

General Dental Practice Inspection (Announced)

Llanrwst Dental Practice, Betsi
Cadwaladr University Health
Board

Inspection date: 14 November
2017

Publication date: 15 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 Llanrwst Dental Practice, 24a Watling Street, Llanrwst, Conwy, LL26 0LS, within Betsi Cadwaladr University Health Board, on 14 November 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 the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

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

This is what we found the service did well:

- Patients told us they were happy with the service provided
- Equipment and dental surgeries were clean, tidy and generally well maintained
- Documentation and information was available showing that X-ray equipment was used with the aim of promoting staff and patient safety
- Staff had good access to training and support from the wider practice team.

This is what we recommend the service could improve:

- Update complaints information within practice leaflet to include HIW contact details
- Formalised arrangements for the disposal of medication

- Seal worktop in surgery
- Ensure that the autoclave operating parameters are checked on every cycle using TST¹ strips and maintain a record of the results
- Replace mercury spillage and first aid kits and monitor expiry dates on a regular basis
- Purchase a paediatric Ambu bag, oxygen mask and size 0, 1, 2, 3, 4 face masks for the resuscitation kit.
- Review infection control policy and conduct infection control audit
- Store medication used for sedation in locked cupboard at night
- Update dental charting each visit
- Implement a process for clinical governance and peer review.

¹ The term TST is an abbreviation of Time/Steam/Temperature, the critical parameters for a sterilisation cycle.

3. What we found

Background of the service

Llanrwst Dental Practice provides services to patients in the Conwy area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes a practice manager/receptionist, one dentist and two dental nurses.

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 saw that patients were treated with dignity, respect and politeness by the practice team. Patients who provided comments indicated that they were very satisfied with the service offered by the practice.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice.

In total, we received 18 completed questionnaires; the majority of questionnaires received were from long term patients at the practice (those that had been a patient for more than two years).

Overall, patient feedback provided in the questionnaires was very positive. Patient comments included:

"All staff are extremely approachable and arranging appointments is made easy. I have always felt encouraged to discuss treatment options. Treatment has always been highly satisfactory"

"Very happy with services received. Dentist is chatty, makes you feel noticed, part of conversation. Nurses are professional and well presented"

"Very friendly and welcoming. All staff are very approachable and ready to answer questions. Very reassuring, was able to be bilingual, which I like"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Improvements suggested by patients included the installation of a lift, or other such aid, and that the dental practice should stick to their policy of sending appointment reminders via text, as some patients told us that they are never sent a text to remind them of their appointment.

Staying healthy

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

No smoking signs were displayed throughout the practice which confirmed the emphasis being placed on compliance with smoke free premises legislation.

Almost 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 small, friendly team and we saw polite and courteous interactions with patients.

Without exception, all patients that completed a questionnaire felt that they had been treated with respect when visiting the practice. Patient comments included:

“Always treated with dignity and respect. Always receive great care and treatment”

“As a patient I am always respected with choice, dignity and care at all times. Best dentist I have ever had!”

Staff confirmed that they were able to provide privacy to patients, if they wanted, to discuss personal or confidential information with the dental team, away from other patients

Patient information

All patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and all but one patient said that they had received clear information about available treatment options. While all patients that completed a questionnaire told us that the cost of any treatment was always made clear to them before they received any treatment, almost a quarter of patients told us they didn't understand how the cost of their treatment was calculated.

We saw that information on general prices for treatment was available within the waiting area. Patients were clearly informed of specific prices relating to

individual treatment plans. This meant that patients knew how much their treatment may cost.

Communicating effectively

Patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language; this was true for all non-Welsh speaking patients and all but one Welsh speaking patient, who said that they could never speak to staff in their preferred language.

We confirmed that Welsh speaking staff were employed at the practice and that every effort was made to ensure that patients received a service in the language of their choice.

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 and we saw a practice policy to support this arrangement.

Almost a quarter of patients who completed a questionnaire said that they would not know how to access the out of hours dental service if they had an urgent dental problem. However, an out of hours telephone number was displayed on the main entrance door, included in the patient information leaflet and on the answer phone message.

Patients raised a few concerns in the questionnaires about waiting times and the lack of appointment reminders via text; comments included:

“The dental care is fine but the waiting time is always excessive. Appointments never on time”

“Long waiting time when I've had a late afternoon appointment, much better in the morning”

“Contact me when a check up is due. They have my mobile number, but never send a message - I have to go in and make an appointment”

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were generally well maintained. All treatment options were recorded and consent to treatment was obtained from each patient.

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

People's rights

We found access to the reception and waiting area to be good. However, the surgery was on the first floor and accessed by a stairway. This made it difficult for people with mobility problems to access the surgery.

Toilet facilities were available for patient use on the ground floor with good access for people with mobility needs.

