and included roles and responsibilities for staff.

⁴ [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

⁵ A single-use device is used on an individual patient during a single procedure and then discarded. It is not intended to be reprocessed and used again, even on the same patient.

We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). However, as discussed earlier one staff member required training to be updated and this has been responded to.

The practice had two appointed first aiders in the team who had completed relevant training and a first aid kit was available. There was an appropriate accident book in place and following advice, the practice manager ensured that completed accident sheets were being filed securely to maintain data protection.

We noted that emergency drugs were well organised and easily to hand in the event of an emergency. We offered advice that emergency drugs could be kept with corresponding life support flowcharts for use in specific emergencies. A record of the regular emergency drugs checks was being maintained.

Safeguarding children and adults at risk

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place, with local contact numbers for safeguarding agencies.

Children's safeguarding training was being provided for relevant staff. However, we noted that adult protection safeguarding training was required for a number of staff. There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice.

Improvement needed

Vulnerable adults safeguard training needs to be in place for all relevant staff.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgeries had been designed and organised to help the team work efficiently and were visibly very clean and in good condition. We saw that generally the environments had been planned and laid out to ensure the safe use of radiation equipment.

However, we discussed a room lay out issue regarding the radiation equipment in the downstairs surgery to the back of the building, with respect to the position of the window in that room. There was a radiation file available at the practice with key information in one place. The radiation file detailing the safe use of X-rays should be reviewed and updated.

We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use. We found that staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000⁶.

Improvement needed

The Radiation file detailing the safe use of X-rays should be reviewed and updated.

Effective care

Safe and clinically effective care

Patients benefit from a practice that is seeking to improve the service provided. We saw that the practice engaged in relevant audits, including infection control, radiographic audits and six monthly in-house clinical notes (the latter needs to be updated following records findings).

Quality improvement, research and innovation

The principal dentist indicated that there were peer quality review processes internally. The principal dentist stated that the practice had previously been engaged with the Deanery of Wales Clinical Audit and Peer Review, or CAPRO⁷.

⁶ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

⁷ <https://dental.walesdeanery.org/improving-practice-quality/carro>

Information governance and communications technology

The storage of patient files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

Record keeping

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

- The consistency of record keeping in respect to ongoing consent to treatment needs to be improved
- The consistency of oral cancer screening records to include discussions of smoking and alcohol cessation needs to be improved
- The consistency of radiographs (bite wings⁸) needs to be considered in line with guidance and radiographs must be justified and reported on
- Extra and intra oral examination needs to be consistently and more fully recorded
- Patient recall periods need to be recorded and justified

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

Improvement needed

Dentists must ensure that the specific findings in the report are addressed around record keeping and must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with

⁸ A dental x-ray film having a central projection on which the teeth can close, holding it in position for the radiographic imagery of several upper and lower teeth simultaneously.

professional standards for record keeping. An updated record keeping audit should be undertaken.

Quality of management and leadership

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

Crescent Dental Care practice is owned and managed by the principal dentist, with seven other dentists and a friendly and settled staff team. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients. Staff told us they felt well supported by senior practice staff and their colleagues. They also told us they had opportunities to attend relevant training.

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

Governance, leadership and accountability

Crescent Dental Practice is owned by the principal dentist who is supported by seven other dentists and a large practice team. There are two practice managers in place to assist with the day to day management of the practice. Where we identified areas for improvement, the principal dentist and practice managers demonstrated a commitment to address these quickly.

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

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

Staff and resources

Workforce

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

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

We found that dentists and nursing staff were registered with the General Dental Council to practice and had indemnity insurance cover in place. Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

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

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

Improvement needed

DBS safeguarding checks for two dentists need to be brought up to date in line with the private dental regulations.

