

General Dental Practice Inspection (Announced)

Crosskeys Dental

Surgery/Aneurin Bevan University

Health Board

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

Our purpose

To check that people in Wales are receiving good care.

Our values

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

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

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

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Crosskeys Dental Surgery at 15-19 Risca Road, Crosskeys NP11 7BT, within Aneurin Bevan University Health Board on the 2 October 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), Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

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

2. Summary of our inspection

We found evidence that Crosskeys Dental Practice was a well maintained practice that was patient focused and provided safe and effective care. However, we found some evidence that the dental practice was not fully compliant with the relevant standards and regulations.

This is what we found the service did well:

- The practice provided clinical facilities that were well-equipped and visibly clean and tidy.
- Patients were treated with respect and were happy with the service provided. The practice had systems in place to actively collect patient feedback and acted on patient complaints.
- Dental instruments were cleaned and sterilised appropriately.

This is what we recommend the service could improve:

- The practice must ensure that patient records are completed with all required data at each visit and record patient consent and treatment plans.
- Put in place a robust programme of clinical audits and peer reviews, including an annual infection control audit in accordance with WHTM 01-05
- Ensure it holds the immunisation records for all clinical staff.
- The practice must review its radiation folder so that it contains all relevant documentation.

3. What we found

Background of the service

Crosskeys Dental Surgery provides services to patients in the Crosskeys and surrounding area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes five dentists, two part time hygienists, five dental nurses, one trainee dental nurse, one practice manager, two part time receptionists and one cleaner.

In addition, an orthodontist attends the practice one day a week.

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 found that the practice was committed to providing a positive experience for their patients. The practice actively sought patient feedback by providing feedback forms in the waiting area.

The feedback gained from the ten patient questionnaires was positive and patients cited the friendly and professional attitude of the practice staff.

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 ten questionnaires were completed. Patient comments included the following:

"No improvement needed"

"I'm happy with the service at the moment"

"All staff friendly and pleasant"

"I have always found all staff to be very helpful, friendly and professional. Very pleased with my treatment"

Staying healthy

There was a good range of dental health promotion information available in the practice's two waiting areas which meant patients had access to information which could support them in caring for their own oral hygiene. There was also information about the practice, including photographs of the dentists. Price lists relating to both NHS and Private dental treatment were clearly on display in both waiting areas. We noted no smoking signs displayed in the practice.

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

Dignified care

We observed staff speaking to patients in a professional manner. All patients who completed questionnaires agreed that they had been treated with respect when visiting the dental practice.

The practice had arrangements in place to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls could also be received by staff in privacy, away from patients.

Patient information

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 and were helped to understand the treatment options available. The majority of the patients that completed a questionnaire told us that said that they had received clear information about their dental treatment, including available treatment options, associated costs and how these costs were calculated.

The practice provided a range of private and NHS dental treatments. Information on prices for private dental treatments was available to view in both the ground floor and first floor waiting areas, as were costs for NHS dental treatments.

The practice is currently revising its website and currently only provides a contact telephone number and address. During the inspection we were told that there is no target completion date for this work. Once constructed, the practice would need to ensure the content of the website adheres to current GDC guidelines¹.

Communicating effectively

All patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language. There was a sign in the reception area advising that NHS information was available in Welsh.

Timely care

¹ GDC: 1.3.3 of Standards for the Dental Team

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 and when appropriate offered the opportunity to make another appointment.

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. Details of how patients could access emergency care when the practice was closed were displayed both inside and outside of the practice. This was also provided on the practice's answerphone message.

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 equal opportunities policy, disability policy and bullying and harassment policy in place.

The practice was located in a two storey building. Patients with mobility difficulties were able to access the waiting area and surgeries on the ground floor. Also on the ground floor was a disabled patient toilet which had appropriate support rails in place.

Listening and learning from feedback

The practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) regarding both private and NHS treatment was displayed in the reception area. Whilst there were small posters regarding "Putting Things Right²" in both waiting areas, there was no reference to this NHS process in the written procedure. We advised that patient information

² "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.

regarding the complaints processes for private and NHS treatments are put into separate documents and that the NHS document is in accordance with "Putting Things Right". We also recommend, in accordance with the Private Dentistry Wales 2008 Regulations, the written procedure regarding private treatment contains contact details for Healthcare Inspectorate Wales³. The practice did agree to obtain "Putting Things Right" posters and leaflets from the University Health Board. The majority of patients that 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 majority of patients that completed a questionnaire confirmed that they were asked for their views on the dental practice, for example, through patient questionnaires. In the ground floor waiting area the practice had a suggestion box and a number of patient satisfaction questionnaires. We noted that the practice recorded complaints received and how they were resolved. We also noted that they reviewed any common themes and acted on these. We advised the practice to record any verbal/informal concerns that are received.

