

## **General Dental Practice Inspection (Announced)**

Cambria Dental Practice, Betsi  
Cadwaladr University Health  
Board

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2017

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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 Cambria Dental Practice, 6 Chester Road, Penyffordd, Flintshire, within Betsi Cadwaladr University Health Board on 12 December 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 and had a range of policies and procedures 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
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- 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:

- Include reference to HIW in complaints leaflet and web site and display Putting Things Right<sup>1</sup> posters in waiting area
- Produce an expiry date log for resuscitation equipment
- Update patients' medical histories every two to three years
- Improve infection control measures within the decontamination room and surgeries and formulate an action plan following the infection control audit
- Record checks on the autoclave<sup>2</sup> and compressor
- Arrange training in first aid and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) for nominated staff and formalise the staff appraisal process

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<sup>1</sup> <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

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

## 3. What we found

### **Background of the service**

Cambria Dental Practice provides services to patients in the Penyffordd area of Flintshire. 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 two dentists, a therapist, a practice manager and three 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.*

Overall, we found that the staff at the practice worked hard to provide patients with a high quality service and positive patient experience.

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 8 completed questionnaires. There was a good mix of questionnaires received from both relatively new patients at the practice (those that had been a patient for less than two years) and 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:

*"I would just like to say what a pleasure it is to have a service that provides a very friendly and efficient service, help and advice. Thank you"*

*"The staff are all extremely polite and friendly and always take time to make you feel important as a patient. They make you feel comfortable when discussing and undergoing treatment. For someone who had a fear of seeing a dentist, they have completely turned me around and I now really have no fear at all. Fantastic practice in everyway"*

*"If I am honest, this practice is being run perfectly. I have no suggestion for improvement"*

## **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 oral health and hygiene.

A number of no smoking signs were displayed throughout the practice which confirmed the emphasis being placed on compliance with smoke free premises legislation<sup>3</sup>.

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

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

## **Patient information**

Every patient 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.

All patients who had received treatment at the practice said, in the questionnaires, that the cost of their treatment was always made clear to them. Only one patient said that they didn't understand how the cost of their treatment was calculated.

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<sup>3</sup> Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

Information on general prices for treatment was in the form of a pricing guide which was available as a brochure and on the practice's web-site. 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**

All of the patients that completed a questionnaire told us that they were always able to 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.

An out of hours telephone number was available for patients should they require urgent out of hours dental treatment. The telephone number was displayed on the outside of the building, included in the patient information leaflet and on the answer phone message. Each patient 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.

### **Individual care**

#### **Planning care to promote independence**

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

All patients who completed a questionnaire agreed that the dentist enquires about their medical history before undertaking any treatment. We saw evidence of treatment planning and options being discussed with patients.

## People's rights

We found access to the practice to be good. A ramp was available to assist patients with mobility problems in negotiating the main entrance. The practice had two surgeries in use, both located on ground floor level.

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

## Listening and learning from feedback

We saw that the practice had a written complaints procedure. 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 recommended that Putting Things Right posters be displayed in the waiting area to inform patients of the process to follow should they wish to raise a concern about the service received under National Health Service arrangements.

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.

Every patient who 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 if they needed to.

Patients indicated in the questionnaires that the dental practice does ask for their views on the service provided there, for example, through patient questionnaires.

We found that patient satisfaction surveys were undertaken on a regular basis and there was a comments box with comments cards within the waiting area to enable patients to express their views about the service.

### Improvement needed

Putting Things Right posters should be displayed in the waiting area to inform patients of the process to follow should they wish to raise a concern about the service received under National Health Service arrangements.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

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

A thorough process for cleaning and sterilising dental instruments was demonstrated. However, some work is required to enhance infection control measures within the decontamination room and surgeries.

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

## 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; every patient that completed a questionnaire felt that 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 Executive<sup>4</sup>.

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. Non hazardous (household) waste was collected through arrangements with a private company.

We found that an older version of the Health and Safety Law poster was on display. This should be replaced with the more up to date version.

#### Improvement needed

The Health and Safety Law poster should be replaced with the more up to date version.

#### Infection prevention and control

The practice had a designated decontamination room. However, this did not meet the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>5</sup> policy and guidance document. We found that the location of the extractor fan meant that potentially contaminated air was being drawn from the dirty side to the clean side of the decontamination room. In addition we saw that cleaning equipment was being stored within the decontamination room. We also found that the foot operated clinical waste bin within the decontamination room was not working.

