

General Dental Practice Inspection (Announced)

West Coast Dental Care,
Abertawe Bro Morgannwg
University Health Board

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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 West Coast Dental Care, within Abertawe Bro Morgannwg University Health Board on the 19 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 West Coast Dental Care provided a friendly and professional service to their patients.

The practice was patient focussed and had appropriate policies and procedures in place to ensure the safety of both staff and patients. We also noted the provision of patient surveys for both adult and child patients.

We noted that 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 its complaints policy is updated and is displayed on the practice website.

This is what we found the service did well:

- Staff interaction with patients was professional, kind and courteous
- The practice surveyed both adult patients and those under the age of 18 years.
- 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:

- Ensure domestic cleaning materials are stored securely
- Ensure the safeguarding policy in respect of protection of vulnerable adults is updated
- Dispose of feminine hygiene waste in accordance with current regulations and guidance

- Patient records are to be maintained in accordance with professional standards for record keeping.

3. What we found

Background of the service

West Coast Dental Care provides services to patients in the Swansea 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 five dentists, one hygienist, three dental nurses, three trainee dental nurses, one receptionist and one practice manager.

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 and we observed staff being professional and courteous to patients.

The practice actively seeks patient feedback by inviting patients to provide suggestions in the boxes provided in the waiting areas and completing patient surveys, but needs to develop a system for recording informal/verbal patient feedback.

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

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 20 were completed. The majority of completed questionnaires were from patients who had been a patient at the practice for more than two years. Overall patient feedback in the questionnaires was very positive and comments included the following:

Very good service always! The staff are always so lovely and accommodating around my busy schedule. Thank you all.

Excellent treatment and consideration given.

The dentist is very patient and clear in explaining treatments or problems with my teeth. Front of staff always friendly. I really appreciate both of these.

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

No everything is good. Well run.

I'm more than happy with the service as it is. There's no need for change.

Staying healthy

In the waiting area we saw a small selection of health promotion information leaflets available for patients to read and/or take away. There was a wider range of health promotion information leaflets in each surgery. These included leaflets providing information regarding treatments and preventative advice.

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

Dignified care

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

During the inspection we observed staff being polite and courteous when speaking to patients visiting the practice and when speaking to patients on the telephone.

If there was a need to hold a private conversation with a patient, staff told us they would use the office area situated behind the reception area. Telephone calls could also be made from the office area affording the patient privacy.

Patient information

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

The majority of patients that 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 both the ground floor and first floor waiting areas.

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

Communicating effectively

All of the patients that 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 has a website, which was in line with General Dental Council (GDC) ethical advertising guidance¹ but the complaints policy needed to be updated to include full contact details of the local health board.

The patient information leaflet had recently been updated and was available in the waiting areas. During the inspection we discovered the previous version displayed in the ground floor waiting area and advise the practice to ensure all old versions are removed.

Improvement needed

The practice needs to review and update the complaints policy displayed on its website.

Timely care

The majority of the 20 patients that 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.

Individual care

Planning care to promote independence

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

People's rights

¹ [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)

We found access to the practice to be good. At the time of the inspection there was a small step at the main entrance. We were told that as part of refurbishment plans this will be removed to eliminate the need for a ramp. In the meantime there was a portable ramp which is used to aid patients in wheelchairs to access the practice. The reception, waiting area and two surgeries were on the ground floor and could all be accessed by those with mobility difficulties. There was an additional waiting area and surgeries on the first floor.

Toilet facilities were available for patient use on the ground floor with good access and hand rails providing support for patients that require it. The toilet was fitted with a patient alarm and nappy changing table.

Listening and learning from feedback

The majority 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"². The policy did not provide contact details of the local health board. We recommend the policy is amended to rectify this. With regard to private dental treatment the policy did not provide the correct timescales for responding to a complaint. We recommend it is amended to ensure compliance with the Private Dentistry Wales 2008 Regulations³.

The practice maintained a folder containing detailed records of complaints received and outcomes.

² "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

³ [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)

It is recommended all patients' feedback is recorded to enable any recurring themes to be identified. We were told that the practice collected verbal/informal concerns by asking patients to complete a patient satisfaction survey and or submitting a comment in the suggestion boxes found in both waiting areas. We would advise that the practice consider maintaining a notebook in reception to ensure all verbal feedback is recorded. We noted that the practice also provides a satisfaction survey designed to be completed by patients under 18 years. All surveys and suggestions are collected and reviewed monthly and where appropriate, action taken.

Improvement needed

The practice to amend its complaints policy to ensure compliance with the Private Dentistry Wales 2008 Regulations and to include the contact details of the local health board.

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. We saw contracts in place ensuring the facilities and environment were safe and well maintained.

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 in keeping with professional standards.

