



General Dental Practice Inspection (Announced)

Crown Hill Dental Surgery/Cwm
Taf University Health Board

Inspection date: 8 March 2018

Publication date: 11 June 2018

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Crown Hill Dental Surgery at 62 Tudor Way, Crown Hill Estate, Llantwit Fardre, Pontypridd, CF38 2NH within Cwm Taf University Health Board on the 8 March 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 this practice was working hard to provide a high quality experience to their patient population. The environment was clean and tidy and facilities were located on one level, providing easy access for anyone with mobility issues.

Feedback received from HIW questionnaires confirmed patients were satisfied with the service they received.

Systems were in place to capture and deal with complaints and facilities for patients to provide feedback were visible in the waiting area.

All radiographic equipment was maintained and in good working order and there were suitable arrangements in place for the safe use of radiographic equipment. We saw evidence of up to date ionising radiation training for all clinical staff.

We recommended recording medical histories in the electronic patient notes. Improvements need to be made to the decontamination process, specifically recording start and end of day checks and to download and check the autoclave data readings.

This is what we found the service did well:

- The staff team appeared happy in their roles and had a strong commitment to providing a high quality service
- Appropriate arrangements were in place for the safe use of x-rays
- Clinical facilities were well-equipped and visibly clean and there were plans to refurbish Surgery 2 in April 2018
- Feedback from the patients who completed HIW questionnaires was very positive. All patients told us that they were treated with respect when they visited the practice

This is what we recommend the service could improve:

- Some staff training was incomplete and we recommended this is reviewed and updated as soon as possible to ensure staff have up to date skills and knowledge, specifically safeguarding, first aid and decontamination
- Patient records need improving, specifically ensuring that medical histories are recorded on the electronic patient notes and ensuring the templates used to record patient information is modified to reflect the individual patient record
- One autoclave needs to have a cycle reader fitted to ensure the equipment is safe to use and the other autoclave needs to have its data downloaded and reviewed on a regular basis. This is to ensure that staff can determine whether the equipment is operating effectively.
- Autoclave logbooks need to be completed to fully comply with WHTM 01-05¹ guidelines
- A peer review system needs to be implemented for clinical staff

See Appendix C for the full list of recommendations.

¹ 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.

3. What we found

Background of the service

Crown Hill Dental Surgery provides services to patients in the Llantwit Fardre and surrounding communities. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

The practice has a staff team which includes three dentists, one hygienist and three dental nurses.

The practice provides a range of NHS and private 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 this practice was working hard to provide a high quality experience to their patient population. We found relevant information displayed in the waiting area and the feedback we received via HIW questionnaires, confirmed that patients were very happy with the service they received.

The practice was supported by systems that ensured any complaints and comments were captured consistently. However, we recommended that the complaints information is updated to clearly reflect the process to follow regarding private treatments and details of alternative organisations that may be contacted by patients if raising a complaint.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. A total of 24 were completed. Patient comments included the following:

"Excellent, could not be better"

"Keep up the great work"

"Always had excellent care"

"I am very happy with the care myself and my family receive from my dental practice. We are always met with smiles and lovely conversation."

Staying healthy

Health promotion information was available in the waiting area, including information leaflets and posters regarding different forms of treatments and

preventative information. We noted that there were some posters which contained information in both English and Welsh.

Price lists were displayed in the waiting area for both NHS charges and private treatment costs.

A sign displaying no smoking was displayed on the main entrance door which confirmed the emphasis being placed on compliance with smoke free premises legislation.

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner. Staff used the dental surgeries to have conversations with patients in private, away from other patients if required. We heard staff speaking to patients in a friendly and professional way. Feedback from the patients who completed our questionnaires was very positive. All patients told us that they were treated with respect when they visited the practice.

Patient information

All of the patients who completed a HIW 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.

Whilst the majority of patients who completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment, five respondents told us they did not understand how the cost of their treatment was calculated. However, we noted that information on prices was available to view in the reception area which meant patients had access to information on how much their treatment may cost.

We also found evidence of treatment planning and options noted within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

The practice had its own patient information leaflet for patients to take away which included NHS costs, contact details and emergency dental services.

Communicating effectively

Some staff working at the practice were able to speak with patients in English and Welsh. Two out of 24 patients that completed a questionnaire considered themselves to be Welsh speakers. When asked how often they were able to

speak to staff in Welsh when they wanted to; one said always and another said sometimes.

All non-Welsh speaking patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

Timely care

The practice tried to ensure that dental care was always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

The majority of patients who completed a questionnaire said that they knew how to access the out of hour's dental service if they had an urgent dental problem.

