

General Dental Practice Inspection (Announced)

Mydentist Fairwater/ Cardiff &
Vale University Health Board

Inspection date: 26 October 2017

Publication date: 29 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@gov.wales
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	13
	Quality of management and leadership	19
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 Mydentist Fairwater at 50 Pentreban Road, Fairwater, Cardiff, CF5 3RE, within Cardiff & Vale University Health Board on the 26 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

Overall we found evidence that Mydentist Fairwater Dental Practice was providing safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff. However, we found evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- The majority of patients were satisfied with the service provided.
- The staff team were friendly, welcoming and committed to providing a good standard of care.
- Clinical facilities were well equipped and clean.
- Dental instruments were cleaned and sterilised appropriately.
- There were arrangements in place for the safe use of X-rays.

This is what we recommend the service could improve:

- There are areas under patient experience, which arise following analysis of HIW questionnaire responses, which require consideration and improvement.
- A risk assessment is required for one staff member pending further inoculation status details being sought.
- The location of one X-ray isolation switch needs to be reviewed and radiology training arranged for dental nurses.
- The practice needs to review the audit processes undertaken to include action plans and outcomes.
- Recording of patient notes must be kept in line with GDC guidance.

3. What we found

Background of the service

Mydentist Fairwater Practice is part of the Mydentist.co.uk group and provides services to patients in the Cardiff area. The practice forms part of dental services provided within the area served by Cardiff & Vale University Health Board.

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

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 My Dentist Fairwater Dental Practice was striving to provide a quality service and positive experience for their patients. HIW having reviewed feedback gained through our patient questionnaires and found that this feedback was good in some areas and mixed in others, resulting in some improvement areas being raised.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 20 completed questionnaires; the majority of questionnaires received were from long term patients at the practice (those who had been a patient for more than two years).

Overall, patient feedback was mixed. Patients were asked on the questionnaires how the dental practice could improve the service it provides; some of the patient comments included:

"It's good as it is. No change required"

"Takes ages for phones to be answered"

"Inform you when your dentist leaves and advise you before hand who your new dentist is and maybe give you a choice"

The practice should consider this feedback and these areas for improvement will be considered below.

Staying healthy

The majority of 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 was providing

dental health promotion information in the waiting areas. This supports patients' in accessing information which could assist them in caring for their own oral hygiene. Signs displaying 'no smoking' were displayed in the reception/waiting area.

Dignified care

All patients who completed a questionnaire felt that they had been treated with respect when visiting the practice. We observed a friendly and professional approach adopted by staff towards patients.

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 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.

Patient information

The majority of patients who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment and that they had received clear information about available treatment options. Most patients that completed a questionnaire told us that the cost of any treatment was always made clear to them before they received any treatment.

However, over half of patients told us they didn't understand how the cost of their treatment was calculated. We saw that on the day of the inspection that price lists for both NHS and private patients was being displayed in waiting areas. The practice is advised to ensure that price lists are prominently displayed, so as to draw patient attention to these. We saw that the practising dentists' details and the surgery opening hours were displayed externally.

Communicating effectively

A few patients that completed a HIW questionnaire considered themselves to be Welsh speakers and told us that they were not able to speak to staff in their preferred language. All but three of the non-Welsh speaking patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language.

The practice should consider the needs of Welsh language speakers and other patient language needs i.e. consider having key policies and information translated where a need is identified e.g. the complaints procedure. The

practice should have a formal arrangement in place to access interpreting services, as interpreting services must be offered to patients if required.

Patients made comments about the delayed response to phone calls and the lack of an appropriate discussion around the change of dental practitioners. The practice is advised to review its approach to patient communication needs in these areas.

The practice has a website, but we noted that this was not up to date or in line with General Dental Council¹ (GDC) ethical advertising guidance² e.g. consider including date last updated, easy access complaints details, reference to HIW not Care Quality Commission.

