

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

Church Road Dental Practice,  
Cardiff and Vale University Health  
Board

Inspection date: 5 February 2018

Publication date: 8 May 2018

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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@gov.wales](mailto:hiw@gov.wales)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

## 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 .....	14
	Quality of management and leadership .....	21
4.	What next? .....	24
5.	How we inspect dental practices .....	25
	Appendix A – Summary of concerns resolved during the inspection .....	26
	Appendix B – Immediate improvement plan .....	27
	Appendix C – Improvement plan .....	28

**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 Church Road Dental Practice at 33 Church Road, Whitchurch, Cardiff CF14 2DY, within Cardiff and Vale University Health Board on the 5 February 2018.

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 Church Road 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 and we saw documentation demonstrating that the dental equipment was maintained and regularly serviced.

The practice needs to ensure that patient records are maintained in accordance with professional standards for record keeping

This is what we found the service did well:

- Staff interaction with patients was professional, kind and courteous
- Dental equipment was well maintained and regularly serviced
- Clinical facilities were well equipped and were visibly clean and tidy

This is what we recommend the service could improve:

- Staff to ensure the doors to the surgeries are closed whilst a patient is receiving treatment.
- All clinical and non-clinical staff receive up to date training relevant to their roles
- The practice to conduct risk assessments in relation to health and safety in the workplace.
- Records are to be maintained in accordance with professional standards for record keeping, namely the Private Dentistry (Wales) Regulations 2008 and the General Dental Council Guidance

## 3. What we found

### **Background of the service**

Church Road Dental Practice provides services to patients in the Cardiff area. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes six dentists, three hygienists, six dental nurses and three reception staff.

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.

Patients who completed the HIW questionnaire indicated that they were satisfied with the care and treatment they had received.

The practice needs to develop a system for recording informal/verbal patient feedback.

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 18 questionnaires were completed.

Overall, patient feedback provided in the questionnaires was positive. One patient provided the following comment in the questionnaires

*Happy with all aspects of service provided High standard and I travel across the city rather than changing to a closer practice because so happy with the care*

Patients were asked in the questionnaires how the dental practice could improve the service it provides. Patient comments included the following:

*The staff always treat us well, very helpful and cheerful. Put you at ease. If there is a problem I can usually be fitted in for an appointment quickly*

*Evening appointments would have been useful when I was working*

*Very happy with the service. Friendly reception staff and warm environment. I hope my dentist does not retire soon. Thank you*



## Staying healthy

In the waiting area we saw a selection of health promotion information leaflets available for patients to read and/or take away. These included leaflets providing information regarding treatments and preventative advice.

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

### Improvement needed

## Dignified care

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

Staff told us that if there was a need to have a private conversation with a patient this could be conducted in the small office behind the reception area. Telephone calls could also be made from that office, again providing the patient with privacy.

Whilst all surgeries had doors we did note during the inspection that they were not always closed whilst a patient was receiving treatment. We would recommend that surgery doors are closed when a patient receives treatment to afford them privacy and dignity.

### Improvement needed

Clinical staff to ensure that surgery doors are closed whilst patients are receiving treatment.

## Patient information

All of the patients who completed a questionnaire told us that they felt as involved (as much as they wanted to be) in any decisions made about their treatment. All patients also said that when they need treatment the dental team helps them to understand all available 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.

We saw price lists displaying NHS dental treatment and private dental treatment costs in the waiting area.

The practising dentists' details and their respective opening hours were displayed at the main entrance to the practice.

### Improvement needed

#### 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.

The practice had a website which contained details of private dental treatment that it provides together with a price list and dental health advice. In order to comply with General Dental Council<sup>1</sup> (GDC) ethical advertising guidance we recommend it is updated to include reference to the provision of NHS dental treatment, NHS dental treatment price list and to include the practice's complaints policy for both NHS and private dental treatment.

### Improvement needed

The practice needs to review and update its website to include information about the provision of NHS dental treatment and applicable prices and the practice's complaints policy.

---

<sup>1</sup> [https://www.gdc-uk.org/api/files/Guidance%20on%20advertising%20\(Sept%202013\).pdf](https://www.gdc-uk.org/api/files/Guidance%20on%20advertising%20(Sept%202013).pdf)

## Timely care

All of the 18 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. Details of how patients could access emergency dental care when the practice was closed were displayed both inside and outside of the practice. This information was also provided on the practice's answerphone message.