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, with signs of recent refurbishment. During the inspection we were advised of further planned refurbishment works to improve the ground floor reception and waiting area and front entrance. We observed the surgeries and public areas to be clean and uncluttered. We noted that the cupboard in which the domestic cleaning materials was not secure and recommend that a lock is installed.

There were no concerns given by patients over the cleanliness of the dental practice; every patient that completed a questionnaire felt that the dental practice was very clean.

We noted that regular testing of portable appliances (PAT) was undertaken to help 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 exits were visible.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. At the time of our visit there were facilities to dispose of feminine hygiene products in both toilets. We were told that staff dispose of the contents with the non-hazardous waste.

The Workplace (Health, Safety and Welfare) Regulations 1992 specify that all businesses must provide a suitable means for disposing of sanitary products in each ladies washroom. Under the Environmental Protection Act 1990, businesses have a legal “duty of care” to correctly and safely manage waste on their premises, right up to the point of final disposal. We recommended that the practice review current regulations regarding the disposal of this 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. The practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist, 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.

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

We noted that the dental laboratories used by the practice were registered with the MHRA⁴ and individual laboratory docketts are used for each piece of work.

⁴ If you place certain medical devices on the EU market you or your authorised representative (agent) must be registered with the competent authority (national health regulator) in the EU state where you have an office or place of business. In the UK, Medicines and Healthcare Products Agency (MHRA) is the competent authority for the registration of medical devices. MHRA will only register manufacturers or authorised representatives that have a place of business in the UK. <https://www.gov.uk/guidance/register-as-a-manufacturer-to-sell-medical-devices>

We would advise that to save time the registration numbers are amalgamated and kept on file for ease of reference.

Improvement needed

The practice is to fit a lock on to the door of the cupboard used to store its cleaning materials.

The practice to ensure all feminine hygiene waste is disposed of in accordance with current regulations.

Infection prevention and control

The practice had appropriate facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁵.

Sterilisation equipment underwent maintenance checks in accordance with manufacturer guidance and we saw evidence that the log books for checking the sterilisation equipment were maintained. The practice had an infection control policy in place.

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

We saw evidence that all clinical staff had certificates on file to confirm their infection control training was up to date.

The practice undertakes regular infection control audits as recommended by WHTM 01-05 guidelines.

Medicines management

⁵ 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

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy that was displayed in each surgery.

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardio respiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to each individual's expected role⁶. We saw evidence that all staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had two appointed first aiders.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁷. We recommend that these are stored securely and 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

The practice to ensure its emergency kit and emergency drugs are stored securely

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. The joint policy contained additional information and guidance in respect of safeguarding vulnerable

⁶ <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

⁷ 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

children but limited supplementary information in respect of safeguarding vulnerable adults. We recommend this policy is reviewed and additional guidance and contact details for the relevant safeguarding agencies is provided. All staff had completed training in both aspects of training, i.e. protection of children and protection of vulnerable adults. The one exception was a dental nurse on maternity leave. We were told that training on adult safeguarding would be arranged on her return.

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.

Improvement needed

The practice to review its safeguarding policy to ensure sufficient information and supporting guidance is provided with regard to the protection of vulnerable adults.

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 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 Council⁸ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000⁹ all clinical staff had completed the required training.

Effective care

⁸ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁹ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service it provides. The practice has a quality assurance policy. We saw evidence that the practice had in place a comprehensive programme of audits, including, patient satisfaction, infection control, referrals, implants, antimicrobial prescribing, clinical records and radiographs.

Quality improvement, research and innovation

In addition to the above audits, the dentists meet regularly for the purposes of peer reviews. We were also told that the practice had also undertaken the BDA Good practice Self Assessment in 2012 and 2014.

The practice might also wish to consider applying for the Deanery Maturity Matrix Dentistry practice development tool¹⁰. 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 practice to consider applying for the Deanery Maturity Matrix Dentistry practice development tool.

Information governance and communications technology

The practice had electronic records and we noted that the storage of these was appropriate to ensure the safety and security of personal data. Electronic files were regularly backed up.

The practice had a number of appropriate policies and procedures in place including data protection policy and data security policy.

Record keeping

¹⁰ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

We reviewed a sample of patients' records. We found that whilst on the whole the practice maintained a good standard of record keeping, in some cases there were some inconsistencies, namely:

- Poor evidence of smoking cessation and alcohol cessation advice being given
- Poor evidence of cancer screening being undertaken
- Medical histories to be reviewed and where appropriate updated in accordance with guidance
- 6-point charting to be done when Basic Periodontal Examination¹¹ (BPE) levels of 3 were recorded
- One incidence of an updated treatment plan not being signed

Improvement needed

The practice to ensure that patient records are completed at each patient visit in accordance with guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping

¹¹ 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 saw evidence of good leadership and lines of accountability. The practice manager was responsible for the day to day management of the practice.