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: Crescent Dental Care

Date of inspection: 28 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
<p>Finding</p> <p>The majority of staff at the practice had up to date cardiopulmonary resuscitation (CPR) training. However, we found that one member of staff required that their CPR training be brought up to date.</p> <p>Improvement needed</p> <p>CPR refresher training must be kept up to date for all relevant staff in accordance with the requirements of the General Dental Council.</p>	<p>Health and Care Standards 7.1</p> <p>Private Dentistry (Wales) Regulations 2008</p> <p>14 (1) (b)</p> <p>GDC</p>	<p>The staff member has completed a 'basic life support' course on line on 3 October 2017. A copy of this certificate was sent to HIW on 6 October 2017.</p> <p>The staff member is booked on a full first aid course on the 20 October 2017. A copy of this certificate will be sent to HIW. - awaiting confirmation/certificate.</p>	<p>Mark Waters</p>	<p>20 October 2017</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
	Guidance 1.5.3			

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: Emma Anyadike

Name (print): Emma Anyadike

Job role: Practice manager

Date: 6 October 2017

Appendix C – Improvement plan

Service: Crescent Dental Care

Date of inspection: 28 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 needs to make more dental health promotion information available in the waiting areas.	Health and Care Standards 4.2 and 5.1 Private Dentistry (Wales) Regulations 2008 Regulation 14	Further patient health promotion has been ordered, and displayed in both waiting rooms identically. Including smoking cessation and healthy diet.	Isobel Williams	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
	(1) (a)			
The NHS and Private patients' complaints policy needs to be reviewed and updated.	Health and Care Standards 6.3 Private Dentistry (Wales) Regulations 2008 15 (4) GDC Guidance 5.1	Policies have been separated into NHS and Private ensuring all information is up to date and relevant. Polices are available in Welsh and English for patients.	Isobel Williams	Completed
Delivery of safe and effective care				
Evidence of a five yearly periodic electrical wiring certificate for the premises is required and a copy to be sent to HIW.	Health and Care Standards 2.1 The Electricity at Work Regulations 1989	Quotes have been sought and work will be undertaken and completed by 31 January 2018.	Isobel Williams	31 January 2018
The practice should ensure that there are	Welsh Health	Hand pieces have been ordered,	Mark Waters	22 December

Improvement needed	Standard	Service action	Responsible officer	Timescale
sufficient number of ultrasonic hand pieces for every surgery and improve the validation of manual cleaning processes by the use of a dedicated logbook.	Technical Memorandum (WHTM01-05) 1.26 -2.4o	sufficient for extra in each surgery.		2017
Vulnerable adults safeguard training needs to be in place for all relevant staff.	Health and Care Standards 2.7 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	We are advised that the Welsh Deanery no longer provide training in this area. We are looking at training options and availability and will arrange for staff to have this training updated by 31 January 2018.	Isobel Williams	31 January 2018
The radiation file detailing the safe use of X-rays should be reviewed and updated.	Health and Care Standards 2.9 Private Dentistry (Wales) Regulations 2008	We have engaged the service provider, who is supporting the practice to review and update the relevant areas of the radiation file and advise on any required residual works. We intend to have an online system initiated.	Isobel Williams	12 January 2018 and ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
	14 (1) (b) Ionising Radiation (Medical Exposure) Regulations 2000			
Dentists must ensure that the specific findings in the report are addressed around record keeping and must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping. An updated record keeping audit should be undertaken.	Health and Care Standards 3.3 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	We have arranged for a further record keeping audit to be undertaken to identify where individual dentists can make improvements. This will be monitored moving forward by the principal dentist to ensure that record keeping practices are being consistently maintained in accordance with professional standards.	Mark Waters	22 December 2017 and ongoing
Quality of management and leadership				
DBS safeguarding checks for two dentists need to be brought up to date in line with the private dental regulations.	Health and Care Standards 2.7 Private	These have been applied, one certificate received and awaiting return of one certificate.	Isobel Williams	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Dentistry (Wales) Regulations 2008 Regulation 13 (2)			

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): Mark Waters and Isobel Williams

Job role: Principal Dentist and Practice Manager

Date: 28.11.2017