An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed in the waiting area, was also available on the answer phone message and within the patient information booklet.

Individual care

Planning care to promote independence

Feedback from the patients who completed our questionnaires all confirmed that the dental team had discussed with them how to keep their mouths and teeth healthy and that they were involved as much as they wanted to be in any decisions made about their treatment.

People's rights

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensure that everyone had access to the same opportunities and to the same fair treatment.

Entry to the practice was accessible for those with mobility issues by means of a power assisted door. All patient areas were located on one floor.

The practice had a public toilet which was clearly signposted. The amenities were clean and provided hand washing and drying facilities. There were, however, no handrails to provide support for anyone with mobility issues. This was discussed at the time of our visit and staff said consideration would be given to adapting facilities further to assist patients.

Listening and learning from feedback

The practice had a complaints policy and procedure in place. We noted that the policy did not list details of other bodies that patients may wish to contact if raising a complaint and recommended these are added to the policy.

Fourteen out of 24 patients who completed a HIW questionnaire said they knew how to raise a concern or complaint about the services they received at the dental practice. A complaints procedure was displayed in the waiting area which was aligned to the NHS Putting Things Right² process. No information was displayed for how private patients could make a complaint and the process to follow. We recommended this be displayed to ensure all patients follow the correct procedure and are provided with details of alternative organisations that may be contacted by patients if raising a complaint.

Systems were in place to record, monitor and respond to any complaints the practice received. Each complaint was supported by a completed event record that clearly showed the current status of the complaint. We advised though, that event records be signed and dated to evidence completeness.

The event records had a section to capture the type of occurrence being recorded and this could be used to record any verbal and/or informal comments received by the practice.

The practice had a system in place to obtain patient feedback/views of the services received. Feedback forms, pens and a box to post replies anonymously were situated in the waiting area.

Improvement needed

The complaint information displayed needs to be updated to reflect the process a patient should follow for any private treatment complaints. Details of alternative organisations a patient may wish to contact should also be clearly listed.

² Putting Things Right is the process for managing concerns in NHS Wales.

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 that the practice was being run with the intention of meeting the relevant standards associated with the health, safety and welfare of staff and patients. We saw evidence of various contracts in place to ensure the environment and facilities were safe and well maintained.

All radiographic equipment was maintained and in good working order and there were suitable arrangements in place for the safe use of radiographic equipment. We saw evidence of up to date ionising radiation training for all clinical staff.

We recommended recording patient medical histories in the electronic patient notes. Improvements are required in the decontamination process, specifically recording start and end of day checks and to download and check the autoclave data readings.

Some staff needed to complete training in the protection of vulnerable adults and children and evidence kept on file.

Safe care

There were no immediate assurance issues identified during this inspection visit.

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.

We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately. Collections by the local council were in place for the disposal of non hazardous (household) waste. As there was no contract in place for this collection, we asked the practice to contact the local council to determine if a contract is required.

The practice occupied a two storey building with all of the patient facilities located on the ground floor. The second floor housed a staff only area. The building was visibly well maintained both internally and externally and all areas within the practice were clean and tidy.

There were no concerns expressed by patients over the cleanliness of the dental practice; nearly all of the patients who completed a questionnaire stating that, in their opinion, the dental practice was very clean.

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

Emergency exits were clearly visible and the Health and Safety poster was clearly on display in the reception area.

We found cleaning products, mops and brush stored in the decontamination room and recommended these be removed and alternative storage identified, away from public areas.

Improvement needed

Cleaning equipment must be removed from the decontamination room and alternative storage provided, away from any public area.

Infection prevention and control

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination). Our observations of this process were satisfactory. Examples included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition

- Dental instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection
- Dedicated hand washing sink

We saw evidence that infection control audits had been undertaken in June 2017 and January 2018. This ensures that the practice can audit their decontamination process to ensure best practise is being followed in line with the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

The practice had logbooks available for checking the sterilisation equipment on a daily basis but we saw these were incomplete. We recommended that alternative, designated logbooks are considered to comply with WHTM 01-05 guidelines to clearly evidence start and end of day checks are completed.

At the time of our visit we noted that one autoclave had no cycle reader³ or print out. We recommended a cycle reader is fitted urgently to ensure the equipment is safe and efficient to use. The autoclave being used regularly by the practice which had a cycle reader was not being downloaded and checked on a regular basis. We asked staff to ensure the cycle reader information is downloaded, checked and recorded to evidence that the temperature and pressure were reached.

Some staff required updated training in decontamination procedures and this needed to be completed as soon as possible.

Improvement needed

Autoclave logbooks need to be fully completed to clearly evidence start and end of day checks are recorded and completed.