There were good management structures in place for the benefit of staff including staff appraisals and regular and minuted staff meetings. We noted the comprehensive range of relevant policies and procedures that were in place.

Governance, leadership and accountability

West Coast Dental Care is owned by the principal dentist. Day to day management is provided by the practice manager and we found the practice to have strong leadership and staff understood their roles and responsibilities.

The practice was well organised with good record keeping in all areas. There was a wide range of policies and procedures in place to ensure the safety of both staff and patients. We saw evidence that the policies were reviewed annually by the practice manager. We also noted that they had been read by staff and to evidence knowledge and understanding.

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 was also a programme of staff appraisals and personal development plans, for both clinical and non-clinical staff. We saw certificates that evidenced that all staff had attended training on a range of

topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The practice holds regular staff meetings after which minutes are drawn up and displayed on the staff notice board. The minutes demonstrated that the meetings provided an opportunity for staff to learn from each other. In addition the practice had arranged "Lunch and Learn" sessions on a number of issues including the Data Protection Act and orthodontics.

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.

We saw evidence that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place. The Private Dentistry (Wales) Regulations 2008 require original registration certificates to be displayed. At the time of the inspection only photocopies were displayed in the surgeries. The practice needs to ensure that until such time that the practice completes its registration in accordance with The Private Dentistry (Wales) Regulations 2017 which comes into effect on 1st April 2018, the original certificates to be displayed and not photocopies.

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 dentists are to display their original HIW registration certificates.

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: West Coast Dental Care

Date of inspection: 19 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 issues were 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: West Coast Dental Care

Date of inspection: 19 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 practice needs to review and update the complaints policy displayed on its website.	3.2 Communicating effectively	We have asked the website designer to add the address of the Local Health Board to the Complaints section of the website	Martyn Thomas (practice owner)	1 week
The practice to amend its complaints policy to ensure compliance with the Private Dentistry Wales 2008 Regulations and to include the contact details of the local health board.	6.3 Listening and Learning from feedback	We have amended the complaints policy to include Local Health Board address and have now included correct timescales as per the regulations	Martyn Thomas (practice owner)	Already done
Delivery of safe and effective care				
The practice is to fit a lock on to the door of the	2.1 Managing risk	We have organised for the practice	Martyn Thomas	1 month

Improvement needed	Standard	Service action	Responsible officer	Timescale
cupboard used to store its cleaning materials.	and promoting health and safety	maintenance engineer to fit keypad lock to cleaning cupboard door	(practice owner)	
The practice to ensure all feminine hygiene waste is disposed of in accordance with current regulations.		We have added feminine hygiene bins to our waste collectors contract for both our toilets as per current regulations	Martyn Thomas (practice owner)	Already done
The practice to ensure its emergency kit and emergency drugs are stored securely	2.6 Medicines Management	We have organised for the practice maintenance engineer to fit keypad lock to medical emergency store cupboard	Martyn Thomas (practice owner)	1 month
The practice to review its safeguarding policy to ensure sufficient information and supporting guidance is provided with regard to the protection of vulnerable adults.	2.7 Safeguarding children and adults at risk	We have been in touch with Swansea Social Services and they have provided us with a Safeguarding Adults Flowchart with appropriate advice and local phone numbers in case of concern. This has been discussed with the team and is freely available on the staff notice board.	Lucy Thomas (practice manager)	Already done
The practice to consider applying for the Deanery Maturity Matrix Dentistry practice development tool.	3.3 Quality Improvement, Research and Innovation	We have looked at the Wales Deanery Postgrad website and gathered some information about Maturity Matrix Dentistry and will investigate this further over the coming months	Martyn Thomas (practice manager)	3 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice to ensure that patient records are completed at each patient visit in accordance with guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping</p>	<p>3.5 Record keeping</p>	<p>We have had a staff meeting and reflected on the need for improved consistency between clinicians with regard to certain elements of record keeping and patient advice given – chiefly smoking and alcohol cessation. We have standardised our record keeping templates across all clinicians to embed this fully with all parties. We also reflected on the FGDPs new record keeping guidance updated in 2016 to clarify which elements of record keeping were Aspirational, Essential or Conditional. We have organised for most of the team to attend a smoking cessation course in June.</p>	<p>Martyn Thomas (practice manager)</p>	<p>Already done; course in June</p>
<p>Quality of management and leadership</p>				
<p>The dentists are to display their original HIW registration certificates.</p>	<p>7.1 Workforce</p>	<p>Not long after the inspection, the practice application to be HIW registered under the newer Private Dentistry (Wales) Regulations 2017 was granted. So moving forward the practice will now display the original certificates</p>	<p>Martyn Thomas (practice owner)</p>	<p>Already done and new original certificates on display</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		for Martyn Thomas as Registered Manager and West Coast Dental Care as Registered Provider.		

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): Martyn Thomas

Job role: Practice owner and manager

Date: 25/04/18