Improvement needed

The practice is to up date its complaints policy and information, in respect of private treatment, to include all relevant contact information, including that of Healthcare Inspectorate Wales.

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 provided with safe and effective dental care. Clinical facilities were well equipped and were visibly clean and tidy. However we identified a number of improvements needed to patients' clinical records and to the emergency resuscitation kit.

Safe care

The radiation file contained limited documentation. It was unclear as to who the practice's Radiation Protection Advisor (RPA) was and there were no instruction manuals for the radiation equipment. There was no evidence that the equipment had not been checked and certified since 2014.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection⁴. The practice was unable to provide immunisation records for one dentist and one dental nurse.

Our concerns regarding the file containing documentation relating to the practice's radiation equipment, and the provision of immunisation records were dealt with under our immediate assurance process.

Details of the immediate improvements we identified are provided in Appendix B.

Managing risk and promoting health and safety

⁴ Welsh Health Circular (2007) 086

The practice was visibly well maintained and surgeries were clean, tidy and well organised. All patients who completed a questionnaire felt that, in their opinion, the practice was very clean.

The principal dentist told us that he had undertaken the portable appliance testing (PAT) for the practice. According to Health and Safety Executive (HSE) guidance, in many low-risk environments, PAT testing can be undertaken by a competent person, and, if they have enough knowledge and training, this could be a sensible member of staff undertaking visual inspections. But, when undertaking combined inspection and testing, and where patients and staff are coming into contact with the electrical appliances they must be tested by a qualified person. We would recommend the practice engage a suitably qualified person to undertake in-depth PAT testing to ensure the safe use of small electrical appliances within the practice. The practice provided evidence of fire alarm and fire extinguisher testing. Directions for the emergency exits were visible.

Whilst we saw a number of invoices relating to checks on fire extinguishers in the practice and testing of the fire alarms, there was no evidence of a formal maintenance contract being in place. Following the inspection we wrote to the practice seeking immediate assurance that action was taken to confirm that an appropriate contract was in place.

There was no evidence of a gas maintenance certificate. We were advised during the inspection that the engineer was unable to forward it before the end of the working day. The practice has since provided the relevant documentation.

We found that chemicals were kept securely and none were left in public areas.

We could see the practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste.

We noted the practice had a Reporting of Injuries, Diseases and Dangerous Occurrences regulations (RIDDOR) book which included the Health and Safety Executive contact details and protocols. There was a comprehensive health and safety policy in place and we noted the health and safety poster in the reception area.

Improvement needed

We recommend the practice, in accordance with HSE guidance, employ a suitably qualified person to undertake in-depth PAT testing to ensure the safe use of small electrical appliances within the practice

Infection prevention and control

The practice had dedicated facilities on both the ground and first floors for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁵. Both rooms had dedicated sinks and bowls for decontamination, however, neither had dedicated hand washing facilities and it is recommend the practice arrange for such sinks to be installed in both rooms.

We did not see any validation for the ultrasonic cleaners and noted that the last maintenance inspection of the autoclaves was undertaken in March 2016. WHTM 01-05 advises that there should be a maximum interval of 14 months between inspections. We recommend that in accordance with guidance the practice must arrange maintenance inspections of all its decontamination equipment.

We saw evidence that all clinical staff had certificates on file to confirm their decontamination training was current. Whilst the practice did have a decontamination training protocol, records were not completed and there was no mention of testing protocols. The practice must ensure this protocol is completed.

We saw evidence of a maintenance certificate with regard to the practice's compressor but no evidence of daily checks. The practice must ensure daily checks are performed and recorded.

⁵ 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 did not see any evidence of the practice having undertaken any infection control audits as recommended by WHTM 01-05 guidelines. We recommend such audits are completed annually and any outcomes/conclusions are recorded together with an action plan.

Improvement needed

In accordance with WHTM 01-05 guidance the practice is to install dedicated hand washing sinks for staff in both decontamination rooms.