A cycle reader and/or print out function to be fitted to the autoclave machine

Autoclave cycle reader data must be downloaded and checked regularly

³ A cycle reader will be used to ensure that an autoclave reaches the correct temperature for the correct amount of time.

Ensure all staff have up to date training in decontamination procedures

Medicines management

The practice had procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). A resuscitation policy was in place, but we recommended that the policy was updated with specific information about the staff roles and responsibilities in an emergency.

At the time of our visit, we noted one airway⁴ was out of date and that the portable oxygen had less than 30 minutes supply. This was immediately fed back to staff who arranged for these to be replaced and we saw evidence to confirm this had been completed, therefore ensuring that adequate resuscitation equipment was available. We were unable to locate the oxygen certificate for the annual check on the day of the visit. However, the certificate was submitted to HIW after the visit.

The practice had a named, appointed first aider; however the certificate had expired in 2016. Therefore we recommended the practice arrange first aid training as soon as possible and also ensure that sufficient staff are trained to provide continuous cover. The first aid kit was kept in a locked cabinet and we asked the practice to consider the access arrangements, to ensure first aid equipment could be easily accessed in an emergency.

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation

⁴ A device used to gain an unobstructed route to convey air into and out of the lungs during general anesthesia or when the respiratory passage is blocked.

Council (UK)⁵ however we recommended that staff sign and date the checklist once the checks have been completed.

An accident book was in place to record any accident information as part of their management of health and safety. We recommended that the completed records were removed and stored separately and securely to protect confidentiality.

Improvement needed

A review of the storage arrangements for the first aid kit is required to ensure the kit can be quickly obtained in an emergency.

Updated first aid training is required for the appointed first aider/s.

Completed accident book entries need to be detached and stored securely to protect confidentiality.

The resuscitation policy to be updated to include staff specific roles and responsibilities.

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults in place. We recommended the policies were updated to include details of the local safeguarding team and consider including a flowchart that would assist staff of the actions required should a safeguarding issue arise.

We noted that some staff had expired and/or incomplete training in safeguarding. This was raised with staff during the visit and we requested that this is completed as soon as possible, in order to comply with General Dental

⁵ [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.

Council (GDC) professional registration and continual professional development.

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. All staff had, or were waiting, to receive their new Disclosure and Barring Service (DBS) certificates.

Improvement needed

Safeguarding training needs to be reviewed to ensure all staff have up to date skills and knowledge and certificates kept on staff files.

Updates to the safeguarding policies is required to ensure local arrangements can be found, specifically details of the local safeguarding team.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities within the practice and found that they contained appropriate equipment for the safety of patients and the dental team. Generally the surgeries were well organised to help the team work efficiently. We did recommend that drawers in Surgery 2 were better organised and tidied up at the time of our visit because we identified some items of equipment that were unpacked in the drawers. We recommended these are kept sealed to ensure the equipment remains clean.

The surgeries were visibly clean and in good condition and all floors and work surfaces were sealed at the edges to ensure infection control procedures are adhered to. Staff also told us about the plans to refurbish Surgery 2 in April 2018.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and evidence of up-to-date ionising radiation training for all the clinical staff. The notification letter to Health and Safety Executive (HSE) regarding radiological protection was on file confirming that the practice is registered as required with the HSE.

Effective care

Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that audits had been completed and/or arranged by the practice.

Quality improvement, research and innovation

From discussions with staff, we were informed that there was no formal peer review system between clinical staff. A peer review system is an evaluation of professional work by others in the same field. This method is to help maintain standards of quality and improve performance where applicable. We recommended that a peer review system is implemented to contribute to the quality and safety of the care provided to patients.

Improvement needed

An evaluation system of professional, clinical work (peer review) needs to be implemented to help maintain and improve standards of quality care to patients.

Information governance and communications technology

The storage of patient files was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

Record keeping

We looked in detail at a sample of 15 patient records at the practice. Overall, we found that the records were appropriate and sufficiently detailed with information about each patient's treatment. However we identified issues that needed to be addressed, including:

- Medical histories need to be updated and fully completed on the electronic patient file
- Templates were being used to record patient notes, but the template was not being modified to reflect the individual patient record

Improvement needed

Patient files need to be improved, specifically to ensure medical histories are fully completed on electronic patient files and templates are modified to reflect the individual patient record.

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 evidence of systems and processes in place which ensured the practice and the staff are supported and committed to providing a high quality service.

A range of relevant policies and procedures were in place and there were systems to induct, train and support staff.

We recommended that all policies and procedures contain an issue and review date to evidence regular review and ensure that they are aligned to the appropriate Welsh regulation/guideline.