Listening and learning from feedback

More than a quarter of patients who completed a questionnaire told us that they would not know how to raise a concern or complaint about the services they receive at the dental practice. However, we saw that the practice had a written complaints procedure which was made available to patients. In addition, information for patients on how to raise a concern or complaint was displayed in the reception area and included in the patient information leaflet.

We were informed that the practice received very few complaints and that these were dealt with at source where appropriate. A record of complaints was maintained. This enabled staff to monitor and address any common themes or trends in the complaints received.

We found that the complaints information within the practice leaflet required updating in order to include HIW contact details.

The majority of patients who completed a questionnaire said that they are asked for their views on the dental practice, for example, through patient questionnaires.

Improvement needed

Update the practice leaflet in order to include HIW contact details.

Continue to explore options to reduce waiting times.

Improve use of text messaging for appointment reminders.

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.

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

We identified that some improvement was required in relation to the process for cleaning and sterilising dental instruments.

Safe care

Managing risk and promoting health and safety

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

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.

Portable Appliance Testing (PAT) of electrical equipment had been carried out within the last 12 months in line with the recommendations of the Health and Safety Executive².

Suitable arrangements were in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored securely in an enclosed area whilst waiting to be collected by the contractor company.

We found that an older version of the Health and Safety Law poster was on display. We brought this to the attention of the practice manager who agreed to purchase a new poster.

Infection prevention and control

The practice had an infection control policy in place. However, we found that the policy required reviewing and amending to reflect the current infection control lead and Welsh Health Technical Memorandum (WHTM) 01-05³ guidance.

The practice had a well equipped designated decontamination room and met the principles outlined in the WHTM guidance document. However, we recommended that a long handled brush and a larger illuminated magnifier be purchased for cleaning and checking of dental instruments.

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 autoclave⁴ and we saw inspection certification to show it was safe to use. We saw that daily checks were being carried out

² <http://www.hse.gov.uk/pubns/books/hsg107.htm>

³ 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.

⁴ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

and logbooks maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show they remained safe to use. However, in the absence of an electronic data logger or printer, we highlighted the need for operating parameters to be recorded, using TST strips, on each autoclave cycle. This was also dealt with under our immediate improvement process and is referred to further in Appendix B.

We saw certificates showing staff had attended training on decontamination.

Instruments were being stored appropriately to prevent cross contamination. The dates by which instruments were to be used or reprocessed (cleaned and sterilised) had been recorded in accordance with WHTM 01-05.

The surgery was visibly clean and tidy. However, we found that the worktop required re-sealing in order to facilitate effective cleaning and reduce the risk of cross infection.

We suggested that foot operated clinical waste bins be provided in the surgery and decontamination room.

Staff at the practice completed regular infection control checks. However, a formal infection control audit had not been completed to identify areas for improvement and development as part of the overall quality assurance monitoring activity. We suggested that such audits be undertaken on an annual basis using the Wales Deanery⁵ audit tool in line with WHTM 01-05.

Medicines management

We saw that equipment and drugs were available for use in a patient emergency (collapse). However, we found that the contents of the first aid kit and the syringes and needles within the resuscitation box were past their expiry date. We also found that there was no paediatric self inflating bag (Ambu bag) and that there was no size 0, 1, 2, 3, 4 face masks within the resuscitation kit.

⁵ The Wales Deanery is an organisation that works in partnership with local health boards and NHS trusts in Wales providing medical and dental educational facilities and leading on education research.

This was dealt with under our immediate improvement process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial action was taken. Details of the immediate improvements we identified are provided in Appendix B.

All staff had up to date cardiopulmonary resuscitation (CPR) training and the practice had one dedicated first aider.

The emergency drugs were stored in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. However, we recommended that these drugs be stored in a locked cupboard at night.

We were informed that unused medication was returned to the pharmacy. However, there were no records maintained of medication disposal. We suggested that arrangements be formalised so that written confirmation, in the form of transfer notes, are received when medication is returned to the pharmacy or disposed of.

Improvement needed

Review and amend the infection control policy.

Provide a long handled brush and a larger illuminated magnifier for cleaning and checking of dental instruments.

Re-seal the worktop in the surgery in order to facilitate effective cleaning and reduce the risk of cross infection.

Formalised medication management process so that written confirmation, in the form of transfer notes, are received when medication is returned to the pharmacy or disposed of.

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. Training records showed that all staff had completed training on child and adult protection.

The practice had a policy in place detailing the steps to take, and relevant organisations to contact, should they have any safeguarding concerns.

Medical devices, equipment and diagnostic systems

We looked at all the clinical facilities (surgery) within the practice and noted they were clean, tidy and generally maintained to a high standard. However, we did find that the work surface in the surgery required sealing at the edges in order to ensure effective cleaning and to reduce the risk of cross infection.