Improvement needed

The practice should ensure that information is provided in a language and format that meets the needs of patients, including those patients who speak Welsh. The practice must have a formal arrangement in place to access interpreting services.

The practice needs to review and update its website in line with GDC guidance for ethical advertising.

Timely care

Over half of patients that completed a HIW questionnaire said that they would not know how to access the out of hours' dental service if they had an urgent dental problem. We saw though, that the details of the emergency contact number were being displayed externally. The practice is advised to promote this information further, to raise patient awareness. The practice tries to ensure that dental care is always provided in a timely way and we were told that the receptionist informs patients of the reasons for any undue delays.

¹ The General Dental Council regulates dental professionals in the UK, maintaining standards for the benefit of patients

² [https://www.gdc-uk.org/api/files/Guidance%20on%20advertising%20\(Sept%202013\).pdf](https://www.gdc-uk.org/api/files/Guidance%20on%20advertising%20(Sept%202013).pdf)

Individual care

Planning care to promote independence

All of the patients that completed a HIW questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. We saw evidence that treatment planning and options was being discussed with patients. We saw evidence that patients had access to information about how to care for their teeth/gums after and between appointments.

People's rights

The practice had in place an equality and diversity policy. Access for patients with mobility difficulties or those who require a wheelchair is not good at the practice as there are steps leading up to the surgery. Staff stated that they will refer patients to alternative dental surgeries, where ground floor access to facilities is available. There are clearly signposted unisex patient toilets and also staff toilet facilities available on the ground floor, with sanitary disposal bins available.

Listening and learning from feedback

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS dental treatment, which was compliant with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'³). There was separate information available for private patients' complaints procedures, which was in line with the Private Dentistry Wales 2008 Regulations⁴. On the day of the inspection these documents were being displayed in the patient waiting areas.

However, just over two thirds of patients who completed a HIW questionnaire told us that they wouldn't know how to raise a concern or complaint about the services they receive at the dental practice. As patient feedback indicates that a significant number of patients are not sighted to or aware of the complaints

³ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=932&pid=50738>

⁴ [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)

procedures, the practice must consider this. We also noted that there is insufficient information in respect of the complaints procedures available on the practice website.

Over half of patients who completed a HIW questionnaire said that they were not aware of being asked for their views on the dental practice, for example, through patient questionnaires. We discussed the practice's mechanism for seeking patient feedback. We were informed that there were regular patient surveys' via text being provided and that these were considered by head office, for lessons learnt. We saw evidence of audits of the feedback which had been received.

However, given that the patient questionnaire responses indicate that "locally", patients' are not engaged with or aware of the text format surveys. The practice must review its approach to patient survey processes. It is suggested that the practice develops a written patient survey document in order for patients to provide their feedback. The practice could then 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 practice should review patient access to its complaints procedure information to ensure this is prominently displayed for ease of patient access and awareness.

The practice must review the effectiveness of the system in place for regularly seeking the views of patients as a way of monitoring the quality of care provided. Additional patient feedback systems need to be put in place so patients have an opportunity to provide their feedback/comments in writing and submit these at the practice.

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. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. A risk assessment is required for one staff member pending further inoculation status details being sought. 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.

There were arrangements in place for the safe use of X-ray equipment. However, the location of one X-ray isolation switch needs to be reviewed and radiology training arranged for dental nurses.

The practice had taken steps to promote and protect the welfare and safety of children and adults who may become vulnerable or at risk.

The practice needs to review the audit processes undertaken to include action plans and outcomes. Record keeping practices required some improvement.

Safe care

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. Evidence of a five yearly periodic electrical wiring certificate for the premises was also available.

There was a patient and separate staff toilet 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. The Sharps containers were being 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. We noted that hazardous waste was not being stored securely on the day of the inspection, as the arrangement for locking the large yellow bin was ineffective; this was rectified on the day. The practice manager is advised to have continued oversight of daily duties to ensure that safe practice is maintained.

