

General Dental Practice Inspection (Announced)

The Laurels Dental Practice,
Abertawe Bro Morgannwg
University Health Board

Inspection date: 14 November
2017

Publication date: 15 February
2018

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

In writing:

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

Or via

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

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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 The Laurels Dental Practice, 28 Vadre Road, Clydach, Swansea, SA6 5LP, within Abertawe Bro Morgannwg University Health Board on the 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 Laurels Dental Practice provided safe and effective care to its patients.

The practice was patient focussed and had appropriate policies and procedures in place to ensure the safety of both staff and patients.

The practice was clean and tidy, although the surgeries showed signs of wear and tear and locks needed to be installed on some doors to ensure patient and staff safety and confidentiality of medical records.

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

There was evidence of good management and strong leadership from the principal dentist.

This is what we recommend the service could improve:

- All clinical staff receive up to date training relevant to their role
- Hazardous waste is to be stored securely and alternative arrangements made for the disposal of non-hazardous waste
- The practice needs to ensure medical records are completed with all the required data at each visit and medical histories are signed and countersigned.

3. What we found

Background of the service

The Laurels Dental Practiced provides services to patients in the Clydach area. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice has a staff team which includes two dentists and 6 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 found that the practice was committed to providing a positive experience for their patients.

We observed staff being polite and courteous to 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 13 questionnaires were completed. Patient comments included the following:

"All very good - excellent"

"Keep it up"

Staying healthy

The practice had two waiting areas, one for each dentist, and we saw that a selection of information leaflets promoting oral health were available in each area. In addition, in each waiting area there was a folder containing a selection of the practice's statement of purpose, policies, price lists for NHS and private dental treatment and contact number for out of hours treatment. Apart from the policies, the information provided was in both English and Welsh.

The majority of 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 signs displaying "No Smoking" and smoking cessation leaflets in the waiting areas confirming the emphasis being placed on complying with smoke free premises legislation.

Dignified care

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

The practice was based on the ground floor and had two entrances and subsequently two waiting areas, one for each dentist, which was a legacy from the previous principal dentist. A single reception covered both waiting areas. Staff told us that if they needed to hold a private conversation or telephone call with a patient they could utilise a free surgery or the staff kitchen area away from the reception.

The practice had mainly paper patient records, having adopted electronic record keeping in October 2017. The paper records were not stored securely, being filed on open shelving in the reception area. Again, this was a legacy from the previous owner of the practice. We were told that the intention was for all paper records to be scanned within twelve months. In addition, the door to the reception area was unlocked and therefore could be accessed by a patient or a visitor to the residential flat on the first floor which was accessed via one of the main entrances and through the practice. Acknowledging that it would not be feasible for the shelving to be replaced by filing cabinets due to insufficient space, we recommend a lock is installed onto the door into the reception.

Both dental surgeries had doors which could be closed when a patient received care to maintain privacy and dignity. One surgery had two doors, one to access the waiting area and the other accessed the reception. The door to the reception would be open whilst an X-ray was taken for the safety of the dentist who was operating the X-ray equipment. However, during the inspection the door to the reception was left ajar allowing us to overhear the conversation between the dentist and patient. We recommend that the practice ensure that doors to the surgeries are shut during consultations.

Improvement needed

The practice to install a lock on the main door into the reception area

We recommend that the practice ensure that doors to the surgeries are closed during consultations.

Patient information

The majority of 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 that they had received clear information about available treatment options.

The majority of patients who completed a questionnaire said that the cost of any treatment was made clear to them before they received any treatment and told us that they understood how the cost of their treatment was calculated.

There were price lists displaying NHS and private dental treatment costs in both waiting areas.

The practising dentists' details and their respective opening hours were displayed externally outside their respective entrances.

Communicating effectively

All of the patients who completed a questionnaire, which included Welsh and non-Welsh speakers, told us that they were always able to speak to staff in their preferred language.

During the inspection we noticed that the staff were polite and courteous when speaking to patients in person and on the telephone.