We recommend that in accordance with WHTM 01-05 guidance the practice arrange a programme of maintenance inspections of all its decontamination equipment.

The practice must ensure daily checks of the compressor are performed and recorded

We recommend infection control audits, in accordance with WHTM 01-05 guidance are completed annually and any outcomes/conclusions are recorded together with an action plan.

Medicines management

Resuscitation equipment and emergency drugs were available at the practice and were stored appropriately. Whilst there was a system in place to help ensure they were safe for use in the event of a patient emergency (collapse) we found that some of the drugs and equipment were out of date. We removed these during the inspection. When we brought the out of date equipment to the attention of the practice, new stock was ordered. We recommend that in accordance with standards set out by the Resuscitation Council (UK),⁶ the practice introduce an effective system that includes checking that emergency

⁶ [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.

drugs and equipment remain in date and are ready for use. We noted that the practice did not have a resuscitation policy. It is important that all members of staff are aware of their roles if there is a medical emergency and recommend that one is developed and circulated to all staff. We also advised that the fridge where the emergency drugs were stored was cleaned.

We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR) with the exception of one dentist. When this was brought to the practice's attention the dentist was immediately booked onto a course.

The practice had three appointed first aiders who had all completed relevant training.

Improvement needed

The practice must make suitable arrangements to ensure that regular checks are being conducted on the emergency drugs and equipment in accordance with the quality standards set out by the Resuscitation Council (UK)

The practice is to develop a resuscitation policy and circulate this to all staff.

Safeguarding children and adults at risk

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place and safeguarding training provided. However, we noted that three members of the clinical staff had not received recent training in adult protection (POVA). We recommend the practice ensures that staff who have access to patients complete training in both child and adult protection. We noted that there was a poster in the practice manager's office/staff room with addresses and telephone numbers of the local authority safeguarding teams the written policies did not contain all of this detail. We advised that the practice might consider mirroring the detail in the policies with that on the poster.

There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in the practice. Disclosure and Barring Service (DBS) clearance checks had been carried out on all staff (with three applications in progress).

Improvement needed

The practice must ensure that staff have access to and complete relevant safeguarding training.).

Medical devices, equipment and diagnostic systems

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

In accordance with the requirements of the General Dental Council and Ionising radiation (Medical exposure) regulations (IRMER) 2000⁷ all the dentists and hygienists had completed the required training. All the dental nurses were due to attend a course in January 2018.

All radiological equipment was in working order and controlled areas had been identified. Whilst we noted who the Radiation Protection Supervisor was, it was unclear who currently held the role of Radiation Protection Adviser. The radiation folder did not contain any RPA certificates since 2014. There was evidence that routine testing had been undertaken in June 2017 but the critical examination certificate had expired. The folder did not contain any instruction manuals and only contained minimal information. It is recommended that the practice review and revise its radiation folder to ensure it contains current and relevant information, including identify of RPA and instruction manuals. In response to these concerns, following the inspection we wrote to the practice asking that take remedial action to address the immediate issues raised.

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

Effective care

Safe and clinically effective care

⁷ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

Patients benefit from a practice that seeks to continuously improve the service it provides. Aside from image quality assurance there was no further evidence of the practice undertaking any additional audits. We recommend the practice put in place a programme for undertaking a wide range of clinical audits with the aim of identifying areas for improvement.

Improvement needed

It is recommended that the practice 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.

Information governance and communications technology

The practice had a data protection policy in place. The storage of files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and non-electronic patient information was stored in a locked cupboard.

During the inspection we found that the door to the X-ray room was unlocked and open, and could be easily accessed by patients who would have been able to access a computer and sharps bins. During the inspection we noted that the computer was unlocked and displayed patient information. We recommended that a lock is installed to ensure that patients are only able to enter the room accompanied by a member of staff.

Improvement needed

It is recommended the practice install a lock on the door to the X-ray room to ensure that patients can only access the room with a member of staff.

Record keeping

We reviewed a sample of patients' records. Overall we found there was good quality of record keeping and patient care. However, 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 Examination⁸ (BPE) levels
- Oral cancer screening
- Patient X-rays were not always justified or reported

Also, the practice needs to:

- establish frequency of X-rays
- Record any Cerec⁹ restoration in patient notes
- Include the MHRA Registration number in any laboratory documentation

Improvement needed

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

- informed consent to treatment
- Basic Periodontal Examination¹⁰ (BPE) levels
- Oral cancer screening
- Patient X-rays were not always justified or reported

⁸ 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

⁹ CEREC or Cerec (Chairside Economical Restoration of Esthetic Ceramics, or CERamic REConstruction) is a method of CAD/CAM dentistry developed by W. Mörmann and M. Brandestini at the University of Zurich in 1980 for creating dental restorations.