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 records demonstrating that relevant clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. However, we found that not all X-ray images had been assessed and graded for quality.

We recommended that the old X-ray machine, located within the decontamination room, be disposed of.

Improvement needed

Assess and grade all X-ray images to ensure quality.

Dispose of the old X-ray machine, located within the decontamination room.

Effective care

Safe and clinically effective care

The practice carried out some internal audits to monitor the quality and safety of the care and treatment provided to patients. These included completing an infection control checklist, surgery audits and obtaining patient feedback to help identify areas for improvement and checks on equipment to make sure it was working effectively.

We were told that measures were being set in place to further develop auditing and governance processes through reciprocal arrangements with another dental practice.

Quality improvement, research and innovation

Due to there being only one dentist working at the practice, peer review audits were not being undertaken on a regular basis. However, and as previously referred to, we were informed that reciprocal arrangements were being set in place with a dentist from another practice for peer reviews.

Information governance and communications technology

Patient records were stored and maintained both electronically and in paper format. We found suitable processes in place to ensure security of computer based information.

Record keeping

There was evidence that the practice was keeping good clinical records, demonstrating that care was being planned and delivered to a good standard to ensure patients' safety and wellbeing. We examined a sample of patients' records and found that entries contained sufficient information regarding medical history, discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. The dentist documented that cancer screening and smoking cessation advice had been given. However, we found that patient dental charting⁶ was not being completed at each visit.

Improvement needed

Undertake and record dental charting at each visit.

⁶ Dental charting is a process in which your dental healthcare professional lists and describes the health of your teeth and gums. The charting is usually done during dental checkups.

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.

We found the practice to have good leadership and clear lines of accountability.

The practice was managed by the practice manager assisted by the lead dentist. 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 staff and their colleagues. They also told us they had opportunities to attend relevant training.

Governance, leadership and accountability

Llanrwst Dental Practice was managed by the practice manager, with the support of the lead dentist. We found the team to be organised and proactive in their approach to the management of the practice. Where we identified areas for improvement, the practice team demonstrated a willingness and commitment to address these promptly.

We found that staff were clear and knowledgeable about their roles and responsibilities. Staff told us that they felt communication within the practice was good. We saw that team meetings and internal training events were being held on a regular basis with detailed minutes produced.

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

Staff and resources

Workforce

We saw that there was a formal staff recruitment process in place with required background checks being undertaken before commencement of employment.

Records 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.

Records showed that staff received an annual appraisal of their performance, supported by quarterly supervision and support meetings.

We found that the dentist and nursing staff were registered with the General Dental Council to practise 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 dentist working at the practice provided both NHS and private dental services and we saw their HIW registration certificate displayed as required by the regulations for private dentistry. We also saw up to date Disclosure and Barring Service (DBS) checks for all clinical staff working at the practice.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the [Private Dentistry \(Wales\) Regulations 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were highlighted during this inspection.			

Appendix B – Immediate improvement plan

Service: Llanrwst Dental Practice

Date of inspection: 14 November 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>We found that the practice did not manually record the operating parameters of the autoclave, on every cycle, using TST strips in accordance with WHTM 01-05.</p> <p>The practice owner must ensure that the autoclave operating parameters are checked on every cycle using TST strips and a record of the results maintained.</p>	<p>The Private Dentistry (Wales) Regulations 2008</p> <p>Regulation 14. (4), (5) and (6)</p> <p>Health and Care Standards</p>	<p>Autoclave operating parameters are checked on every cycle using TST strips.</p> <p>Sample TST strips provided.</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
	Standard 2.4 WHTM 01-05, Section 4.16			
<p>We found that the contents of the first aid kit and the syringes and needles within the resuscitation box were past their expiry date.</p> <p>The practice owner must ensure that the contents of the first aid kit and resuscitation box are checked on a regular basis and any items past their expiry date replaced.</p> <p>The practice owner must provide evidence to HIW that the first aid kit and the syringes and needles within the resuscitation box have been replaced.</p>	<p>The Private Dentistry (Wales) Regulations 2008</p> <p>Regulation 14. (1) (c)</p> <p>Health and Care Standards</p> <p>Standard 2.9</p> <p>Resuscitation Council</p>	<p>New first aid box, syringes and needles were ordered on the 14/11/17 and was delivered on the 15/11/17.</p> <p>Log book with monthly tests instigated.</p> <p>Scanned invoices provided.</p>	<p>BJ</p>	<p>Immediate</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
	(UK) Guidelines			
<p>We found that there was no paediatric self inflating bag (Ambu bag) within the resuscitation kit.</p> <p>The practice manager must purchase a paediatric self inflating bag (Ambu bag) for the resuscitation kit.</p> <p>The practice owner must provide evidence to HIW that a paediatric self inflating bag (Ambu bag) has been purchased.</p>	<p>The Private Dentistry (Wales) Regulations 2008</p> <p>Regulation 14. (1) (c)</p> <p>Health and Care Standards</p> <p>Standard 2.9</p> <p>Resuscitation Council (UK) Guidelines</p>	<p>Ordered on the 14/11/2017 and received on the 15/11/2017.</p> <p>Scanned invoices provided.</p>	KB	Immediate

