

General Dental Practice Inspection (Announced)

Llanfyllin Dental Practice, Powys
Teaching Health Board

Inspection date: 10 October 2017

Publication date: 1 February 2018

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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 Llanfyllin Dental Practice at the Health Centre, High Street, Llanfyllin, Powys SY22 5DG, within Powys Teaching Health Board on the 10 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 Llanfyllin Dental Practice provides a friendly and professional service to their patients.

The practice made the best use of its limited space and was clean and tidy; patient focussed and had appropriate policies and procedures in place to ensure staff and patient safety.

We recommended the practice undertake an infection control audit as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We also recommended the practice put in place a programme of clinical audits to ensure good practice and identify areas for improvement.

This is what we found the service did well.

- The practice was committed to providing a good standard of care to its patients.
- Staff interaction with patients was professional, kind and courteous
- The clinical area was clean and tidy, well-equipped and well maintained.
- There was evidence of good management and leadership from the practice manager.

This is what we recommend the service could do to improve.

- Relevant patient information is to be displayed in the waiting and or reception areas, including current NHS price lists and information on how to make a complaint.
- Introduce a programme of clinical audits to ensure good practice.

3. What we found

Background of the service

Llanfyllin Dental Practice provides services to patients in the Llanfyllin area. The practice forms part of dental services provided within the area served by Powys Teaching Health Board.

The practice has a staff team which includes one principal dentist who took over the practice in 2016, one dental nurse, one trainee dental nurse 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.

We found that the practice is committed to providing a positive experience for their patients. Patients who provided comments indicated that they were happy with the care and treatment that they had received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 20 questionnaires were completed. Patient comments included the following:

"Excellent"

"Practice very small but utilised the space the best way they can"

"I don't believe the practice needs to improve any aspect of the practice, everything including all treatment is clearly explained and costs. Great service."

Staying healthy

There was a range of health promotion information leaflets available in the waiting area. These included information leaflets, posters and specific information regarding treatments and preventative advice.

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

There were "No Smoking" signs displayed at the entrance and in the waiting area, confirming the emphasis on complying with smoke free premises legislation.

Dignified care

All the patients who completed a questionnaire told us that they had been treated with respect when visiting the practice.

The practice shared an open plan waiting area with the Llanfyllin Health Centre. Staff told us that if there was a need to have a private conversation with a patient this could be conducted in the reception office, with the window facing the waiting area closed. Telephone calls could also be made in the office, providing the patient with privacy.

The waiting area and surgery were on the ground floor which made them accessible for patients with mobility difficulties and the door to the surgery could be closed affording the patient privacy and dignity whilst receiving treatment.

Patient information

Every patient who completed a questionnaire told us they felt involved as much as they wanted to be in any discussions made about their dental treatment. The majority of those patients said they had received clear information about available treatment options.

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

In addition to the dental health promotion materials available in the waiting area there was a price list setting out private treatment costs. There was no price list displayed showing NHS treatment costs. The previous poster being removed after the prices changed. As the majority of patients receive NHS treatment, we recommended the practice display current information about all applicable NHS dental charges.

We found that both handwritten and electronic patient information was stored securely to ensure that personal and sensitive information was protected.

Improvement needed

The practice must display a price list that sets out the costs of NHS dental treatment.

Communicating effectively

Patients were asked in the questionnaires whether they considered themselves to be a Welsh speaker: A quarter of patients said that they considered themselves to be Welsh Speakers and all of these said that they could never speak to staff in Welsh when they wanted to. Most non-Welsh speaking patients, however, indicated on the questionnaire that they were always able to speak to staff in their preferred language, with one patient saying that they were never able to.

The dental nurse had received training enabling her to communicate by using sign language.

We observed staff being polite and courteous when speaking to patients in person and on the telephone.

Timely care

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.

We found that the practice made efforts to ensure patients were seen in a timely manner. Staff told us that if the dentist was running late they would make sure the patients were kept informed.

We noted that the practising dentist's details and the surgery's opening hours were displayed externally. Whilst there is an answerphone message informing patients of who to contact for Out of Hours treatment, this information was not displayed in the practice. When advised, the practice manager immediately rectified this by producing a poster and placing it in the reception area.

Individual care

Planning care to promote independence

All patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

The practice had in place an equality and diversity policy.

The main entrance, the waiting area and the one surgery were on the ground floor and were accessible for patients with mobility difficulties.

Patients had access to the medical centre's toilet facilities, including the unisex disabled toilet.

Listening and learning from feedback

All the patients that completed a questionnaire told us that they would know how to raise a concern or complaint about the services they receive at the dental practice.