Timely care

The majority of the 13 patients who completed a questionnaire said they would know how to access the out of hours dental services if they had an urgent dental problem. Displayed both inside and outside of the practice were details of how patients could access emergency dental care when the practice was closed. This information was also provided on the practice's answerphone message.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay.

Individual care

Planning care to promote independence

The majority of 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 practice to be good. The main entrances, waiting areas and both surgeries are all on the ground floor and accessible for patients with mobility difficulties. Both entrances could be accessed by slopes and handrails leading from the street.

Toilet facilities were available for patient use on the ground floor with good access. It was suggested to the practice that they might wish to consider installing handrails to provide some support for patients with mobility issues.

The car park to the rear of the practice was private and for the sole use of the principal dentist and associate dentist. It was not available for patient use but there was on street parking available and a community centre car park nearby.

Listening and learning from feedback

Almost two thirds of patients that completed a questionnaire said they would not know how to raise a concern or complaint about the services they received at the dental practice.

The practice had complaints policies for both NHS and private dental treatment. The policy relating to complaints regarding NHS dental treatment was aligned to the NHS complaints process "Putting Things Right"¹. The policy relating to complaints regarding private dental treatment was aligned to the Private Dentistry Wales 2008 Regulations². These were available in the patient information folders in both waiting areas and copies could be provided if requested by a patient. As the practice could not guarantee that every patient read the content of the folder we would recommend that both policies are displayed on the walls of both waiting areas so that they are clearly visible to patients.

The practice maintained a file containing comprehensive records of complaints received, action taken and outcome. The practice also recorded any

¹ "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 a Responsible body in Wales.

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)

verbal/informal concerns on the patient's notes. It is recommended that patients' feedback is kept separate from their medical notes and advise that the practice maintain a notebook in reception to record any verbal feedback. Together with the information in the complaints file, this would enable the practice to identify any recurring themes.

The practice also had suggestion boxes in both waiting areas.

Improvement needed

The practice to display its complaints policies for private and NHS dental treatment in both waiting areas.

The practice to cease recording patients' informal feedback in patient records and to make alternative arrangements for recording such information.

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 the patients were provided with safe and effective dental care. The surgeries were clean and well equipped but there were some signs of wear and tear.

The practice had dedicated facilities for the decontamination of dental instruments and the equipment was checked and serviced regularly.

The practice needs to ensure patient medical records are completed at each patient visit and medical histories are signed and countersigned.

Safe care

Our concerns regarding the requirement for all clinical staff to hold current certificates in respect of cardiopulmonary resuscitation (CPR) was raised when one dental nurse had not undertaken such training within the last twelve months. When this was brought to her attention the dental nurse arranged to attend an appropriate course before the end of November. Details of the immediate improvements we identified are provided in Appendix A.

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.

There were no concerns expressed by the patients who completed a questionnaire over the cleanliness of the dental practice. The outside of the building and the public areas inside appeared to be well maintained with slopes and handrails leading up to both main entrances. In the first surgery there were signs of wear and tear to the work surfaces and the edges between the floor and walls were not sealed and we advise that the practice consider addressing this with a seamless finish to aid thorough cleaning and to replace the work

surfaces. In the second surgery the protective lens of the operating light was missing. We recommend that this is replaced or a new operating light fitted. We also recommend that re-sheathing devices are installed in both surgeries for the safe handling of needles.

The compressor and cleaning equipment were situated in a rear extension leading off the staff kitchen. At the time of the inspection the rear door, which was a fire exit, was unlocked and could be easily accessed from the private car park, allowing the potential for someone to access the reception area. We recommend that this door is locked at all times to prevent a member of the public from accessing prohibited areas.

We saw fire extinguishers were available at various locations around the building and noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. We noted that in the reception area a water extinguisher was situated next to the computer equipment and would recommend that this is replaced with one suitable for use on electrical equipment. Directions for the emergency exits were visible.

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice.

There was a contract in place for the safe disposal of hazardous (clinical) waste. However we were told that non-hazardous (household) waste was disposed of by placing it with that belonging to the residential flat on the first floor. The dental practice is a commercial property and therefore its non-hazardous waste should be disposed of via a commercial arrangement. We recommend the practice make alternative and appropriate arrangements for the disposal of this waste e.g. via the local authority or through a registered waste disposal company.

