

General Dental Practice Inspection (Announced)

The Channings Dental Practice
Abertawe Bro Morgannwg
University Health Board

Inspection date: 14 December
2017

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	12
	Quality of management and leadership	19
4.	What next?	22
5.	How we inspect dental practices	23
	Appendix A – Summary of concerns resolved during the inspection	24
	Appendix B – Immediate improvement plan	25
	Appendix C – Improvement plan	27

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 Channings Dental Practice at 33 Mary St, Porthcawl CF36 3YN, within Abertawe Bro Morgannwg University Health Board on the 14 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 Channings Dental Practice was striving to provide safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

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

This is what we recommend the service could improve:

- More health promotion information needed
- A five yearly electrical wiring service to be undertaken
- Fire and environmental risk assessment to be reviewed
- Decontamination training refresher and dates on decontamination instruments packages required
- Radiography training at dental nurse level required
- Review process/frequency and record keeping for medication, resuscitation kit, dental materials and compressor checks
- Refresh 1st aid training
- DBS safeguarding checks to be renewed for one dentist
- Policies to be signed and dated by staff
- Strengthen leadership and management.

3. What we found

Background of the service

The Channings Dental Practice provides services to patients in the Porthcawl and surrounding 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 three dentists, two therapists, one hygienist, four dental nurses (two of which were trainees) and one receptionist. The principal dentist currently provides the practice manager role.

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 Channings Dental Practice was working hard to provide a high quality service and were committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was very positive. However, further health promotion information is required.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 20 completed questionnaires; the majority of questionnaires received were from long term patients at the practice (those that had been a patient for more than two years). Overall, patient feedback provided in the questionnaires was very positive. Patient comments included:

"Service provided at this practice is superb"

"It meets my needs and expectations perfectly"

"Excellent staff, excellent practice"

Staying healthy

All of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. However, we found that there was a lack of dedicated dental health promotion information available. Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. This enables patients to access information which could support them in caring for their own oral hygiene.

Improvement needed

More health promotion information needs to be available for patients in the waiting areas.

Dignified care

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice. There was space available for staff to have conversations with patients in a private area, away from other patients, if required for the purpose of maintaining patient confidentiality. We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

Patient information

All but one of the 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. Most of the patients who had received treatment at the practice said in the questionnaires that the cost of their treatment was always made clear to them; however, a large proportion of these patients told us that they did not understand how the cost of their treatment was calculated. However, we saw that information about the price of NHS treatment and a private patient's price list was available in the waiting area, so that patients were informed about costs. We saw that the dentists' details and the surgery opening hours were being displayed externally in the window of the practice.

Communicating effectively

All of the patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language. Patients stated that the dental practice sends text messages to remind them of the date and time of their appointment; one patient told us in the questionnaires how they find this useful:

"I like the text message reminders as it's often difficult to keep on top of a busy diary"

The principal dentist stated that no language issues had arisen to date. Advice was given that the practice arranges to have key documents such as the complaints procedure translated into Welsh and to have contact details for a translation service available, should any language issues arise.

Timely care

The practice try to ensure that dental care is always provided in a timely way. The majority of patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. However, 6 of the 20 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. We saw that the details of emergency contact numbers were being displayed externally in the window of the practice and on the practice website.

Individual care

Planning care to promote independence

All of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. We saw evidence that patients were being informed and encouraged to care for their teeth/gums after and between appointments.

People's rights

The practice had in place an equality and diversity policy. There is ramp access to the surgeries on the ground floor; with two doors to negotiate we were advised that this is accessible for patients with mobility difficulties/wheelchair users with support. Disabled access to toilet facilities is limited; patients are made aware of this and can be referred to another practice if this facility is required.

Listening and learning from feedback

Half of the 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 if they needed to. We found that the practice had a written procedure for dealing with concerns (complaints) about NHS dental treatment which was compliant with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'¹). A complaints procedure for private

¹ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=932&pid=50738>

dental care was also available as is required in line with the Private Dentistry Wales 2008 Regulations². Patients were signposted to complaints information on the practice website and through the practice information leaflet. Following advice given on the day of the inspection, details of the complaints procedures were also made available/accessible in the waiting room and we were assured that this will continue to be so. This will mean that patients can easily access this information, should they require it.

Just one complaint had been received in the last 12 months and this had been dealt with appropriately. There was a complaints format and file in place. A record of concerns and compliments was being kept separately.

The majority of patients who completed a questionnaire told us that they have been asked by the dental practice for their views on the service provided there, for example, through patient questionnaires. The practice had a mechanism for seeking patient feedback through questionnaires in place. We saw that an analysis of the feedback received was posted in the staff room and suggested this should be placed in the waiting area demonstrating to patients that feedback requested, acted upon and is used to influence changes to the service delivery at the practice.