During its opening hours 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 speak to the patients to advise them of any delay.

Improvement needed

## Individual care

### Planning care to promote independence

The majority of the patients who completed a questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment.

Improvement needed

### People's rights

We found access to the practice to be good. A slope led to the main entrance and the practice had a portable ramp that was put in place to enable patients in wheelchairs to enter. The waiting, reception areas and three surgeries were on the ground floor.

There were two patient and staff toilets on the ground floor. One provided facilities for patients with mobility difficulties and had good access and hand rails providing support for patients that require it. We would advise the practice consider installing an alarm in the toilet. There was a third toilet situated on the first floor.

## Improvement needed

### Listening and learning from feedback

All but one of the patients that completed a questionnaire said they would know how to raise a concern or complaint about the services they received at the dental practice.

The practice had a complaints policy for both NHS and private dental treatment. Where relevant the policy was aligned to the NHS complaints process "Putting Things Right"<sup>2</sup> and with regard to private dental treatment to the Private Dentistry Wales 2008 Regulations<sup>3</sup>. The policy was displayed bilingually in the waiting and reception areas. We noted that the policy did not include the correct contact details for the health board and recommend it is amended accordingly.

The practice maintained a folder containing records of complaints received and outcomes. Some of the information was incomplete. We recommend that the complaints folder contain comprehensive information regarding the complaint, action taken and outcome.

We were told that the practice did not record verbal/informal concerns. It is recommended all patients' feedback is recorded to enable any recurring themes to be identified. We would advise that the practice maintain a notebook in reception to record any verbal feedback.

---

<sup>2</sup> "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.

<sup>3</sup> [www.dentalprotection.org/uk/help-advice/regulations/wales/private-dentistry-\(wales\)-regulations-2008](http://www.dentalprotection.org/uk/help-advice/regulations/wales/private-dentistry-(wales)-regulations-2008)

The practice does not actively seek feedback from its patients. We recommend it consider the introduction of an annual patient survey and the placement of a suggestion box in the waiting area.

#### Improvement needed

The practice to amend its complaints policy to include relevant and up to date contact information.

The practice to develop a process for recording patient concerns.

The practice to consider implementing a process for actively seeking and capturing patient feedback.

## Delivery of safe and effective care

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

Overall we found evidence that patients were provided with safe and effective dental care. We noted that clinical facilities were well equipped and were visibly clean and tidy, although there were some signs of wear and tear which needed addressing.

There were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

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

## Safe care

### Managing risk and promoting health and safety

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

The building appeared to be well maintained and the surgeries were clean with instruments and equipment stored appropriately. We noted a hole in the plaster above the sink in the downstairs toilet and recommend the practice rectify this. There were no concerns expressed by the patients who completed a questionnaire, about the cleanliness of the practice and we observed all areas to be clean and uncluttered. We noted there was a fabric sofa in one of the surgeries and a leather sofa in another. We advise that the practice develop a disinfection protocol for this furniture.

We were informed that the partner dentists had undertaken the portable appliance testing (PAT) for the practice. According to Health and Safety Executive (HSE) guidance, in many low-risk environments, PAT can be undertaken by a competent person, and, if they have enough knowledge and training, this could be a sensible member of staff undertaking visual inspections. But, when undertaking combined inspection and testing, and where

patients and staff are coming into contact with the electrical appliances they must be tested by a qualified person. We would recommend the practice engage a suitably qualified person to undertake in-depth PAT testing to ensure the safe use of small electrical appliances within the practice

We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. Directions for the emergency exit were visible.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical), non-hazardous (household) waste and of amalgam waste.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist and relevant safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice. We noted that the COSHH information had recently been updated.

The practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book which was completed when an accident occurred.

#### Improvement needed

The practice to address signs of wear and tear in the downstairs toilet.