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.

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.

All patients that completed a questionnaire felt that the dental practice was very clean or 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 room for the cleaning and sterilisation of dental instruments (decontamination room) which met the

principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)⁵ policy and guidance document

- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Instruments were stored and transported appropriately and their packaging dated to show when they had to be used.

A decontamination policy was in place. We found that inoculation immunity check details for all staff members were in place. Some inoculation records required further detail to verify their status. The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05 (WHTM 01-05) guidelines. There was some evidence that staff had/were undertaking decontamination training on a five yearly basis. Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored.

Improvement needed

The practice should implement an individual risk assessment for one staff where further inoculation detail is being sought.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in relevant areas. All clinical staff had up to date cardiopulmonary resuscitation (CPR) training.

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

The emergency drugs were stored securely and immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use.

A resuscitation policy was in place which included the location of the equipment and roles and responsibilities. There was a designated and trained first aider available at the practice.

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 was being provided for relevant staff. There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice.

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.

There was a radiation file available at the practice with key information in one place. However, we discussed that one X-ray isolation switch needed to be re-positioned to make it more safe and secure from patients. 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 directly 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. However, some dental nurse staff required radiology awareness training to be completed or updated.

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

Improvement needed

The practice must review the location of one isolation switch to ensure that both patients and staff are protected from accidental or unintentional X-ray exposure.

Radiation protection training must be kept up to date at an appropriate level for dental nurses in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to improve the service provided. We saw that the practice had engaged in relevant audits, including infection control and radiographic audit. However, these audits were very recent and required further process; to include action plans, monitoring and outcomes. The practice manager should have oversight, to ensure that audit processes are complete.

Improvement needed

The practice needs to ensure that audit processes are undertaken periodically and that the process includes action plans, monitoring and outcomes.

Quality improvement, research and innovation

The dentists are advised to review the peer quality review processes internally to ensure that they include actions and outcomes. Further engagement with areas covered in the Deanery of Wales CAPRO⁷ audits would be beneficial.

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

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

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 patient medical histories, which should be also be countersigned consistently needs to be improved.
- The consistency of recall intervals needs to be risk assessed and recorded. Where recorded the interval needs to be adjusted to reflect the assessed risk.
- The consistency of record keeping for patient social history and advice given; i.e. smoking and alcohol use needs to be improved.
- Batch numbers and expiry dates must be recorded consistently for dental materials.

These findings were discussed with the dentists. The practice had recently undertaken a record keeping audit, which had picked up on the need for improvements in some of these areas. A review of the peer audit programme for patients' records would ensure that follow up actions and monitoring are in place 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 professional standards for record keeping. Record keeping audit follow up actions and monitoring should be routinely 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.

Mydentist Fairwater Practice is part of the Mydentist.co.uk group. The practice has two 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

Mydentist Fairwater Practice has a part-time practice manager in place to assist with the day to day management of the practice. Where we identified areas for improvement, the practice manager 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.

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			

Appendix B – Immediate improvement plan

Service: Mydentist Fairwater

Date of inspection: 26 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
No immediate assurance issues				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Mydentist Fairwater