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<sup>4</sup> <http://www.hse.gov.uk/pubns/books/hsg107.htm>

<sup>5</sup> 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.

Equipment and cabinets within the decontamination room were visibly in good condition. However, we found cabinets located above the dirty area which increased the risk of cross infection.

Work surfaces were easily cleanable to facilitate thorough cleaning and reduce cross contamination. However, we highlighted the need for the flooring within both surgeries to be sealed at the edges to enable effective cleaning (WHTM 01-05 paragraph 6.48). We also highlighted the need for the television screens fitted to the ceilings within the surgeries to be cleaned on a regular basis to avoid the accumulation of dust and reduce the risk of cross infection (WHTM 01-05 paragraph 6.54).

The practice had the use of one autoclave and a compressor and we saw inspection certification to show that they were safe to use. However, there was no written scheme of maintenance/examination for the autoclave and compressor as recommended by WHTM 01-05. We also recommended that Helix or Bowie Dick<sup>6</sup> test be conducted for all autoclave vacuum cycles as (WHTM 01-05 paragraph 4.18). We also recommended that a data logger be fitted to the autoclave.

A thorough decontamination process was demonstrated by staff and 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 practice had conducted an infection control audit using the Wales Deanery<sup>7</sup> audit tool, to identify areas for improvement and development as part of the

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<sup>6</sup> The Helix Test and Bowie Dick Test are developed for testing every sterilization process in a loaded autoclave and that air and other condensable gases have been removed. The purpose is to check the penetration of the different sterilization methods when processing hollow objects.

<sup>7</sup> 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.

overall quality assurance monitoring activity. However, no action plan had been drawn up to reflect the action required to address the areas for improvement identified.

#### Improvement needed

The extractor fan in the decontamination room should be re located to ensure appropriate flow of air.

Cleaning equipment should be stored in a non clinical area.

The foot operated clinical waste bin within the decontamination room should be repaired or replaced.

The cabinets located above the dirty area in the decontamination room should be relocated.

The flooring within both surgeries should be sealed at the edges to enable effective cleaning.

The television screens fitted to the ceilings within the surgeries should be cleaned on a regular basis to avoid the accumulation of dust and reduce the risk of cross infection.

A written scheme of maintenance/examination should be drawn up for the autoclave and compressor.

A Helix or Bowie Dick test should be conducted for all autoclave vacuum cycles.

Consideration should be given to retro fitting a data logger to the autoclave.

An action plan should be drawn up to address the issues highlighted following the infection control audit.

## Medicines management

We saw that equipment and drugs were available for use in a patient emergency (collapse). We saw records showing that the emergency drugs had been checked regularly and were within their expiry dates. However, we recommended that a check list be drawn up for the resuscitation equipment to be checked regularly in accordance with the Resuscitation Council (UK) standards.

We were able to see records to show that all staff had completed cardiopulmonary resuscitation (CPR). However, we recommended that refresher training be arranged for the staff member nominated as the practice's first aider.

We found that there were no size 0 and 1 airways in the resuscitation bag. This was brought to the attention of the practice manager who took steps to order the airways. We were provided with a copy of the order confirmation as proof of purchase.

### Improvement needed

A check list should be drawn up to ensure that the resuscitation equipment is checked regularly in accordance with the Resuscitation Council (UK) standards.

Refresher training should be arranged for the staff member nominated as the practice's first aider.

## 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 found 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 all but one of the clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. The one member of staff's training

certificate had expired seven days prior to the inspection visit. We brought this to the attention of the practice manager who took immediate steps to book the member of staff on a suitable training course. Written confirmation of the booking was made available to us.

We recommended, for ease of reference, that all documentation relating to the safe use and maintenance of the X-ray equipment to be stored on the Radiation Protection File.

## **Effective care**

### **Safe and clinically effective care**

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

### **Quality improvement, research and innovation**

Peer review audits were undertaken regularly.

We saw evidence that the practice used self-evaluation tools such as audits and training needs assessments to enable the dental team to focus on how they work and consider improvements to the quality and care provided in a range of areas.

### **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 very good clinical records, demonstrating that care was being planned and delivered to a good standard to ensure patients' safety and wellbeing.

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

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. We recommended that new medical health forms be completed every two to three years for all patients.