We recommend the practice, in accordance with HSE guidance, employ a suitably qualified person to undertake in-depth PAT testing to ensure the safe use of small electrical appliances within the practice

#### Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health

Technical Memorandum (WHTM) 01-05<sup>4</sup>. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place. Pre-sterilisation cleaning and sterilisation was undertaken in accordance with WHTM and manufacturers' guidance. We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

We noted that the practice did not have evidence of current infection control training for one dental nurse and recommend this is rectified.

We saw evidence that the practice had undertaken an infection control audit utilising the HTM (England) guidance. WHTM 01-05 is applicable to dental practices in Wales and advises that practices review their audit results at least annually, or when a decontamination issue arises, to ensure that good practice is maintained.

#### Improvement needed

The practice must ensure all clinical staff have current certificates indicating that they have received appropriate infection control training in line with current CPD requirements.

In accordance with guidance, the practice to undertake audits in line with WHTM 01-05, annually.

#### Medicines management

The practice had in place procedures to deal with patient emergencies. With the exception of one dental nurse and two receptionists, all staff had received training within the last twelve months, on how to deal with medical emergencies

---

<sup>4</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.



and how to perform cardiopulmonary resuscitation (CPR). The practice had an appointed first aider.

The staff held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>5</sup>. These were stored securely and could be accessed easily.

We noted that the practice had in place a system to check that emergency drugs and equipment were in date and ready for use. We noted that prescription pads were kept securely.

#### Improvement needed

All staff to receive appropriate training on how to deal with medical emergencies and perform cardiopulmonary resuscitation (CPR).

#### Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies. Not all staff had completed training in one or both aspects of training, i.e. protection of children and protection of vulnerable adults. We recommend the practice ensures that staff who have access to patients, complete training in both child and adult protection.

There were arrangements in place for staff to raise any concerns, and staff told us they felt able to do this in the practice. All staff held Disclosure and Barring Service (DBS) certificates.

---

<sup>5</sup> 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 surgeries were visibly clean and contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the compressor and X-ray machines were regularly serviced. The radiation protection file was maintained and contained all the essential information.

In accordance with the requirements of the General Dental Council<sup>6</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>7</sup> all clinical staff had completed the required training.

### Improvement needed

## Effective care

### Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service it provides. We saw evidence that the practice had undertaken audits in respect

---

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

<sup>7</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)

of infection control, sharps safety, and radiographs. We recommend the practice develop a structured programme of ongoing audits

#### Improvement needed

The practice to develop a structured programme of ongoing audits.

### Quality improvement, research and innovation

We were told that the dentists meet informally to discuss cases relevant at the time. They do not meet for the purpose of peer reviews. We would recommend formal and regular meetings are arranged between the dentists for this purpose.

The practice might also wish to consider applying for the Deanery Maturity Matrix Dentistry practice development tool<sup>8</sup>. The Maturity Matrix (MMD) Tool is a dental practice team development tool to allow the team to focus on how they work.

#### Improvement needed

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

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

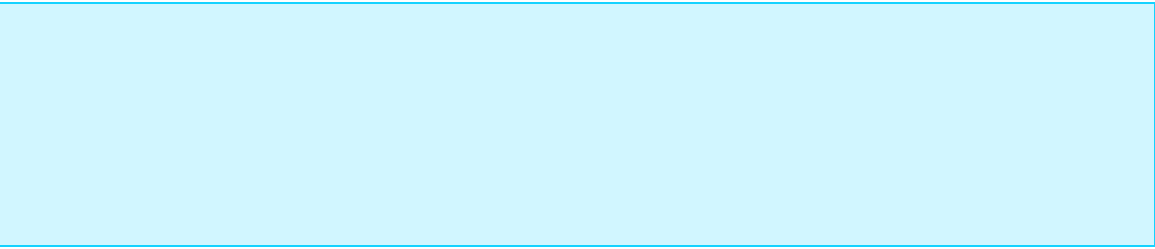
### Information governance and communications technology

The practice had appropriate policies and procedures in place including a practice confidentiality policy, data protection code of practice and freedom of information policy.

---

<sup>8</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

The practice had electronic files that were backed up daily.



### Record keeping

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

- Medical histories were not updated in accordance with guidance<sup>9</sup>, nor signed by the patient or not countersigned by the dentist.
- Basis Periodontal Examination (BPE)<sup>10</sup> levels not always recorded.

