

General Dental Practice Inspection (Announced)

Eveswell Suite (Kensington Court
Clinic) / Newport

Inspection date: 2 October 2017

Publication date: 3 January 2018

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

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

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	11
	Quality of management and leadership	18
4.	What next?	21
5.	How we inspect dental practices	22
	Appendix A – Summary of concerns resolved during the inspection	23
	Appendix B – Immediate improvement plan	24
	Appendix C – Improvement plan	25

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 the Eveswell Suite (part of Kensington Court Clinic) at 197 Chepstow Road, Newport, NP19 8GH.

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

HIW explored how the practice complied with the 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

Overall, we found evidence that the Eveswell Suite was meeting the standards necessary to provide safe and effective care to patients.

We found that patients were treated with respect, the practice had appropriate processes in place to ensure equipment was safe to use and had a range of policies and procedures to ensure care was delivered in a safe and effective manner.

Where we identified issues that required immediate attention regarding emergency drugs and equipment and arrangements for staff Hepatitis B immunisations, the practice manager resolved these promptly on the day of inspection.

This is what we found the service did well:

- Patients told us they were happy with the service provided
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- Documentation and information was available showing that X-ray and decontamination equipment was used with the aim of promoting staff and patient safety
- Staff told us they felt supported by senior practice staff and the wider practice team.

This is what we recommend the service could improve:

- More regular checks and recording of emergency drugs and equipment in line with national guidelines, and adherence to recommended timescales for staff CPR training
- The practice should make arrangements for clinical peer review and introduce a wider range of clinical and non-clinical audits
- Dentists needed to improve aspects of patient record keeping
- The practice must ensure it obtains and retains records relating to staff immunisation against Hepatitis B.

3. What we found

Background of the service

The Eveswell Suite forms part of Kensington Court Clinic. It provides private only dental services. An independent (dental) hospital is located in the same building. For the purposes of this inspection, only the services provided at the Eveswell Suite were considered.

The practice staff team includes two dentists, one hygienist, three reception staff and a practice manager.

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 observed patients being spoken with in a friendly, professional and courteous manner. Patients told us they were very happy with the care and treatment provided to them by the practice.

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 comments included the following:

"I'm completely satisfied"

"Perhaps extra parking facilities. Everything else most satisfactory"

Staying healthy

We found that the practice had a range of health promotion information leaflets available in the waiting area. This was to help promote the benefits for patients to take care of their own health and hygiene.

All patients that completed a questionnaire 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 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 that patients could speak to the dental team in private and away from other patients.

Patient information

The practice provided a range of private dental treatments. Information on prices for treatment were displayed in the reception area. This meant patients had easy access to information on how much their treatment may cost.

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

Without exception, all 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

None of the patients who completed HIW questionnaires confirmed themselves as Welsh speakers, but the vast majority of respondents said they were always able to speak to staff in their preferred language.

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.

Three quarters of patients that completed a HIW 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 and displayed on the entrance door, 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.

We considered a sample of patient records and found that evidence of treatment planning and treatment options were recorded and provided to patients to help them make an informed decision about their care.

People's rights

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

The practice was part of Kensington Court Clinic and located on the second floor of the building. Patients unable to use stairs would be offered an appointment within the independent (dental) hospital, also part of the Kensington Court Clinic, located on the ground floor of the building.

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 on the website of the practice. Six patients that completed a questionnaire however, told us that they did not know how to make a complaint about the dental services they receive. The practice may wish to consider how they can make patients more aware of this process.

Whilst the practice had not received any complaints, we found that there was a suitable system in place to record and address both verbal and written complaints should they be received.

The practice had recently introduced a patient questionnaire allowing patients to provide feedback on the services provided. Copies were available in the reception area for patients to complete. The practice told us that they intended to collate the information on a regular basis to assess patient feedback.

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 the practice provided patients with safe and effective care. The practice premises were visibly well maintained both internally and externally.

A thorough process for cleaning and sterilising dental instruments was demonstrated.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely.

Replacement drugs and equipment were needed in the emergency drugs kit and more regular checks on emergency drugs and equipment were needed to ensure adherence to national guidelines.