¹⁰ 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

The practice is to ensure the following are recorded:

- The frequency of X-rays in patient records
- Any Cerec restoration in patient records
- The MHRA Registration number in any laboratory documentation

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 was provided by the practice manager. We saw a range of policies and procedures in place, but this was not comprehensive. The practice held regular staff meetings where staff are encouraged to participate and contribute to the agenda.

The practice also provided opportunities for staff to learn together, however not all staff had completed adult safeguarding training. The practice had in place an induction programme with appropriate task descriptions and staff assessment but there was no ongoing appraisal programme.

Governance, leadership and accountability

Crosskeys Dental Practice is owned by the principal dentist. The practice manager oversees the day to day management of the practice. We noticed a good rapport between staff in the practice.

We noted a good range of policies and procedures in place to ensure the safety of both staff and patients. The majority of policies did have review dates and we advised that for consistency this should apply to all the practice's policies and procedures. This will ensure they are up to date and staff have confidence that they have access to relevant and current information and guidance. We also advised that the practice manager should ask all staff to sign each policy to indicate that they had read them.

The practice did not have either a Radiation Protection policy or a Resuscitation Policy.

We found all relevant clinical staff were registered with the General Dental Council to practice and had indemnity insurance cover in place. For those

providing private dental services we saw their HIW registration certificates displayed as required by the Private Dentistry (Wales) Regulation 2008.

Staff and resources

Workforce

We saw certificates that evidenced staff had attended training on a range of topics relevant to their role, but not all staff had completed adult safeguarding training. It is important that all staff who come into contact with patients are aware of their responsibilities with regard to safeguarding of children and vulnerable adults and in response to this the GDC has recommended safeguarding as a topic for CPD. We would also advise that reception staff also meet this training requirement.

Staff told us they were happy in carrying out their roles. We saw evidence that the practice has an induction programme, although there is no appraisal process in place. We recommend the practice introduce a formal appraisal process for all practice staff.

The practice was unable to provide evidence that two members of its clinical staff had received immunisation against Hepatitis B to protect patients and themselves against infection. The practice must ensure it obtains and retains records relating to Hepatitis B immunisation status for all clinical staff working at the practice. Following the inspection we wrote to the practice seeking immediate assurance that urgent action was taken to rectify this.

The regulations for private dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issues within the previous three years. We saw evidence that DBS clearance checks had been carried out, with three applications being processed at the time of the inspection.

Improvement needed

It is recommended that the practice introduce a programme of annual formal staff appraisals.

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
It was noted that one dentist did not hold a current certificate showing that he had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR)	It is important that, if there is a medical emergency, dentists are able to perform CPR and basic life support skills for treating adults, children and infants.	This was brought to the attention of the practice manager and principal dentist on the day of the inspection.	As soon as the practice manager was aware, she made arrangements for the dentist to attend a course.

Appendix B – Immediate improvement plan

Service: Crosskeys Dental Practice

Date of inspection: 2 October 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 was unable to provide immunisation records for one dentist and one dental nurse and were unable to confirm that clearance checks had been undertaken in respect of Hepatitis B, Hepatitis C and HIV.	Welsh Health Circular (2007) 086 GDC Guidance 1.5.2	Find and forward immunisation records for one dentist and one DSA.	PB	2 weeks
		Review clearance checks	PB	2 weeks
Whilst the practice did have a file containing some documentation relating to the radiation equipment, this was not sufficient or clear as to who was the Radiation Protection Advisor and what maintenance and validation had been	Ionising Radiation Regulations 1999 (IRR99).	Enlist new RPA (probably the DBG)	JA	2 weeks

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
undertaken.	Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R2000)			
Whilst we saw a number of invoices relating to checks on fire extinguishers and testing of fire alarms, there was no evidence of a formal maintenance contract being in place.		Ask advanced fire protection for letter confirming their commitment to formal Maintenance contract	JA	3 weeks

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):** **Jonathan Alexander**
Job role: **practice principle**
Date: **12/10/2017**