### 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:

- Basis Periodontal Examination (BPE) levels at recommended professional intervals
- Medical histories are verbally checked at every visit but signed by the patient and countersigned by the dentist at recommended intervals

---

<sup>9</sup> Standard 4.1 of the GDC Standards for the Dental Team: <https://www.gdc-uk.org/>

<sup>10</sup> 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

## 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.*

During the inspection we found observed a good rapport between all staff.

Administrative duties were being undertaken on a part time basis by two members of staff who had started to put in place new processes.

There were a comprehensive range of relevant policies and procedures in place.

The practice needs to implement a programme of staff appraisals.

## Governance, leadership and accountability

Church Road Dental Practice is owned by the principal dentist. The practice's administrative needs were managed by two members of staff who shared the role with that of dental nurse and receptionist. During the inspection we observed a very good rapport between all the practice staff.

The practice was well organised with good record keeping in most areas. There was a wide range of policies and procedures in place to ensure the safety of both staff and patients. We were told that the policies had recently been reviewed and updated. The folder contained a front sheet with signatures of some of the practice staff indicating that the policies have been read and understood. We would recommend that all staff read the updated policies and sign the front sheet to confirm this.

The practice had undertaken a health and safety risk assessment of the workplace in 2016. We would recommend that this is reviewed and updated.

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

### Improvement needed

The practice undertaken appropriate risk assessments in relation to health and safety in the workplace.

It is recommended that records are kept to evidence that policies have been read and understood by all staff

## Staff and resources

### Workforce

Staff told us that they enjoyed working in the practice and we observed a strong rapport between all practice staff. We noted that all staff had employment contracts and we saw evidence on staff files that the practice had an induction programme in place. There were staff appraisals undertaken in November 2017 but these were not recorded. We were told that pro formas had been developed and a programme of appraisals was being planned for 2018. We recommend this is established for both clinical and non-clinical staff.

We saw certificates that evidenced the majority of staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The practice holds staff meetings but they do not take place on a regular basis. We saw evidence of minutes being drafted but this was not happening consistently. We would recommend that the practice introduce regular staff meetings, after which minutes drafted and are circulated to all staff.

The Regulations for Private Dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out on all members of clinical and non-clinical staff.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all members of clinical staff.

#### Improvement needed

The practice to introduce a programme of annual appraisals for both clinical and non-clinical staff

The practice to introduce a programme of regular staff meetings which are minuted and those minutes then circulated to all 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
No immediate concerns were identified on this inspection			

## Appendix B – Immediate improvement plan

**Service:** Church Road Dental Practice

**Date of inspection:** 5 February 2018

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 identified during the 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:** Church Road Dental Practice

**Date of inspection:** 5 February 2018

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>				
[Clinical staff to ensure that surgery doors are closed whilst patients are receiving treatment. ]	[4.1 Dignified Care ]	[Practice to ensure all surgery doors are closed at all times ]	[All DCP'S ]	[completed ]
[The practice needs to review and update its website to include information about the provision of NHS dental treatment and applicable prices and the practice's complaints policy. ]	[3.2 Communicating effectively ]	[Website to be updated ]	[Rhys Welsh - Web & Graphic Design ]	[July 2018 ]
[The practice to amend its complaints policy to include relevant and up to date contact information. ]	[6.3 Listening and Learning from feedback ]	[Contact address updated ]	[Amanda Price ]	[Completed ]

Improvement needed	Standard	Service action	Responsible officer	Timescale
[The practice to develop a process for recording patient concerns. ]		[Patients concerns are often resolved with guidance and support of the reception team. However, since inspection we have created a log form to capture and record any concerns and action taken.  Informal concerns will be reviewed on a monthly basis and discussed in practice meetings with a view to implement change ]	[Amanda Price ]	[Completed ]
[The practice to consider implementing a process for actively seeking and capturing patient feedback. ]		[Practice to implement a patients questionnaire/survey form. pro forma to be used to capture patients feedback and used as a practice development tool.  Questionnaire/Survey to be reviewed on a monthly basis and discussed in practice meetings. ]	[Amanda Price ]	[Immediately post inspection ]
Delivery of safe and effective care				
[The practice to address signs of wear and tear in the downstairs toilet. ]	[2.1 Managing risk and promoting	[ Awaiting quotation from builder	[Mel Davies ]	[Immediately post