Some staff training needed to be updated and we recommend this is completed as soon as possible to fulfil their continuous professional development (CPD) requirements.

Governance, leadership and accountability

The current owner of Crown Hill Dental Surgery has been providing services in the current accommodation since 2015.

We found the practice had good leadership and clear lines of accountability. All of the staff had worked together for many years, evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients directly with the dentist, practice manager or appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. We saw

evidence showing staff had signed the policies and procedures to confirm they had read them and understood their responsibilities. We recommended that all policies and procedures contain an issue and review date because the documents we reviewed at the time of the visit were missing this information. In addition, some policies referenced English regulations/guidelines and these need to be amended to reflect Welsh regulations.

Improvement needed

All policies and procedures need to have an issue and review date to evidence regular review.

All policies and procedures must be appropriate and applicable for Wales, including ensuring that Welsh specific regulations, standards and guidelines are adequately reflected.

Staff and resources

Workforce

There was evidence of an induction programme for new members of staff. We were told that agency dental nurses had worked at the practice and we recommended that an induction is undertaken and documented for all agency staff to ensure they are orientated to the practice facilities and understand what is expected of them while working at the practice.

We saw that all staff had accessed a variety of training, with certificates kept on staff files. However, there were areas of training that had expired or were incomplete/ongoing that required attention in order to fulfil their continuous professional development (CPD) requirements.

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

There was evidence of appraisal questionnaires on the files we reviewed, but were not dated. Therefore to evidence that regular appraisals are undertaken for staff they need to be dated and signed to confirm they are an accurate record of the discussions.

There was evidence of formal and minuted monthly staff meetings, which were signed by staff to show they were an accurate record of the discussions undertaken at the meeting. In addition, due to the small staff team daily discussions take place and staff were satisfied that they were kept up to date with practice matters.

We confirmed that all but one staff member had a valid Disclosure and Barring Service (DBS) check on file. We recommended that a copy is requested from the individual and kept on the staff file. All staff (where applicable) were registered with the General Dental Council. The dentist's HIW certificate was on display as required by the Private Dentistry (Wales) Regulation 2008 and we saw confirmation of indemnity cover.

Improvement needed

A review of all staff training is required to ensure staff have up to date skills and knowledge.

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: Crown Hill Dental Surgery

Date of inspection: 8 March 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
No immediate assurance improvements identified on this inspection.				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Crown Hill Dental Surgery