Hazardous waste was stored in the rear extension. The bins were not secure and the door leading to the private car park, unlocked. We recommend that all hazardous waste is stored securely.

The practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book which included the Health and Safety Executive (HSE) contact details and protocols. There was a health and safety poster in place.

Improvement needed

The practice to replace the protective cover to the operating light in the second surgery.

The practice to install re-sheathing devices in both surgeries for the safe handling of needles.

We recommend that, maintaining its integrity as a fire exit, the rear entrance door is locked at all times.

The practice to replace the water based fire extinguisher with one that is appropriate for use on electrical equipment.

The practice to make alternative and appropriate arrangements for the disposal of its non-hazardous waste

We recommend that all hazardous waste is stored securely.

Infection prevention and control

The practice had dedicated and appropriate facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05³.

Pre-sterilisation cleaning of instruments was undertaken by manual cleaning. We noted that the practice was using hand scrub for this process and we would recommend that the correct disinfectant is purchased and is used according to manufacturer's instructions. In addition we recommend staff scrub the instruments under water and not in running water. We would also advise that in accordance with the guidance, the practice consider acquiring an ultrasonic bath for this task.

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.

We noted that impressions were disinfected with a disinfection spray. We recommend that each surgery has a dedicated container for the soaking of impressions and other dental work received from the laboratory.

The practice had two autoclaves and we noted that staff undertook daily maintenance checks and maintained log books. We also noted that the practice had in place a programme of maintenance of the equipment.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination room. The two dentists and the dental nurses provided evidence of current training in infection control.

Improvement needed

The practice is to ensure that the appropriate disinfectant is used when manually cleaning the instruments as part of the decontamination process.

When manually cleaning, staff to scrub the instruments under water and not in running water

Each surgery to have a dedicated container for the soaking of impressions and other dental work received from the laboratory.

Medicines management

Whilst the practice had in place procedures to deal with patient emergencies there was no appointed First Aider. We recommend that a minimum of two members of staff attend a First Aid course in order to ensure that there is a First Aider present in the practice at all times.

All bar one member of staff had certificates demonstrating that they had received appropriate cardiopulmonary resuscitation (CPR) training within the last twelve months. When it was brought to the practice's attention about the expiry of the certificate the dental nurse arranged to attend the next available course in November 2017.

We noted that the emergency drugs were in date and whilst stored securely this was in a concertina file. We advise the practice to store these in a rigid plastic

container that is durable and allows for ease of access. We were told that the drugs and the emergency equipment were checked in accordance with the standards set out by the Resuscitation Council⁴, but there was no evidence of this. We recommend the practice introduce a programme to check expiry dates of the emergency drugs and equipment and to record such in a log book.

Improvement needed

The practice is to arrange for a minimum of two members of staff attend a First Aid course and that there is a First Aider present in the practice at all times

The practice is to ensure all staff undertake training in how to deal with medical emergencies and perform cardiopulmonary resuscitation.

We recommend the practice introduce a programme to check and record expiry dates of the emergency drugs and equipment and for staff to record in a log book each time a check has been completed.

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. There were children and adult protection policies in place, both containing the contact details of the relevant local safeguarding teams. In addition, to expand staff understanding and knowledge, the principal dentist had provided some supplementary background information and guidance on safeguarding.

We noted that one dentist did not have evidence of having undertaken recent training in child protection. We recommend the practice ensures that staff who have access to patients, complete training in both child and adult protection.

⁴ 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.

Improvement needed

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

Medical devices, equipment and diagnostic systems

We saw that the two surgeries were visibly clean and contained appropriate equipment for the safety of patients and the dental team. Each surgery had been planned and laid out to ensure the safe use of the radiation equipment. In surgery two this meant that the dentist and dental nurse had to stand in the reception area. In addition, surgery two had two doors, one leading to the reception and the other to the waiting area. It is recommended a lock or latch be placed on the door leading to the waiting area to prevent entry by an unauthorised person into the controlled area during exposure.