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)

Delivery of safe and effective care

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

Overall, we found evidence that patients were being provided with safe and effective dental care. Clinical facilities were well equipped and were visibly clean and tidy. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. However, there were some areas where improvement was required.

A five yearly electrical wiring certificate is required. A review of the fire risk assessment and environmental risk assessments are required. Decontamination training is required for all relevant staff. First aid training certificate is required. Decontaminated instruments which are bagged ready to be used must be dated with a decontamination date and a use by date.

Resuscitation equipment and emergency drugs were available at the practice and the system of checks and frequency of these that are in place to help ensure these are safe and in date for use, need to be reviewed. Record keeping should be maintained separately for these checks and for those for the compressor.

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

There were arrangements in place for the safe use and maintenance of X-ray equipment. However, radiation protection training must be kept up to date at an appropriate level for dental nurses. We found that clinical record keeping was very good and complied with clinical standards for record keeping.



Safe care

NOTE: IMMEDIATE ASSURANCE ISSUES

Our concerns regarding updated cardiopulmonary resuscitation (CPR) training for one staff member were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Managing risk and promoting health and safety

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. We saw that the portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice and gas servicing was also in date. However, evidence of a five yearly electrical wiring certificate for the premises is required.

There was one unisex toilet for use by patients and staff accessible on the ground floor. These facilities were clearly signposted and visibly clean. The dentist arranged for a feminine sanitary disposal bin to be put in place on the day of the inspection. Risk assessments on Control of Substances Hazardous to Health (COSHH) and safety data sheets were being kept for substances in addition to risk assessments; it was advised that these be reviewed to ensure that they were up to date. COSHH substances need to be stored safely and securely at all times.

Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place. Fire signage was available. However, the practice must review its fire risk assessment as the back fire exit door was initially locked on the day of the inspection. This fire door was not a standard fire door and the egress to it needed to be considered as it opened inward and was near to a staff table which hampered ease of exit. Also the storage of oxygen cylinders needs to be considered and clearly sign posted.

There was a health and safety policy in place. However, the practice must review its environmental risk assessments to consider and take action in

respect of, COSHH storage arrangements, hazardous waste transit regarding the route that clinical waste takes through the building and to cover all aspects of having the physiotherapists' room, accommodated on the premises e.g. data protection, cross infection. Also sharps boxes should be wall mounted for safety.

Improvement needed

Evidence of a five yearly electrical wiring certificate for the premises is required a copy is to be sent to HIW.

The practice must review its fire risk assessment and provide HIW with detail of actions taken.

The practice must review its environmental risk assessments as outlined and advise HIW of actions taken.

Infection prevention and control

There were no concerns expressed by patients over the cleanliness of the dental practice; every patient who completed a questionnaire felt that the dental practice was very clean. We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at the dental practice. This is because we saw evidence that there were infection prevention and control measures in place. Examples included the following:

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

A decontamination policy was in place. The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05 (WHTM 01-05)³ guidelines. However, we found that not all relevant staff had evidence of decontamination training undertaken within their continuing professional development cycle. The practice must ensure that the decontaminated instruments which are bagged ready to be used are dated with a decontamination date and a use by date.

Hand washing facilities and a dual sink arrangement were available in the decontamination room. Evidence of inoculation immunity check status for staff members was available.

Improvement needed

Decontamination training is required for all relevant staff.

The practice must ensure that the decontaminated instruments which are bagged ready to be used have a decontamination date and a use by date recorded on them.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in relevant areas. All clinical staff had up to date cardiopulmonary resuscitation (CPR) training. A resuscitation policy was in place which included the location of the equipment and roles and responsibilities.

However, processes for regularly checking items in the resuscitation kit need to be improved as we found some mouth-pieces were out of date and/or not seal packed. The emergency drugs were stored securely and immediately available in the event of a medical emergency (patient collapse) at the practice. However, more regular checks need to be in place and a separate record maintained for emergency drugs and dental materials to ensure they remain in date and ready for use. The principal dentist was the designated first aider available at the

³ <https://www.walesdeanery.org/quality-improvement/national-audit-projects/whtm-01-05>

practice, but we did not see evidence of an up to date first aid training certificate.

Improvement needed

Review and identify the roles and frequency of checks for the emergency medication, dental materials being stored, compressor checks and the resuscitation equipment. Ensure clear and separate records are being maintained.

The practice must ensure that first aid training is kept up to date as required. A copy of the first aid training certificate is to be forwarded to HIW.

Safeguarding children and adults at risk

The practice takes appropriate steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because protection policies were in place and safeguarding training had been provided for relevant. There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgeries had been designed and organised to help the team work efficiently and were visibly very clean and in good condition.