**Improvement needed**

New medical health forms should be completed every two to three years for all patients.

## 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**

Cambria 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.

Staff meetings were held on a quarterly basis and were used to discuss significant events and to identify any learning needs.

We were told that staff received informal, day to day support and supervision but that appraisals had lapsed of late. We recommended that a formal system of staff appraisal and support be set up with records of discussions maintained.

We found that dentists and nursing staff were registered with the General Dental Council to practise and had indemnity insurance cover in place.

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

The dentists 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. One dentist's registration certificate required updating to reflect the current HIW address and the name of the Chief Executive.

We also saw up to date Disclosure and Barring Service (DBS) checks for all clinical staff working at the practice.

#### Improvement needed

A formal system of staff appraisal and support should be set up with records of discussions maintained.

Contact HIW in order to secure an updated certificate of registration for one dentist.

## 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
<p>We saw training records demonstrating that all but one of the clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. The one member of staff's training certificate had expired seven days prior to the inspection visit.</p>	<p>This meant that there was an increased risk of harm to patients due to incorrect use of X-ray equipment.</p>	<p>We brought this to the attention of the practice manager</p>	<p>The practice manager took immediate steps to book the member of staff on a suitable training course. Written confirmation of the booking was made available to us.</p>
<p>We found that there were no size 0 and 1 airways in the resuscitation bag.</p>	<p>This meant that there was an increased risk of harm to patients in an emergency due to the absence of size 0 and 1 airways in the resuscitation bag.</p>	<p>This was brought to the attention of the practice manager.</p>	<p>The practice manager ordered the airways. We were provided with a copy of the order confirmation as proof of purchase.</p>

## Appendix B – Immediate improvement plan

**Service:** Cambria Dental Practice

**Date of inspection:** 12 December 2017

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate improvement plan was required.				

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:** Cambria Dental Practice

**Date of inspection:** 12 December 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
<b>Quality of the patient experience</b>				
Putting Things Right posters should be displayed in the waiting area to inform patients of the process to follow should they wish to raise a concern about the service received under national health service arrangements.	Private Dentistry (Wales) Regulations 2008 Regulation 15. (1) (b)  6.3 Listening and Learning from feedback			
<b>Delivery of safe and effective care</b>				
The Health and Safety Law poster should be	Private			

Improvement needed	Standard	Service action	Responsible officer	Timescale
replaced with the more up to date version.	Dentistry (Wales) Regulations 2008 Regulation 14. (2) 2.1 Managing risk and promoting health and safety			
The extractor fan in the decontamination room should be re located to ensure appropriate flow of air.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (1)(d), (3) (b) and (4)			
Cleaning equipment should be stored in a non clinical area.				
The foot operated clinical waste bin within the decontamination room should be repaired or replaced.		2.4 Infection		

Improvement needed	Standard	Service action	Responsible officer	Timescale
The cabinets located above the dirty area in the decontamination room should be relocated.	Prevention and Control (IPC) and			
The flooring within both surgeries should be sealed at the edges to enable effective cleaning.	Decontamination WHTM 01-05			
The television screens fitted to the ceilings within the surgeries should be cleaned on a regular basis to avoid the accumulation of dust and reduce the risk of cross infection.				
A written scheme of maintenance/examination should be drawn up for the autoclave and compressor.				
A Helix or Bowie Dick test should be conducted for all autoclave vacuum cycles.				
Consideration should be given to retro fitting a data logger to the autoclave.				
An action plan should be drawn up to address				

Improvement needed	Standard	Service action	Responsible officer	Timescale
the issues highlighted following the infection control audit.				
A check list should be drawn up to ensure that the resuscitation equipment is checked regularly in accordance with the Resuscitation Council (UK) standards.	Private Dentistry (Wales) Regulations 2008			
Refresher training should be arranged for the staff member nominated as the practice's first aider.	Regulation 14. (2) and (3) (b)  2.6 Medicines Management			
New medical health forms should be completed every two to three years for all patients.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (1) (b)  3.5 Record keeping  GDC			

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Guidelines 4.1.1			
<b>Quality of management and leadership</b>				
A formal system of staff appraisal and support should be set up with records of discussions maintained.	Private Dentistry (Wales) Regulations 2008			
Contact HIW in order to secure an updated certificate of registration for one dentist.	Regulation 14.(2) and Regulation 8.7.1 Workforce			

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:**