Date of inspection: 26 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 should ensure that information is provided in a language and format that meets the needs of patients, including those patients who speak Welsh. The practice must have a formal arrangement in place to access interpreting services.	Health and Care Standards 4.1, 4.2 and 6.3 Private Dentistry (Wales) Regulations 2008 14 (1) (a)	To arrange with the marketing team to obtain copies of welsh language leaflets and posters for all treatment options and notices. Staff now have the information for service offered by the LHB for interpreting.	Ashton Jones	28 February 2018
The practice needs to review and update its website in line with GDC guidance for ethical	Private Dentistry	Will need to arrange with the patient support team at head office, they will	Ashton Jones	12 January 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
advertising.	(Wales) Regulations 2008 14 (1) (b) GDC guidance for ethical advertising.	need to update the company website to correct this.		
The practice should review patient access to its complaints procedure information to ensure this is prominently displayed for ease of patient access and awareness.	Health and Care Standards 6.3 Private Dentistry (Wales) Regulations 2008 15 (4)	The complaints procedure is visible on the notice board and on the waiting room table. Will now ensure that staff are pointing out that is there if needed.	Ashton Jones	15 January 2018
The practice must review the effectiveness of the system in place for regularly seeking the views of patients as a way of monitoring the quality of care provided. Additional patient feedback systems need to be put in place so patients have an opportunity to provide their feedback/comments in writing and submit these at the practice.	Health and Care Standards 6.3 Private Dentistry (Wales) Regulations 2008 14 (2)	We have a comments and feedback box that we will now begin to discuss with patients. Providing the feedback forms regularly to obtain more feedback We now have a comments box and feedback forms available for patients. All staff to encourage patients to leave feedback.	Ashton Jones	15 January 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
	GDC Guidance 2.1	We also have an internal feedback system called patient comms where text message surveys are sent out to be completed.		
Delivery of safe and effective care				
The practice should implement an individual risk assessment for one staff where further inoculation detail is being sought.	Health and Care Standards 2.4 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	A risk assessment has been completed for all staff with low titre levels. We have also obtained further clarification around the inoculation details clearing up the situation and confirming the satisfactory titre levels. I will review staff files on an annual basis to check titre levels for all clinical staff and see whether follow up booster are required.	Ashton Jones	Completed
The practice must review the location of one isolation switch to ensure that both patients and staff are protected from accidental or unintentional X-ray exposure.	Health and Care Standards 2.9 Private Dentistry (Wales)	This has been logged with the company repairs and service team to arrange adequate placement of the isolation switch ASAP.	Ashton Jones	15 January 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Regulations 2008 14 (1) (b) Ionising Radiation (Medical Exposure) Regulations 2000.			
Radiation protection training must be kept up to date at an appropriate level for dental nurses in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.	Health and Care Standards 2.9 Private Dentistry (Wales) Regulations 2008 14 (1) (b) GDC guidance 7.3.1 Ionising Radiation (Medical Exposure)	I have now created a more in depth training matrix to highlight any training requirements going forward, I will arrange with staff an adequate training session for the required topic. I will review the training matrix on a regular basis to make sure that all training is completed and in date.	Ashton Jones	5 January 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice needs to ensure that audit processes are undertaken periodically and that the process includes action plans, monitoring and outcomes.</p>	<p>Regulations</p> <p>Health and Care Standards 3.3 Private Dentistry (Wales) Regulations 2008 14 (2)</p>	<p>By correctly utilising the company internal monitoring system 'My Comply' I can ensure that the audits are done in the correct time frames. After receiving this feedback I now know to be more detailed with my action planning, outcomes and monitoring.</p> <p>If anything is identified on the audit I will agree with the dentist when giving feedback a shorter time frame for next audit.</p>	<p>Ashton Jones</p>	<p>28th February 2018</p>
<p>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. Record keeping audit follow up actions and monitoring should be routinely undertaken.</p>	<p>Health and Care Standards 3.3 Private Dentistry (Wales) Regulations 2008 14 (1) (b)</p>	<p>I have conducted one-to-one meetings with the clinicians to discuss these findings and ensure awareness around the improvement areas. I will routinely monitor the improvements highlighted to make sure these are maintained consistently.</p> <p>If anything is identified on the audit I will agree with the dentist when giving feedback a shorter time frame for next audit. if I still see no improvements after</p>	<p>Ashton Jones</p>	<p>31st January 2018 and ongoing</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		re-auditing I would involve my clinical support manager who will support in taking next steps.		
Quality of management and leadership				
No improvement issues				

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

Service representative

Name (print): Ashton Jones

Job role: Practice Manager

Date: 20/12/2017