The practice was reminded of the timescales for completion of cardiopulmonary resuscitation (CPR) training for all staff.

A process for clinical peer review was recommended.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and wellbeing of staff working at, and people visiting, the practice. We found the practice to be well maintained both inside and outside, and the surgery was clean and tidy. There were no concerns expressed by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean.

Whilst we found the surgery to be clean and tidy, we did find that there were gaps between the surgery floor and skirting boards, which may inhibit thorough cleaning. The practice must ensure that the floor is appropriately sealed to

prevent water, dust and debris from accumulating in the unsealed part of the floors of the surgery. The practice agreed to address this issue.

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

We noted that the portable appliance testing (PAT) had been undertaken within the last 12 months, helping to ensure the safe use of small electrical appliances used in the practice.

We saw that hazardous (clinical) waste was stored appropriately and there were contracts in place for the transfer and disposal of both hazardous and non-hazardous waste produced by the practice.

There was a health and safety policy in place. We saw appropriate data and information on Control of Substances Hazardous to Health (COSHH) and that COSHH substances were kept securely.

Improvement needed

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

Infection prevention and control

The practice had a designated decontamination room and generally met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ policy and guidance document. We recommended that the practice should clearly identify the process flow; that is dirty instruments to clean instruments, within the decontamination room. We saw that appropriate signage was created and displayed within the decontamination room on the day of inspection.

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

Decontamination equipment and cabinets within the decontamination room were visibly in good condition. Work surfaces and the floors were easily cleanable to facilitate thorough cleaning and reduce cross contamination.

The practice had the use of one autoclave² and we saw inspection certification to show it was safe to use. We saw that daily checks were being carried out and a logbook maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show it remained safe to use.

A thorough decontamination process was demonstrated by staff and we saw certificates showing staff had attended training on decontamination.

We saw that the practice had conducted an infection control audit to help identify areas for improvement and development.

Medicines management

We saw that equipment and drugs were available for use in a patient emergency (collapse). We did find however that some of the drugs and equipment were past their expiry dates and one piece of equipment, a portable suction unit, was not included in the kit. We brought this to the attention of the practice manager on the day of inspection and replacements were organised for the out of date drugs and equipment on the day of the inspection. We recommended that the practice should carry out regular checks on the emergency drugs and equipment in line with the standards set by the Resuscitation Council (UK)³. The practice agreed to do this.

We found that the storage of the emergency drugs and equipment was disorganised with the potential for equipment and drugs to be misplaced. We recommended to the practice that they may wish to consider organising their emergency drugs and equipment in a more systematic way for ease of access in case of need. The practice agreed to do this.

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

³ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

We were able to see records to show that most staff had completed cardiopulmonary resuscitation (CPR) training within the last 12 months. Certificates for some non-clinical staff and one clinical staff member were out of date. The practice manager confirmed that prior to the inspection CPR training had been organised for all staff to attend in October 2017. The practice was reminded of the guidelines of the Resuscitation Council (UK) regarding timescales for CPR training.

Improvement needed

The practice must ensure that:

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

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

The practice must ensure that CPR training for all staff is conducted in line with the guidelines of the Resuscitation Council (UK).

Safeguarding children and adults at risk

The practice had a procedure in place to promote and protect the welfare of children and adults who are vulnerable or are at risk. We recommended that the adult safeguarding policy should be updated to include the contact details for the relevant team at the local council. The practice agreed to do this.

We saw certificates showing that the majority of staff had completed training on child and adult protection. We were unable to see a certificate for one member of staff. We recommended that the practice ensures that all staff completes training that is highly recommended by the General Dental Council (GDC). The practice agreed to do this.

Improvement needed

The practice should update the adult safeguarding policy to include the contact details for the appropriate safeguarding team at the local council.

The practice must ensure that all staff receive appropriate training in line with the recommendations of the GDC.

Medical devices, equipment and diagnostic systems

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw training certificates demonstrating that the dentists and most of the clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. We found one certificate to be out of date but we were advised by the practice manager that training had very recently been completed and they were awaiting a certificate.

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.