Appendix C – Improvement plan

Service: Crosskeys Dental Practice

Date of inspection: 2 October 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 is to up date its complaints policy and information in respect of private treatment, to include all relevant contact information, including that of Healthcare Inspectorate Wales.	6.2 Peoples rights	Update our Complaints policy to include all relevant contact information including that of Healthcare Inspectorate Wales.	Penelope Brotherwood	8 weeks
Delivery of safe and effective care				
We would recommend the practice, in accordance with HSE guidance, employ a suitably qualified person to undertake in-depth PAT testing to ensure the safe use of small	2.1 Managing risk and promoting health and safety	Organise for a qualified company to complete a PAT testing for the practice to ensure the safe use of small electrical	Penelope Brotherwood	8 weeks

Improvement needed	Standard	Service action	Responsible officer	Timescale
electrical appliances within the practice		appliances within the practice.		
It is recommended in accordance with WHTM 01-05 guidance the practice is to install dedicated hand washing sinks for staff to be installed in both decontamination rooms.	2.4 Infection Prevention and Control (IPC) and Decontamination	Install a hand washing sink in both our decontamination Rooms.	Dr J Alexander	10 weeks
We recommend that in accordance with WHTM 01-05 guidance the practice arrange a programme of maintenance inspections of all its decontamination equipment.		To arrange a programme of maintenance inspections of all decontamination equipment.	Penelope Brotherhood	8 weeks
The practice must ensure daily checks of the compressor are performed and recorded		To appoint a member of staff to carry out daily checks of the compressor and keep records of this.	Penelope Brotherhood	6 weeks
We recommend infection control audits, in accordance with WHTM 01-05 guidance are completed annually and any outcomes/conclusions are recorded together with an action plan.		To contact the LHB for an example of an infection control audit that we can complete annually, creating an action plan from the outcomes.	Penelope Brotherhood	8 weeks

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must make suitable arrangements to ensure that regular checks are being conducted on the emergency drugs and equipment in accordance with the quality standards set out by the Resuscitation Council (UK)	2.6 Medicines Management	Regular checks were already being carried out in the practice. Emergency Drugs are checked monthly. New airway equipment was ordered on day of inspection as an expiry date was not clear on the previous airway equipment we had.	Penelope Brotherwood	Completed
The practice is to develop a resuscitation policy and circulate this to all staff.		A resuscitation policy to be read and signed by each member of staff.	Penelope Brotherwood	6 weeks
The practice must ensure that staff have access to and complete relevant safeguarding training.	2.7 Safeguarding children and adults at risk	To sign all members of staff onto a safeguarding children and adults at risk course.	Penelope Brotherwood	6 weeks
It is recommended that the practice 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	Arrange a meeting with Peninsula to complete a range of clinical audits within the practice. These will then be monitored as appropriate and improvement plans will be developed.	Penelope Brotherwood	12 weeks
It is recommended the practice install a lock on the door to the X-ray room to ensure that patients can only access the room with a	3.4 Information Governance and Communications	A lock is to be fitted on this door and the key to be kept with the Practice Manager at all times.	Dr J Alexander	4 weeks

Improvement needed	Standard	Service action	Responsible officer	Timescale
member of staff.	Technology			
<p>In keeping with professional standards for record keeping, the practice must ensure that patient records are completed at each patient visit to record:</p> <ul style="list-style-type: none"> • informed consent to treatment • Basic Periodontal Examination¹¹ (BPE) levels • Oral cancer screening • Patient X-rays were not always justified or reported 	3.5 Record keeping	Dentists are to make sure that the 4 listed points are adhered.	Dr J Alexander	4 weeks

¹¹ 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

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice is to ensure the following are recorded:</p> <ul style="list-style-type: none"> • The frequency of X-rays in patient records • Any Cerec restoration in patient records • The MHRA Registration number in any laboratory documentation 	3.5 Record keeping	We have now updated our Cerec restoration lab sheets to include our lab number and these are now scanned into the patient's file so they can be easily found should we need them.	Dr J Alexander	Completed
Quality of management and leadership				
It is recommended that the practice introduce a programme of annual formal staff appraisals.	7.1 Workforce	We have staff appraisals slots booked into the diary which will commence in December and yearly after that date.	Penelope Brotherhood	8 weeks.

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): Penelope Brotherhood

Job role: Practice Manager

Date: 1 November 2017