Improvement needed	Standard	Service action	Responsible officer	Timescale
	health and safety ]			inspection ]
[We recommend the practice, in accordance with HSE guidance, employ a suitably qualified person to undertake in-depth PAT testing to ensure the safe use of small electrical appliances within the practice ]		[Electrical appliances are maintained on a regular basis however, the practice has organised for a qualified professional body to undertake this procedure ]	[Coad Electrical Ltd ]	[21/05/2018 ]
[The practice must ensure all clinical staff have current certificates indicating that they have received appropriate infection control training in line with current CPD requirements. ]	[2.4 Infection Prevention and Control (IPC) and Decontamination ]	[All DCP'S receive relevant training in accordance with CPD requirements however, the practice will ensure we maintain copies of relevant certificates on DCP's personal files. ]	[ Amanda Price ]	[Completed ]
[In accordance with guidance, the practice to undertake audits in line with WHTM 01-05, annually. ]		[ Practice is looking to register with the Postgraduate Medical & Dental Education to undertake annual audits in line with WHTM 01-05 ]	[All DCP's ]	[July 2018 ]
[All staff to receive appropriate training on how to deal with medical emergencies and perform cardiopulmonary resuscitation (CPR). ]	[2.6 Medicines Management ]	[Under the new contract it is now mandatory that all staff members undertake Medical Emergencies & perform CPR annually. ]	[Lubas Medical ]	[21/05/2018 ]
[The practice must ensure that all staff have access to and complete relevant safeguarding	[2.7 Safeguarding children and	[The practice will ensure that all employees complete safeguarding	[Purple Media ]	[Immediately post

Improvement needed	Standard	Service action	Responsible officer	Timescale
training. ]	adults at risk ]	training ]	Solutions ]	inspection ]
[The practice to develop a structured programme of ongoing audits. ]	[3.1 Safe and Clinically Effective care ]	[ Programme for ongoing audits is now in place ]	[All DCP'S ]	[Completed ]
[The dentists to arrange formal and regular meetings for the purpose of peer review. ]	[3.3 Quality Improvement, Research and Innovation ]	[ Regular meetings do take place at the practice however, the practice will now record minutes of meetings and circulate to all staff members. ]	[All four partners ]	[Completed ]
[The practice to consider applying for the Deanery Maturity Matrix Dentistry practice development tool. ]		[ Awaiting more information ]	[Amanda Price ]	[ ]
[In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record:  Basis Periodontal Examination (BPE) levels at recommended professional intervals  Medical histories are verbally checked at every visit but signed by the patient	[3.5 Record keeping ]	[ Our dental software has recently been updated. All DCP's will ensure they record BPE and a signed Medical History form ]	[All DCP'S ]	[Complete ]

Improvement needed	Standard	Service action	Responsible officer	Timescale
and countersigned by the dentist at recommended intervals ]				
<b>Quality of management and leadership</b>				
[The practice undertaken appropriate risk assessments in relation to health and safety in the workplace. ]	[Governance, Leadership and Accountability ]	[Current risk assessments are being reviewed and other appropriate risk assessments have now been implemented ]	[Mel Davies, Matthew Clark, Michael Hedges & Jonathan Collis ]	[Immediately post inspection ]
[It is recommended that records are kept to evidence that policies have been read and understood by all staff ]		[Currently in place however, the practice will ensure that all staff members read and sign all policies ]	[Amanda Price ]	[Immediately post inspection ]
[The practice to introduce a programme of annual appraisals for both clinical and non-clinical staff ]	[7.1 Workforce ]	[Practice recently implemented the pro forma and appraisals to take place annually ]	[Mel Davies, Matthew Clark, Michael Hedges & Jonathan Collis ]	[Appraisals to take place in October 2018 ]
[The practice to introduce a programme of regular staff meetings which are minuted and those minutes then circulated to all staff. ]		[Regular meetings are currently in place however, the practice will ensure all meetings are minuted and circulated to all staff ]	[All four partners ]	[Immediately post 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):** [ **Amanda Price** ]

**Job role:** [ **Hr/Administrator** ]

**Date:** [ **18/04/2018** ]