Effective care

Safe and clinically effective care

We saw that the practice carried out a limited range of audits to monitor the quality and safety of the care and treatments provided to patients. We recommended that the practice should expand the range of both clinical and non-clinical audits as part of their quality improvement activity. The practice agreed to do this.

Improvement needed

The practice should implement a range of clinical and non-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 have a process in place for peer review⁴, which would potentially support the staff in the development of practise improvement. We recommended to the practice that they should implement a process for peer review as a way of identifying improvement areas. The practice agreed to do this.

Improvement needed

The practice should implement a process for clinical peer review.

Information governance and communications technology

Patient records were stored and maintained in both paper format and electronically, and we found suitable processes in place to ensure security of information was maintained.

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 sufficiently detailed enough and consistent between practitioners. These were:

- We found that medical histories were not consistently countersigned by the dentist, and updated medical histories were not consistently obtained at every course of treatment
- Confirmation and the outcomes of BPE (Basic Periodontal Examination) checks were not consistently recorded
- Examinations of the soft tissue (both intra and extra oral) were not consistently noted

⁴ Peer review is one of the gold standards of science and is a process whereby healthcare professionals (“peers”) can evaluate the quality of other professionals' work. This is with the aim of ensuring their practise is rigorous, uses past research with a view to providing the best possible care and treatment.

- There was no written evidence of any smoking cessation advice provided to those patients who confirmed they were smokers.

The findings were discussed with the practice in detail and we recommended that they should implement a patient record card audit as part of their overall quality monitoring programme.

In addition, the reason for taking X-rays and the dentists' findings from them had not always been recorded 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 Private Dentistry Regulations and relevant professional standards.

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

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

Staff told us they felt well supported in their roles and that they had the opportunity to attend relevant training to develop their skills and knowledge.

We recommended that the practice ensure is obtains and retains confirmation of all staff immunisation against Hepatitis B.

Governance, leadership and accountability

The Eveswell Suite is part of the Kensington Court Clinic, which also includes an independent (dental) hospital. Both the Eveswell Suite and the hospital are located in the same building. Our inspection considered the service provided at the Eveswell Suite only.

A practice manager has overall responsibility for the day to day running of the Eveswell Suite and is supported by a well established team of clinical and non-clinical staff. Staff were very well aware of their responsibilities and where we identified areas for improvement, the practice manager demonstrated a willingness and commitment to address these promptly.

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 also told us that they felt communication within the practice was good. We saw that daily meetings were held each morning and all staff were required to attend, staff commented that

they found these meetings very beneficial. We also saw that more formal, practice meetings were held on a regular basis with minutes produced and shared with those staff unable to attend.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients, and that these were reviewed on a regular basis.

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 found that there was a process in place for staff to receive an appraisal of their performance on a regular basis and we saw evidence of appraisals that have been conducted.

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. We were unable to see records for one member of staff. We brought this to the attention of the practice manager on the day of inspection and we were told that they had been unable to obtain records from the individual's General Practitioner confirming immunisation had been given. On the day of inspection the individual arranged to attend the next available appointment with occupation health for testing of their immunity to Hepatitis B.

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

The regulations for private dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) certificate issued with the previous three years. We found that the DBS certificates for the dentists were outside of this timescale and needed to be renewed. The practice agreed to do this.

Improvement needed

The practice must ensure that all staff are immunised against Hepatitis B and have appropriate records to demonstrate this.

The dentist working at the practice and registered with HIW to provide private dental services must have an up to date DBS certificate and make this available for inspection by HIW.

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

Our dental practice inspections are usually announced. Dental practices will receive up to 12 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.