We saw that the environments had been planned and laid out to ensure the safe use of radiation equipment. We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use. We found that staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000⁴. However, evidence was not available for some dental nurses to indicate that an appropriate level of radiation protection training had been undertaken.

⁴ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

Improvement needed

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

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to improve the service provided. We saw that the practice had engaged in relevant audits, including infection control, radiology and record keeping.

Quality improvement, research and innovation

The principal dentist is advised to review processes for quality control internally, with use of the Maturity Matrix Dentistry⁵ evaluation tool recommended. There was evidence on the dentists training files of continuing professional development certification. However, files generally required better management and organisation.

Information governance and communications technology

The storage of patient files was considered to be sufficient, to ensure the safety and security of personal data. The dentist intends to resource lockable metal cabinets in time. Currently paper records are stored behind reception in non-lockable metal cabinets. However, we noted that there are three lockable doors to enter the reception area, which has staff attendance during opening hours and there are secure windows in place. All electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

⁵ The Maturity Matrix Dentistry (MMD) is a practice development tool for the whole dental team which helps dental teams deliver high quality care for patients.

Record keeping

We viewed a sample of dental records for each of the dentists and spoke with dental practitioners on the day of our inspection. Overall, we found there was a very good quality of record keeping and patient care. No improvements were noted in this area and therefore the quality of clinical record keeping is to be commended.

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 practice is owned by the principal dentist. There were two other dentists and a friendly and settled staff team. The principal dentist held responsibility for both the clinical support and day to day running of the practice.

Effective systems to support overall practice management and leadership need to be revisited and strengthened. Further delegation of roles and responsibilities, would support in maintaining an effective oversight of processes and assist with the day to day running of the practice.

We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients. Staff told us they felt well supported by senior practice staff and their colleagues and they had opportunities to attend relevant training. Staff we spoke with were committed to providing high quality care for patients.

Up to date Disclosure Barring Service (DBS) safeguarding check is required for one dentist in line with the private dental regulations. The staff team should sign and date to indicate that they have read and understood key policies and procedures.

Governance, leadership and accountability

The Channings Dental Practice is owned by the principal dentist who is supported by two other dentists and the wider practice team. The principal dentist takes responsibility for the clinical support and the day to day running of the practice. The principal dentist acknowledged that currently there is a lot of emphasis placed upon them and that governance and leadership could be improved and strengthened moving forward. Assistance with the day to day

management of the practice, through delegation of roles and responsibilities, would be beneficial. Where we identified areas for improvement, the principal dentist demonstrated a commitment to address these.

Staff told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear about their roles and responsibilities. Staff told us that they felt communication within the practice was good. We saw records of practice meetings that had been held on a regular basis with action points and minutes being kept.

There were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients.

Improvement needed

The principal dentist should consider how governance and leadership responsibilities can be delegated and/or strengthened.

Staff and resources

Workforce

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the management team to access training opportunities. We saw certificates to evidence that clinical staff had completed training in areas highly recommended by the General Dental Council. One dentist required CPR refresher training to be undertaken.

The practice had a settled and stable staff team, with good team working being reported and observed on the day of the inspection. The principal dentist confirmed that staff had received an appraisal of their performance within the last year. We found that dentists and nursing staff were registered with the General Dental Council to practice and had indemnity insurance cover in place.

Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection. The dentists working at the practice provided private dental services and we saw their HIW registration certificates prominently displayed as required by the regulations for private dentistry.

There were systems in place to ensure that pre-employment checks of any new members of staff were carried out before they joined the practice, including

Disclosure and Barring Service (DBS) clearance checks. However, DBS safeguarding checks were not up to date for one dentist in line with the private dental regulations. We could not see evidence that staff were signing and dating to indicate that they had read and understood key policies and so were aware of their roles and responsibilities.

Improvement needed

Up to date DBS safeguarding checks are required for one dentist in line with the private dental regulations. Evidence to be provided to HIW.

The staff team should sign and date to indicate that they have read and understood key policies and procedures.

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 identified on this inspection			

Appendix B – Immediate improvement plan

Service: The Channings Dental Practice

Date of inspection: 14 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
<p>Finding</p> <p>We found that one dentists' CPR training had lapsed and so required up dating in line with the regulations.</p> <p>Improvement needed</p> <p>The principal dentist is required to advise HIW when CPR training will be refreshed in line with the regulations. A copy of the CPR training certificate is to be sent to HIW as evidence.</p>	<p>Private Dentistry (Wales) Regulations 2008</p> <p>14 (1) (b)</p> <p>GDC Guidance 1.5.3</p>	<p>The aforementioned dentist has completed 4 hours of CPD on Medical Emergencies including (but not limited to) anaphylaxis, epilepsy, diabetes, fainting and choking.</p> <p>We have also arranged for a CPR in practice session (4 hours of CPD) for the new year (9th February – the nearest reasonable date where we can accommodate the said dentist and other members of staff).</p>	<p>Kenneth Chow</p>	<p>To be completed on 9th February; certificates to be sent as soon as we receive them.</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: Kenneth Chow