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>We found that there was no size 0, 1, 2, 3, 4 face masks within the resuscitation Kit</p> <p>The practice manager must purchase size 0, 1, 2, 3, 4 face masks for the resuscitation kit.</p> <p>The practice owner must provide evidence to HIW that size 0, 1, 2, 3, 4 face masks have been purchased.</p>	<p>The Private Dentistry (Wales) Regulations 2008</p> <p>Regulation 14. (1) (c)</p> <p>Health and Care Standards</p> <p>Standard 2.9</p> <p>Resuscitation Council (UK) Guidelines</p>	<p>Ordered on the 17/11/17 and were received on the 20/11/2017</p> <p>Scanned invoices provided.</p>	<p>KB</p>	<p>Immediate</p>
<p>We found that there was no paediatric oxygen mask within the resuscitation kit.</p> <p>The practice manager must purchase a</p>	<p>The Private Dentistry (Wales)</p>	<p>Ordered on the 14/11/2017 and received on 15/11/2017.</p>	<p>BJ</p>	<p>Immediate</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>paediatric oxygen mask for the resuscitation kit.</p> <p>The practice owner must provide evidence to HIW that a paediatric oxygen mask has been purchased.</p>	<p>Regulations 2008</p> <p>Regulation 14. (1) (c)</p> <p>Health and Care Standards</p> <p>Standard 2.9</p> <p>Resuscitation Council (UK) Guidelines</p>	<p>Scanned invoices provided.</p>		

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): Karen Beggs

Job role: Practice Manager

Date: 21/11/2017

Appendix C – Improvement plan

Service: Llanrwst Dental Practice

Date of inspection: 14 November 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				
Update the practice leaflet and website in order to include HIW contact details.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (4) (a) and (b) 6.3 Listening and Learning from feedback	Now updated. HIW contact details included.	KB	Completed
Continue to explore options to reduce waiting times.	Private Dentistry (Wales)	We monitor waiting times daily and discuss problems in weekly staff meetings to try and improve.	KB	Within the next 6 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Regulations 2008 Regulation 14. (1) (a) 5.1 Timely access			
Improve use of text messaging for appointment reminders.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (1) (a) 3.2 Communicating effectively	We are discussing how to improve appointment reminders for all patients but are unable to guarantee appointment availability.	KB	Within the next 6 months
Delivery of safe and effective care				
Medication disposal process should be formalised so that written confirmation, in the form of transfer notes, are received when medication is returned to the pharmacy or	Private Dentistry (Wales) Regulations	Arranged with initial medical to bring a medication disposal bin when they next collect our waste.	KB	Awaiting Collection Date

Improvement needed	Standard	Service action	Responsible officer	Timescale
disposed of.	2008 Regulation 14. (1) (b) WHTM 01-05 Appendix 1 2.6 Medicines Management			
Review and amend the infection control policy.	Private Dentistry (Wales)	Reviewed and Amended	CS	Completed
Provide a long handled brush and a larger illuminated magnifier for cleaning and checking of dental instruments.	Regulations 2008 Regulation 14. (4) (5) and (6) WHTM 01-05	A long handled brush was available on the day of the inspection and has always been in use. Larger illuminated magnifier ordered on the day of the inspection and been in use since.	BJ	Completed
Re-seal the worktop in the surgery in order to facilitate effective cleaning and reduce the risk of cross infection.	2.4 Infection Prevention and Control (IPC) and Decontaminati on	Worktop now resealed with silicon sealant.	TB	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
Dispose of the old X-ray machine, located within the decontamination room.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (3) (a) and (b) 2.9 Medical devices, equipment and diagnostic systems	Have contacted Lease company to arrange collection and disposal	KB	Awaiting collection date
Assess and grade all X-ray images to ensure quality.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (1) (b)	All X-Rays are assessed and graded when taken and audits undertaken.	TB	Completed
Undertake and record tooth charting at each visit.	General Dental Council Guidance Ionising	Tooth charting is now undertaken at each visit.	TB	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Radiations Regulations 1999 Ionising Radiation (Medical Exposure) Regulations 2000 3.1 Safe and Clinically Effective care			
Quality of management and leadership				
No improvement needed.				

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): Tom Beggs

Job role: Practice Owner / Dentist

Date: 18.01.2018