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 details about how HIW inspects [dental practices](#) and [independent healthcare services](#) 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>We saw that equipment and drugs were available for use in a patient emergency (collapse). We did find however that some of the drugs and equipment were past their expiry dates and one piece of equipment, a portable suction, was not included in the kit.</p>	<p>This meant that in the event of a patient emergency the practice may not be able to respond appropriately, potentially putting patients at risk.</p>	<p>We brought this to the attention of the practice manager and requested that missing equipment and expired drugs and equipment were replaced.</p>	<p>The practice manager made arrangements on the day of inspection for the missing and out of date drugs and equipment to be replaced.</p>
<p>We were unable to see records for one member of staff regarding Hepatitis B immunisation.</p>	<p>This meant the practice was unable to demonstrate that all staff had received immunisation against Hepatitis B to protect patients and themselves against infection.</p>	<p>This was brought to the attention of the practice manager on the day of inspection.</p>	<p>The practice manager confirmed that an appointment had been made with occupational health for the individual to be tested for their immunity to Hepatitis B.</p>

Appendix B – Immediate improvement plan

Service: Eveswell Suite (Kensington Court Clinic)

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	Regulation/ Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Eveswell Suite (Kensington Court Clinic)

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	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
No improvements were identified on this inspection.				
Delivery of safe and effective care				
The practice must ensure the floor is appropriately sealed to prevent water, dust and debris from accumulating in the unsealed part of the floors of the surgery	The Private Dentistry (Wales) Regulations 2008 (as amended)	The floor has been appropriately sealed.	Clinic Manager	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Regulation 14(1) (b) and 14 (1)(d) WHTM 01-05 Revision 1			
<p>The practice must ensure that:</p> <ul style="list-style-type: none"> • a full emergency kit is available at the practice at all times, and • regular checks are being conducted on the emergency drugs and equipment; <p>in accordance with the quality standards set out by the Resuscitation Council (UK).</p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14 (2) and 14 (3)(b)</p>	<p>The emergency kit has been revised following the Resuscitation UK Guidelines for “Emergency drugs for Dental Practices”</p> <p>Records are kept for the checking of Emergency drugs and equipment.</p>	Clinic Manager	Completed 04/10/17
<p>The practice must ensure that CPR training for all staff is conducted in line with the guidelines of the Resuscitation Council (UK).</p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p>	<p>The Dentists, Clinical staff and receptionists participated in the in-house CPR training on Tuesday 24th October.</p>	Clinic Manager	Completed 24/10/17

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Regulation 14 (2) and 14 (3)(b)			
The practice should update the adult safeguarding policy to include the contact details for the appropriate safeguarding team at the local council.	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (1)(b)	The LHB's (Local Health Board) Circulated list detailing the contact details for the appropriate safeguarding team has now been included with the safeguarding policy.	Clinic Manager	Completed 09/10/17
The practice must ensure that all staff receive appropriate training in line with the recommendations of the GDC.	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (1)(b) and (2)	Appropriate training has now been completed to bring all staff in line with the GDC recommendations.	Clinic Manager	Completed 24/10/17
The practice should implement a range of	The Private	The clinical already undertakes ongoing	Clinic Manager	Ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
clinical and non-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.	Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (1)(b) and 14 (2)	numerous audits throughout the clinic but will: 1. Identify areas needed for improvement 2. Carry out further necessary audits 3. Implement a plan for improvement where necessary.		
The practice should implement a process for clinical peer review.	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (1)(b) and 14 (2)	Clinical Peer review process will be initiated with a meeting with clinical staff.	Clinic Manager	November 2017
The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in	The Private Dentistry (Wales)	See Audit section.	Clinic Manager	Ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
accordance with professional standards for record keeping.	Regulations 2008 (as amended) Regulation 14(1)(b)			
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.	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14(1)(b)	See Audit section.	Clinic Manager	Ongoing
Quality of management and leadership				
The practice must ensure that all staff are immunised against Hepatitis B and have appropriate records to demonstrate this.	The Private Dentistry (Wales) Regulations 2008 (as amended)	Appropriate records are held in the manager's office to demonstrate all staff are immunised against Hepatitis B.	Clinic Manager	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Regulation 14(1)(b) and 14(2) and 15(5)			
The dentist working at the practice and registered with HIW to provide private dental services must have an up to date DBS certificate and make this available for inspection by HIW.	The Private Dentistry (Wales) Regulations 2008 (as amended Regulation 5(2)(j)	Previous DBS checks for all staff are held by the manager, however applications for the 2 Dentists have now been sent as requested following new guidelines.	Clinic Manager	Awaiting new certificates

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): Heather Larcombe

Job role: Clinic Manager

Date: 25.10.17