We noted that one dentist did not hold a current certificates for the required training in accordance with the requirements of the General Dental Council⁵ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000⁶. But we were provided with confirmation that both dentists were booked to attend an appropriate course in January 2018. We would advise that all the dental nurses involved in X-rays undertake this training.

Whilst daily checks were being undertaken, the practice was unable to provide evidence of regular servicing or testing of the compressor. We would recommend that this is rectified.

Improvement needed

It is recommended a lock or latch be placed on the door leading to the waiting area to prevent entry by an unauthorised person into the controlled area during exposure

⁵ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁶ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

The practice to ensure that both dentists and any clinical staff who use the X-ray equipment attend appropriate IR(ME)R training.

The practice must ensure that all equipment is serviced regularly and retain appropriate certification of this.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence of the practice having undertaken an audit in accordance with WHTM 01-05, prescribing audit and an Anti-microbial audit. We were told that a radiograph audit was ongoing. We recommend the practice develop a structured programme of ongoing audits. We also recommend that the clinical staff undertake a programme of peer reviews.

Improvement needed

We recommend the practice develop a structured programme of ongoing audits.

Quality improvement, research and innovation

We were told the dentists do not meet for the purpose of peer reviews. We would recommend formal and regular meetings are arranged between the dentists for this purpose. We also recommend the practice apply for the Deanery Maturity Matrix Dentistry⁷ practice development tool. The Maturity Matrix (MMD) Self evaluation Tool is a dental practice team development tool to allow the team to focus on how they work.

⁷ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

Improvement needed

The dentists to arrange formal and regular meetings for the purpose of peer review.

The practice to apply for the Deanery Maturity Matrix Dentistry practice development tool.

Information governance and communications technology

The practice had a data protection policy in place to protect patients' data. The practice had a combination of paper and electronic files. All electronic files were backed up regularly. Non-electronic patient information was stored on purpose built shelving in the reception area.

Record keeping

We reviewed a sample of patients' records. We found that in some cases there were some omissions, namely:

- Medical histories were not signed by the patient or not countersigned by the dentist. We did note an improvement since the introduction of electronic records.
- Basis Periodontal Examination⁸ (BPE) levels not always recorded.
- Patient X-rays were not always justified or reported.

Improvement needed

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

- Justification for the use of X-rays

⁸ Careful assessment of the periodontal tissues is an essential component of patient management. The Basic Periodontal Examination (BPE) is used as a basic screening method to check the periodontal status of a patient

- Basis Periodontal Examination (BPE) levels
- Medical histories to be signed by the patient and countersigned by the dentist.

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 principle dentist.

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

The practice needed to introduce a formal appraisal system for the benefit of its staff.

Governance, leadership and accountability

The Laurels Dental Practice is owned by the principal dentist who is based there full time. He also provided the day to day management. We found the practice to have strong leadership and staff understood their roles and responsibilities. We observed a very good rapport between the practice staff.

The practice was well organised with good record keeping being made across most areas. There was a wider range of policies and procedures in place to ensure the safety of both staff and patients. We saw that each policy had a review date and some were supported by additional background information, for example the adult and child safeguarding policies were supported by additional guidance obtained from the BDA. We advise that all staff sign each policy to confirm that they have been read and to evidence knowledge and understanding.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. Both dentists provide private dental services and we saw their registration certificates displayed as required by the Private Dentistry (Wales) Regulations 2008.

Staff and resources

Workforce

We saw certificates that evidenced staff had attended training on a range of topics relevant to their role and meeting the Continuing Professional Development requirements. However, we did note that one dentist's certificate for Child Protection was out of date and we recommend that he arranges to attend a course as soon as practicably possible.

The practice held regular staff meetings but these are not recorded. We recommend that minutes are drafted for each staff meeting and are circulated and signed by all staff.