In accordance with the Private Dentistry (Wales) 2008¹ the practice had a complaints policy relating to private treatment but this did not include contact details for the appropriate office of the registration authority, namely Healthcare Inspectorate Wales. There was no policy in respect of NHS dental treatment. We also noted that there was no information displayed for patients on how to raise a concern (complaint) regarding private treatment, in accordance with the Private Dentistry Wales 2008 Regulations² or regarding NHS treatment - NHS Wales "Putting Things Right"³.

We recommended that the practice update its complaints policy and procedures to include HIW contact details and to include information about the NHS complaints process. We also recommended that the practice displays its complaints policy and procedures, regarding both private and NHS dental treatment, in the reception/waiting area together with "Putting Things Right" poster and leaflets.

Sixteen of the twenty patients that completed a questionnaire confirmed that they were asked for their views on the dental practice, for example, through patient questionnaires.

¹ <http://www.legislation.gov.uk/wsi/2008/1976/part/VI/made>

² [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)

³ "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.

The practice encouraged patient feedback and we noted that there was a comment box and notepad in the waiting area. To date no written comments have been received. Any verbal comments received would be recorded on the patient file. The practice told us they had not received any verbal or written complaints. We do not know if this could have been due to the lack of patient information on how to make a complaint. We advised the practice to log any feedback in a separate file, together with any complaints that they may receive.

Improvement needed

The practice is to update its complaints policy and procedures to include HIW contact details and to include information about the NHS complaints process.

The practice displays its complaints policy and procedures, regarding both private and NHS dental treatment, in the reception/waiting area together with "Putting Things Right" poster and leaflets

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.

We found that the surgery was clean, tidy and well laid out, but there were signs of wear and tear to the flooring and consideration will need to be given to address this.

There were arrangements in place for the safe use of X-ray equipment.

The practice had in place appropriate safeguarding policies and all staff had received training in child and adult protection.

Safe care

Managing risk and promoting health and safety

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

The practice is based in the Llanfyllin Medical Centre. Whilst it has its own surgery and reception, it shares the waiting area and staff facilities, with the health centre. The building appeared to be well maintained externally and internally, although in the surgery we did note minimal wear and tear to the flooring. We advised the principal dentist to consider arranging this to be re-sealed. There were no concerns given by the patients over the cleanliness of the dental practice; all patients that completed a questionnaire felt that in their opinion, the practice was very clean.

We saw that fire extinguishers were available at various locations around the health centre and we noted that servicing had been carried out within the last 12 months to ensure that the equipment worked properly. We also noted that small portable appliance testing (PAT) had been undertaken in the last twelve months to help ensure appliances were safe for use. The health centre was responsible for maintenance of the fire alarm and related equipment but had

been unable to provide the practice manager with a copy of the relevant documentation prior to the inspection. We recommend the practice manager request sight of the maintenance certificate and/or a copy for the practice's records and to provide assurance that the medical centre has taken appropriate steps to ensure the safety of staff and patients.

We saw that a contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. Hazardous waste was stored securely, behind the health centre, whilst waiting to be collected by the contractor company. Non hazardous (household) waste was collected with waste from the health centre.

We noted that the practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book but this did not include the Health and Safety Executive (HSE) contact details and protocols. We recommend the practice ensure the relevant information is included in the book. There was a health and safety policy in place and we noted the health and safety poster, with relevant information, in the reception office.

Improvement needed

We recommend the practice manager request sight of the fire alarm and extinguishers maintenance certificate and/or a copy for the practice's records

The practice is to update its Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book to include the Health and Safety Executive (HSE) contact details and protocols.

Infection prevention and control

The practice had an area in the surgery dedicated for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁴. Despite having limited space the decontamination area was clean and well organised. We noted that the clean and dirty areas were well marked and separate and were away from

⁴ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

the dental chair. Staff had access to and used personal protective equipment (PPE) such as disposable gloves, aprons and eye protection. Decontaminated instruments were stored appropriately.

We noted that there were maintenance inspection certificates available for the decontamination equipment. We saw that the appropriate log books for checking the sterilisation equipment were maintained and there was a decontamination policy in place. We also saw evidence that all clinical staff had certificates on file to confirm their infection control training was current.

The practice had not undertaken any routine audits of infection control as recommended by Welsh Health Technical Memorandum (WHTM) 01-05 guidelines. We recommend the practice undertake an audit, using the Welsh Deanery audit tool, as soon as practical, recording any outcomes/conclusions and, if appropriate, develop an action plan.

Improvement needed

The practice to undertake regular infection control audits in accordance with Welsh Health Technical Memorandum (WHTM) 01-05 guidelines.

Medicines management

The practice had procedures in place to deal with patient emergencies and all clinical staff (with the exception of the trainee dental nurse) had received cardiopulmonary resuscitation training (CPR). The principal dentist was the appointed First Aider. The practice is to ensure all staff receive cardiopulmonary resuscitation training every twelve months.