Name (print): Kenneth Chow

Job role: Principal Dentist

Date: 17 December 2017

Appendix C – Improvement plan

Service: The Channings Dental Practice

Date of inspection: 14 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
Quality of the patient experience				
More health promotion information needs to be available for patients in the waiting areas.	Health and Care Standards 4.2 and 5.1 Private Dentistry (Wales) Regulations 2008 14 (1) (a) GDC guidance 1.4.2	Order health promotion leaflets/posters and display in waiting room.	Kim Evans (dental nurse)	Ongoing, complete by 31 March 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
Evidence of a five yearly electrical wiring certificate for the premises is required a copy is to be sent to HIW.	Health and Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (d)	Contact electrician to arrange electrical wiring testing and certificate Electrician to come February 9th 2018	Kenneth Chow (principal dentist)	certificate to be available by 28 February 2018
The practice must review its fire risk assessment and provide HIW with detail of actions taken.	Health and Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (d)	Fire safety company have been contacted to review Fire Risk Assessment 2nd February 2018;	Kenneth Chow (principal dentist)	risk assessment to be completed by 28 February 2018
The practice must review its environmental risk assessments as outlined and advise HIW of actions taken.	Health and Care Standards 2.1	Reviewed COSSH and general Risk Assessment Policy. Fire risk assessment to be reviewed.	Kim Evans, Neave Lacey (dental nurse)	COSSH completed; Risk assessment

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Private Dentistry (Wales) Regulations 2008 14 (1) (d)			policy review completed. Fire Risk Assessment review to be completed by 31 March 2018.
<p>Decontamination training is required for all relevant staff.</p> <p>The practice must ensure that the decontaminated instruments which are bagged ready to be used have a decontamination date and a use by date recorded on them.</p> <p>Welsh Health Technical Memorandum 01-05</p>	<p>Health and Care Standards 2.4</p> <p>Private Dentistry (Wales) Regulations 2008 14 (1) (b), 14 (4)</p>	<p>Decontamination online training ongoing for all staff.</p> <p>Decontamination on-site training to be booked in after new decontamination room built in summer</p> <p>New stamps purchased to include 'use by date' on bagged instruments.</p>	<p>Kim Evans</p>	<p>Online training to be completed by 28 February 2018;</p> <p>On-site training to be completed by 31 July 2018;</p> <p>Use by date on bagged instruments completed and ongoing</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
Review and identify the roles and frequency of checks for the emergency medication, dental materials being stored, compressor checks and the resuscitation equipment. Ensure clear and separate records are being maintained.	Health and Care Standards 2.1, , 2.6, 2.9 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	Appoint member of staff to be in charge of checks for emergency medication, dental materials, compressor and resuscitation equipment; spreadsheets for above have been formulated.	Kim Evans	Completed
The practice must ensure that first aid training is kept up to date as required. A copy of the first aid training certificate is to be forwarded to HIW.	Health and Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	First aid training to be booked. First aid training booked for April 11th 2018; certificate to follow	Kenneth Chow, Kim Evans	30 April 2018
Radiation protection training must be kept up to date at an appropriate level for dental nurses in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.	Health and Care Standards 2.9 Private Dentistry	One dental nurse completed radiation training last year (2017); certificate shown to inspector on day Second dental nurse undergoing online	Neave Lacey	To be completed by 28 February 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
	(Wales) Regulations 2008 14 (1) (b) GDC guidance 7.3.1	Radiation Protection training		
Quality of management and leadership				
The principal dentist should consider how governance and leadership responsibilities can be delegated and/or strengthened.	Health and Care Standards 3.3 Private Dentistry (Wales) Regulations 2008 14 (2)	Appointment of Lead Dental Nurse	Kenneth Chow	Negotiation under way; hope to appoint member of staff in post by 28 February 2018
Up to date DBS safeguarding checks are required for one dentist in line with the private dental regulations. Evidence to be provided to HIW.	Health and Care Standards 2.7 Private Dentistry (Wales) Regulations	DBS check applied for.	Mushtaq Shah (associate dentist)	28 February 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
	2008 13 (3) (c)			
The staff team should sign and date to indicate that they have read and understood key policies and procedures.	Health and Care Standards 7.1 Private Dentistry (Wales) Regulations 2008 14 (1) (d)	All staff to read, sign, and date policies to indicate as such.	Kim Evans	28 February 2018

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): Kenneth Chow

Job role: Principal Dentist

Date: 26th January 2018