Staff told us they enjoyed working in the practice and were happy carrying out their roles. We saw evidence that the practice had an induction programme which had recently been implemented. Currently, staff do not receive annual appraisals of their performance. The principal dentist told us that he intended to begin these and we noted he had a draft appraisal form in place. We recommend the practice introduce a formal and regular appraisal process for all practice staff.

Records were available that demonstrated all clinical staff had received immunisation against Hepatitis B to protect patients and themselves against infection⁹.

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. The certificates for both dentists had expired, however we saw evidence that both had submitted applications to renew these. All dental nurses held current DBS certificates.

⁹ Welsh Health Circular (2007) 086

Improvement needed

We recommend the practice ensures that staff have access to and complete relevant training in order to fulfil their Continuing Professional Development (CPD) requirements.

We recommend the practice draft and circulate minutes for each staff meeting.

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

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
One member of the clinical staff had not received appropriate cardiopulmonary resuscitation training within the last twelve months	It is important that staff are trained in dealing with patient medical emergencies, including resuscitation, and possess up to date evidence of capability	During the course of the inspection the principal dentist and dental nurse was advised of this.	The dental nurse enrolled herself on an appropriate training course, taking place before the end of November 2017.

Appendix B – Immediate improvement plan

Service: The Laurels 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
There were no immediate assurance issues raised during this inspection				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: The Laurels 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				
The practice to install a lock on the main door into the reception area	4.1 Dignified Care	A lock with numbered keypad lock will be installed on main door to reception	Andrew Williams	6 months
We recommend that the practice ensure that doors to the surgeries are closed during consultations.		This is done as best possible at all times. Greater emphasis will be placed on this moving forward	Andrew Williams	Immediately
The practice to display its complaints policies for private and NHS dental treatment in both waiting areas.	6.3 Listening and Learning from feedback	As noted these documents are already accessible to patients in the waiting rooms via our patient information folders. Copies will also be added to notice areas	Andrew Williams	3 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice to cease recording patients' informal feedback in patient records and to make alternative arrangements for recording such information.		These comments will now be noted in our existing complaints and comments folder	Andrew Williams	Immediately
Delivery of safe and effective care				
The practice to replace the protective cover to the operating light in the second surgery.	2.1 Managing risk and promoting health and safety	This has already been rectified. As mentioned during the inspection we already had a whole new light awaiting fitting by an engineer. The new light has already been fitted.	Andrew Williams	Immediately
The practice to install re-sheathing devices in both surgeries for the safe handling of needles.		To be purchased once sourced for each surgery	Andrew Williams	Immediately
We recommend that, maintaining its integrity as a fire exit, the rear entrance door is locked at all times.		After discussion with staff we have agreed to place a bolt on the inner side of the door as sufficient to limit access and easily opened in case of emergency	Andrew Williams	3 months
The practice to replace the water based fire extinguisher with one that is appropriate for use on electrical equipment.		An appropriate extinguisher is already available at the practice and this has now swapped location with the water based one.	Andrew Williams	Immediately

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice to make alternative and appropriate arrangements for the disposal of its non-hazardous waste		An appropriate supplier is being searched for to arrange this	Andrew Williams	3 months
We recommend that all hazardous waste is stored securely.		As discussed at the time, hazardous waste is stored securely within the premises in large lidded yellow waste bins with bags securely closed with cable ties. As noted earlier in this action plan, an internal bolt will be placed on the door to this room to prevent access.	Andrew Williams	3 months
The practice is to ensure that the appropriate disinfectant is used when manually cleaning the instruments as part of the decontamination process.	2.4 Infection Prevention and Control (IPC) and Decontamination	The solution was replaced immediately and an even more effective one has been used since the day after the inspection	Andrew Williams	Immediately
When manually cleaning, staff to scrub the instruments under water and not in running water		This method already been used since advice received.	Andrew Williams	Immediately
Each surgery to have a dedicated container for the soaking of impressions and other dental work received from the laboratory.		Currently sourcing materials to replace our current disinfecting spray system, assessing solutions and discussing best locations for optimum work flow	Andrew Williams	Immediately