We saw that emergency drugs and equipment were stored appropriately and would be immediately available in the event of a medical emergency (patient collapse). There was evidence that, in accordance with the standards set out

by the Resuscitation Council (UK)⁵, the emergency drugs and equipment were being checked regularly to ensure they remained in date and ready for use.

Improvement needed

The practice is to ensure all staff receive cardiopulmonary resuscitation training every twelve months

Safeguarding children and adults at risk

The practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults which contained contact details for all the appropriate local authority safeguarding teams. The information relating to child protection was mirrored on a flowchart in the reception office. We saw certificates confirming that all staff, with the exception of the trainee dental nurse, had received appropriate training.

We saw Disclosure and Barring Service (DBS) certificates for all members of staff and were told that pre-employment checks of any new members of staff were carried out.

Improvement needed

We recommend the practice ensures all staff receive training in child and adult safeguarding

Medical devices, equipment and diagnostic systems

We saw that the surgery contained appropriate equipment for the safety of patients and the dental team. The surgery and equipment were visibly clean

⁵ 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.

and in good condition. Despite being a small surgery it had been planned and laid out to ensure the safe use of the radiation equipment.

We saw documentation to show that the X-ray machine was regularly serviced, and the Radiation Protection file was maintained and contained all essential information. In accordance with the requirements of the General Dental Council⁶ and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 the principal dentist, who was responsible for taking the X-rays, had completed the required training.

All decontamination equipment was checked regularly and logbooks maintained.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service it provides. We recommend the practice put in place a programme for undertaking a wide range of clinical audits, including image quality assurance, medical records and peer reviews, with the aim of identifying areas for improvement.

Improvement needed

The practice is to put in place a programme for undertaking a wide range of clinical audits, including image quality assurance, medical records and peer reviews, with the aim of identifying areas for improvement.

⁶ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

Information governance and communications technology

The practice had a combination of paper and electronic records and we noted that the storage of these was appropriate to ensure the safety and security of personal data. The electronic files were regularly backed up and the paper files stored in lockable cabinets in the reception office. Access to computer screens was secure and discreet.

The practice had a number of appropriate policies and procedures in place including Data Protection Policy, and Information Governance policy. The practice's confidentiality policy was attached to staff contracts of employment.

Record keeping

We reviewed a sample of patients' records and spoke with the dental practitioner on the day of our inspection. Overall, we found there was good quality record keeping, indicating good patient care. The records demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients. Treatment plans were given to each patient for their signature and patients' medical histories updated and checked by the principal dentist at each visit.

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 of the practice was provided by the practice manager, who also oversaw the reception.

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 to its patients.

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

Governance, leadership and accountability

Llanfyllin Dental Practice is owned by the principal dentist who is based there full time. We found the practice to have good leadership, and staff understood their roles and responsibilities. The day to day management and reception duties were provided by the practice manager.

We found the practice to be well organised, with good record keeping. There was a wide range of policies and procedures in place to ensure the safety of both the staff and patients. We noted that there were review dates on some, but not all, of the policy and procedure documents and that some, but not all, had been signed by the staff. We advise that for consistency all policy documents have both issue and review dates, ensuring they are all up to date and staff have the confidence that they have access to the most relevant/current information. We also advise that staff sign each document to confirm knowledge and understanding.

We found all relevant clinical staff were registered with the General Dental Council to practice and had indemnity insurance cover in place. The principal dentist also provides private dental certificates and we saw his HIW registration certificates displayed as required by the Private Dentistry (Wales) Regulation 2008.

Staff and resources

Workforce

We saw certificates that confirmed staff had attended training on a range of topics relevant to their role.

Staff told us they were happy in carrying out their roles and told us they were confident in raising any issues or concerns directly with the practice manager or principal dentist.

There were contracts of employment on each staff member's file, ensuring that all parties have a clear understanding of what is expected in the workplace. All the contracts included appropriate staffing policies e.g. sickness absence.

We saw evidence that the practice had an induction programme, which included the processes for a number of tasks that they would be expected to perform. There is currently no staff appraisal process in place, but the practice manager is intending to rectify this. We recommend the practice introduce a formal appraisal process for all practice staff.

We saw evidence of formal practice meetings, including evidence of learning that were supported by minutes.

Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

The Regulations for Private Dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out on all members of staff. We noted that the principal dentist's clearance was due for renewal having just expired and recommend that a new application is submitted as soon as possible.