Date of inspection: 8 March 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
Quality of the patient experience				
The complaint information displayed needs to be updated to reflect the process a patient should follow for any private treatment complaints. Details of alternative organisations a patient may wish to contact should also be clearly listed/added.	Private Dentistry Wales Regulations 2017 Regulation 21 (4) (a)	A review to the complaint information has been completed, altered and adapted.	Ruth Phillips Practice Manager	Completed 12/04/2018
Delivery of safe and effective care				
Cleaning equipment must be removed from the decontamination room and alternative storage	Health & Care Standards 2.1	All cleaning equipment has been removed from the decontamination	Ruth Phillips Practice Manager	Completed 15/03/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
provided, away from any public area.	Managing risk and promoting health and safety Private Dentistry Wales Regulations 2017 Regulation 22 (2) (a)	room and is away from public areas.		
Autoclave logbooks need to be fully completed to clearly evidence start and end of day checks are recorded and completed.	Health & Care Standards 2.4 Infection Prevention and Control (IPC) and Decontamination; 3.5 Record keeping WHTM 01-05	New log books purchased for: Autoclave 1, Autoclave 2 and the ultrasonic. These are now being used to document and record start and end of day checks.	Ruth Phillips Practice Manager	Completed 27/03/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
A cycle reader and/or print out function needs to be fitted to the autoclave machine.	WHTM 01-05 Private Dentistry Wales Regulations 2017 Regulation 13 (1)(b) & (2) (a)	A cycle reader has been ordered and is due to be fitted at the end of April for Autoclave 1.	Ruth Phillips Practice Manager	30/04/2018
The autoclave cycle reader data must be downloaded and checked regularly.	WHTM 01-05 Private Dentistry Wales Regulations 2017 Regulation 13 (1)(b) & (2) (a)	Our appointed decontamination lead nurse now downloads and checks the data (from Autoclave 2) at least once a week. We have also arranged a staff training day in May for all DCP's to familiarise themselves with the process.	Ruth Phillips Practice Manager	27/04/2018
Ensure all staff have up to date training in decontamination procedures.	Health & Care Standards 2.4 Infection Prevention & Control (IPC) and	All members of staff who were overdue decontamination/cross-infection training have either attended or are soon to attend a course to provide necessary training. In addition the practice continues to	Ruth Phillips Practice Manager	30/04/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Decontamination; 7.1 Workforce WHTM 01-05	conduct regular in-house staff training on decontamination/cross infection control.		
A review of the storage arrangements for the first aid kit is required to ensure the kit can be quickly obtained in an emergency.	Private Dentistry Wales Regulations 2017 Regulation 13 (1)(b)	A new protocol has been adopted for the emergency drugs kit to ensure the kit can be quickly obtained. The key for the cabinet is to be kept in one place at all times during surgery hours.	Ruth Phillips Practice Manager	Completed 15/03/2018
Updated first aid training is required for the appointed first aider/s.	Health & Safety (First Aid) Regulations 1981 Health & Care Standards 7.1 Workforce	We have decided that all staff members are to undertake first aid training. We would like to do this as a team and are currently awaiting a confirmation date for in-house training.	Ruth Phillips Practice Manager	31/05/2018
Completed accident book entries need to be detached and stored securely to protect	Health & Care Standards 3.5 Record	We have reviewed and adopted a new protocol. Staff accident entries are to be filed in their own personal files and	Ruth Phillips Practice Manager	Completed 15/03/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
confidentiality.	Keeping	patient accident entries are to be scanned on to their electronic file.		
The resuscitation policy is to be updated to include staff specific roles and responsibilities.	Private Dentistry Wales Regulations 2017 Regulation 31 (1) & (2) (b)	We have a staff training day in May where we will be able to discuss and arrange roles and responsibilities with regards to the resuscitation policy . We will then put this in to practice and write up a new policy adopting the changes.	Ruth Phillips Practice Manager	31/05/2018
Safeguarding training needs to be reviewed to ensure all staff have up to date skills and knowledge and certificates kept on staff files.	Health & Care Standards 2.7 Safeguarding Children & Safeguarding Adults at Risk Private Dentistry Wales Regulations 2017 Regulation 14 (1)(b)	Safeguarding training has been review and relevant training has been arranged for members of staff who required to do so.	Ruth Phillips Practice Manager	31/05/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
	GDC Standards 4.3.3; 8.5			
Updates to the safeguarding policies is required to ensure local arrangements can be found, specifically details of the local safeguarding team.	Health & Care Standards 2.7 Safeguarding Children & Safeguarding Adults at Risk Private Dentistry Wales Regulations 2017 Regulation 14 (1)(a) & (c) GDC Standards 4.3.3; 8.5	Our local safeguarding board has been revised and a new protocol is being written up to co-inside with their arrangements.	Ruth Phillips Practice Manager	31/05/2018
An evaluation system of professional, clinical work (peer review) needs to be implemented to help maintain and improve standards of quality	Health & Social Care Standards 3.3 Quality	We plan to take part in the CAPRO programme through The Dental Postgraduate section of the Wales	Ruth Phillips Practice Manager	31/08/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
care to patients.	improvement, research and innovation	Deanery this Summer.		
Patient files need to be improved, specifically to ensure medical histories are fully completed on electronic patient files and templates are modified to reflect the individual patient record.	Health & Social Care Standards 3.5 Record keeping Private Dentistry Wales Regulations 2017 Regulation 20 (1) (a) (i) (ii) GDC Standards 4.1	All patients are now completing written, signed medical history forms at every examination. Medical histories are being checked electronically at every appointment.	Ruth Phillips Practice Manager	Completed 18/03/2018
Quality of management and leadership				
All policies and procedures need to contain an issue and review date to evidence regular review.	Governance, Leadership and	An index has been written up including a list of all policies and procedures along with their issue dates and review dates.	Ruth Phillips Practice Manager	Completed 22/03/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Accountability Private Dentistry Wales Regulations 2017 Regulation 8 (6) & (8)			
All policies and procedures must be appropriate and applicable for Wales, including ensuring that Welsh specific regulations, standards and guidelines are adequately reflected.	Private Dentistry Wales Regulations 2008 Regulation 14 (1) (b) General Dental Council Standards 6.6	All policies have now been altered to reflect specific Welsh regulations, standards and guidelines.	Ruth Phillips Practice Manager	18/04/2018
A review of all staff training is required to ensure staff have up to date skills and knowledge.	Health & Care Standards 7.1 Workforce	We have created a staff training file as well as a list of training that is outstanding and courses that are due to	Ruth Phillips Practice Manager	29/03/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Private Dentistry Wales Regulations 2017 Regulation 17 (1) (a)	be attended.		

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): Ruth Phillips

Job role: Practice Manager

Date: 18/04/2018