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice is to arrange for a minimum of two members of staff attend a First Aid course and that there is a First Aider present in the practice at all times</p>	<p>2.6 Medicines Management</p>	<p>One member, myself, as already completed this course with St John's since the inspection. Currently assessing best other staff member and timing to attend another course</p>	<p>Andrew Williams</p>	<p>Immediately</p>
<p>The practice is to ensure all staff undertake training in how to deal with medical emergencies and perform cardiopulmonary resuscitation.</p>		<p>All staff are already part of our in house postgraduate supported CPR and medical emergencies courses each April. One new staff member who missed our cycle, but at time of recruitment had attended a course well within 12 months of joining us has completed and CPR course since the inspection, and will now be part of our annual in house cycle</p>	<p>Andrew Williams</p>	<p>Immediately</p>
<p>We recommend the practice introduce a programme to check and record expiry dates of the emergency drugs and equipment and for staff to record in a log book each time a check has been completed.</p>		<p>Processes are already in place but advice heeded and other modes will be added to create separate logs. These will be added to our weekly and monthly checklists.</p>	<p>Andrew Williams</p>	<p>2 months</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that all staff have access to and complete relevant safeguarding training.	2.7 Safeguarding children and adults at risk	As noted all staff are up to date except for the associate dentist pertaining to one aspect not done for 3 years. This course will be booked by associate as soon as an appropriate course located.	Stephen Farrugia	3 months
It is recommended a lock or latch be placed on the door leading to the waiting area of surgery 2 to prevent entry by an unauthorised person into the controlled area during exposure	2.9 Medical devices, equipment and diagnostic systems	Advice heeded, and latch will be placed on internal aspect of door	Andrew Williams	6 months
The practice to ensure that both dentists, and any clinical staff who use the X-ray equipment attend appropriate IR(ME)R training.		As noted on inspection, I had attended training within timescale as per GDC guidelines and expectation, and another course for both dentists had already been booked for January 2018	Andrew Williams	Immediately
The practice must ensure that all equipment is serviced regularly and retain appropriate certification of this		As discussed, all equipment serviced regularly except for new compressor which is awaiting service from engineer in coming months	Andrew Williams	3 months
We recommend the practice develop a structured programme of ongoing audits.	3.1 Safe and Clinically Effective care	Several audits have already been undertaken, but as advised need more structured programme going forward to	Andrew Williams	6 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
		ensure decent breadth of topics assessed.		
The dentists to arrange formal and regular meetings for the purpose of peer review.	3.3 Quality Improvement, Research and Innovation	As part of audit planning, peer review meeting will be incorporated into this	Andrew Williams	6-12 months
The practice to apply for the Deanery Maturity Matrix Dentistry practice development tool.		As this tool had not previously been advertised to us, will investigate and apply to incorporate and aid our audit planning	Andrew Williams	6-12 months
<p>In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record:</p> <ul style="list-style-type: none"> • Justification for the use of X-rays • Basis Periodontal Examination (BPE) levels <p>Medical histories to be signed by the patient and countersigned by the dentist.</p>	3.5 Record keeping	<p>As part of our ongoing modernising of previous workings, our new computer software has been set up to aid inputting information regarding radiographs, justification and assessment. This has already improved.</p> <p>Again, BPE recording made simpler, but efforts made to ensure recording at each required interval. Will be monitored via audit and peer review.</p>	Andrew Williams	Immediately

Quality of management and leadership

Improvement needed	Standard	Service action	Responsible officer	Timescale
We recommend the practice ensures that staff have access to and complete relevant training in order to fulfil their Continuing Professional Development (CPD) requirements.	7.1 Workforce	This has already improved greatly during my tenure and will continue to do so. We will particularly utilise the post grad online CPD tools	Andrew Williams	Immediately
We recommend the practice draft and circulate minutes for each staff meeting.		Practice meeting minutes will be recorded and distributed for future meetings	Andrew Williams	6 months
We recommend the practice introduce a formal appraisal process for all practice staff.		As demonstrated during the inspection, this process is all set up to be implemented in the coming months	Andrew Williams	3 months

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): Andrew Williams

Job role: Principal

Date: 2/1/18