Improvement needed

We recommend the practice introduce a formal appraisal process for all practice staff

The practice must renew the principle dentist's Disclosure and Barring Service (DBS) Certificate

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
A contact number for Out of Hours treatment, this information was not displayed in the practice.	This could impact on the timeliness of a patient accessing out of hours treatment	We advised the practice manager during the course of the inspection.	When advised, the practice manager immediately rectified this by producing a poster and placing it in the reception area

Appendix B – Immediate improvement plan

Service: Llanfyllin Dental Practice

Date of inspection: 10 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
There were 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: Llanfyllin Dental Practice

Date of inspection: 10 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 must display a price list that sets out the costs of NHS dental treatment.	4.2 Patient Information	<p>A New updated price list has been put up in the Surgery and in the waiting area; this was sent to us by Wayne Casey from Powys Health Board.</p> <p>Since the Inspection the Price list is highlighted in the surgery and is very visible within the waiting area. I have also condensed the list for patients to have one to take away with them.</p>	Sheilagh Lewis	Action Was undertaken straight after the inspection on Oct 10th, this was done by the Practice Manager Sheilagh Lewis

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice is to update its complaints policy and procedures to include HIW contact details and to include information about the NHS complaints process.	6.3 Listening and Learning from feedback	As advised from the Inspection report I telephoned Wayne Casey from Powys Health Board who e-mailed me with an up to date policy which is now displayed in the waiting area and in the surgery. This also contained an Complaints form for Patients who wished to make a formal complaint, these are now available in the waiting area	Sheilagh Lewis	On December 20th 2017 I had received confirmation that he would e-mail me with the forms. Which he actioned.
The practice displays its complaints policy and procedures, regarding both private and NHS dental treatment, in the reception/waiting area together with "Putting Things Right" poster and leaflets		I requested the complaints Policy from the Powys Health Board which is now displayed in the waiting area.	Sheilagh Lewis	This was actioned and put for display on Dec 20th 2017
Delivery of safe and effective care				
We recommend the practice manger request sight of the fire alarm and extinguishers maintenance certificate and/or a copy for the practice's records	2.1 Managing risk and promoting health and safety	As we rent the room from the Medical Centre I had asked for a copy of the fire certificate from the Practice Manager before the Inspection Unfortunately this was not available in time for the	Sheilagh Lewis	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Inspection, I then saw Mrs Susan Lewis (Practice Manager) and showed her the Inspection Report. Within a few days the Certificate was given to us.		
The practice is to update its Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book to include the Health and Safety Executive (HSE) contact details and protocols.		New Health and Safety book with Riddor Regulations Displayed in the Main Office	Sheilagh Lewis	This was actioned a few days after the Inspection.
The practice to undertake regular infection control audits in accordance with Welsh Health Technical Memorandum (WHTM) 01-05 guidelines.	2.4 Infection Prevention and Control (IPC) and Decontamination	As advised we have implemented Audits as from November 2017. These were downloaded from the Audit Tool on the Powys Health Board Web site.	Mr Traian Ichim Susan Evans	November 2017
The practice is to ensure all staff receive cardiopulmonary resuscitation training every twelve months	2.6 Medicines Management	All Present Staff have up to date CPR Certificates. When the Inspection took place we had a Trainee Nurse who hadn't got a CPR Certificate. This Nurse no longer is employed by us.	Sheilagh Lewis	Annual CPR Training booked for August 2018
We recommend the practice ensures all staff receive training in child and adult safeguarding	2.7 Safeguarding children and	Adult Protection/ Safeguarding Certificates All up to Date Dated Sep	Sheilagh Lewis	September 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
	adults at risk	24th 2017		
<p>The practice is to put in place a programme for undertaking a wide range of clinical audits, including image quality assurance, medical records and peer reviews, with the aim of identifying areas for improvement.</p>	3.1 Safe and Clinically Effective care	<p>Procedures have been implemented Including X-ray image audit , Medical Records, Auto clave and Decontamination reports.</p> <p>Practice Meetings are held to raise any issue or concerns, Also any ideas for improvement.</p>	Susan Evans Traian Ichim Sheilagh Lewis	<p>These Audits we started in November Surgery Audits these were implemented by Susan Evans and Traian Ichim</p>
Quality of management and leadership				
<p>We recommend the practice introduce a formal appraisal process for all practice staff</p>	7.1 Workforce	<p>Appraisals for all staff have been implemented with great success</p>	Sheilagh Lewis Traian Ichim	<p>As Advised we have implemented appraisals from November 2017</p>
<p>The practice must renew the principle dentist's Disclosure and Barring Service (DBS) Certificate</p>		<p>Applications for enhanced DBS certificates for all staff have been</p>	Traian Ichim Sheilagh Lewis	<p>February 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		submitted.	Susan Evans	

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): Traian Ichim

Job role: Principal Dentist

Date: 03 01 2018