

General Dental Practice Inspection (Announced)

Chepstow Community Dental
Centre (Bupa)/Aneurin Bevan
University Health Board

Inspection date: 10 April 2018

Publication date: 11 Gorffennaf

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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
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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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 Chepstow Community Dental Centre (Bupa) at Tempest Way, Chepstow NP16 5YX, within Aneurin Bevan University Health Board on the 10 April 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, Private Dentistry (Wales) (Amendment) Regulations 2011 and the Private Dentistry (Wales) Regulations 2017 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 patients. The environment was clean and tidy and the dental surgeries 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.

The practice was supported by systems that ensured any complaints and comments were captured consistently. However, we recommended that the complaints information be updated to clearly reflect the current provider and ensure the content is up to date and accurate.

All radiographic (X ray) 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 training¹ for all clinical staff.

We recommended recording medical histories in the electronic patient notes. Improvements needed to be made to the

¹ Dental radiography and radiation protection is one of the core CPD subjects and, therefore, should be part of the Enhanced CPD cycle for dentists and DCPs whether radiography qualified or not.

decontamination process, specifically, the recording of start and end of day checks, and to download and check the autoclave² 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
- 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:

- Improvements to patient records to ensure that medical histories are signed by the dentist and patient; smoking cessation is documented and informed consent recorded
- Review the quality of X-rays to ensure they have clinical use, without the images being worn, blurred and scratchy
- Review the manual cleaning arrangements in line with the Welsh Health Technical Memorandum (WHTM) 01-05³ guidelines to ensure this process can be validated for effective cleaning of dental instruments

² An autoclave is used to sterilize dental instruments of various shapes and sizes. A very basic autoclave is similar to a pressure cooker; both use the power of steam to kill bacteria, spores and germs resistant to boiling water and powerful detergents.

³ 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

Chepstow Community Dental Centre (Bupa) provides services to patients in the Chepstow and surrounding communities.

The practice has a staff team which includes four dentists (one of whom was a locum), one hygienist, seven dental nurses, two receptionists and one practice manager.

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 patients. We found relevant information displayed in the waiting area and the feedback we received via HIW questionnaires confirmed that patients were 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 be updated to clearly reflect the current provider and ensure the content is up to date and accurate.

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 19 questionnaires were completed. Patient comments included the following:

"Lovely staff and my dentist is very caring and gentle. Great practice"

"All the staff are very caring. Wonderful practice"

"My dentist is very informative and respectful"

"I've always had a severe phobia of the dentist, but since going to see [name of dentist] I've found it much easier and more reassuring than before"

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.

A sign displaying no smoking was displayed on the entrance door to the dental practice 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

Nearly 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. In addition, all respondents said that they had received clear information about available treatment options.

All of the patients who completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment. We noted that information on prices was displayed in the waiting area and in the patient information folder 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 folder for patients to view which included NHS costs, complaints information, contact details and emergency dental services.

Communicating effectively

None of the patients that completed a HIW questionnaire considered themselves to be Welsh speakers, but all respondents 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 HIW questionnaire said that they knew how to access the out of hours 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 on the entrance to the dental centre and was also available on the answer phone message and on the practice's website.

Individual care

Planning care to promote independence

Feedback from the majority of patients who completed our questionnaire confirmed that the dental team had discussed with them, how to keep their mouth 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.

The dental centre was located in Chepstow Community hospital and located on the second floor. We observed signage within the hospital which directed patients to the dental centre. Access to the dental centre was via a lift or stairs.

The practice had designated male and female toilets for both staff and patient use. The amenities were clean and provided hand washing and drying facilities. A toilet suitable for persons with mobility issues was located on the ground floor.

Listening and learning from feedback

The practice had a complaints policy and procedure in place. However, we noted that the policy related to the previous dental services provider, and was dated 2013. In addition, the policy referred to an English regulatory body that would be unable to assist Welsh patients and providers. We therefore recommended that the complaints policy be updated to reflect the systems and processes put in place by the current provider. The policy also needs to be

reviewed to ensure the content is up to date and reflects Welsh regulations and organisations that are applicable to dental services in Wales.

Thirteen out of 19 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 on a notice board in the waiting area and in the patient information folder as well the NHS Putting Things Right⁴ process. However, we noted that the Putting Things Right information was different on the notice board compared to the one within the patient information folder. We therefore recommended this was reviewed to ensure that current Putting Things Right information is available and displayed for the benefit of patients.

A Code of Practice document was displayed which also contained information about concerns. This document included details of the previous provider. Having two documents displayed was confusing and needs to be reviewed. This is to ensure that patients are provided with the correct information.

Systems were in place to record, monitor and respond to any complaints the practice received. All complaints logged onto the system were regularly monitored by head office to ensure outcomes are inline with the company procedure. Staff told us that they had not received any complaints since Bupa had taken over the practice in 2017.

The practice had a system in place to obtain patient feedback/views of the services received. There was a visitor comments book in the waiting area. The dental practice's questionnaires were situated in the waiting area, but at the time of our visit were not clearly signposted and were hidden among other patient information leaflets. In addition, staff told us that patients could submit feedback via the practice's website.

Improvement needed

The complaints information must be reviewed to ensure:

- The current provider and contact details for the organisation are

⁴ Putting Things Right is the process for managing concerns in NHS Wales.

correct and evident in documentation for staff and patients

- The complaint information is up to date and reflects Welsh standards and regulations which is applicable to dental services in Wales
- The Putting Things Right NHS complaints procedure is the most up to date version
- HIW's email address is updated to reflect the new address (for private treatment complaints)
- The difference between the practice's Code of Practice and complaints documents are made clear to ensure patients have correct and accurate information available

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 and legislation associated with the health, safety and welfare of staff and patients.

We saw well equipped dental surgeries which were clean and tidy.

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

We recommended patient notes are improved to ensure medical histories are being signed by the patient and dentist; smoking cessation is documented where applicable and patient consent is recorded on the computer records.

Safe care

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

Managing risk and promoting health and safety

The practice occupied a rented area within the Chepstow Community hospital. The dental practice was situated on the second floor and all patient areas were located within this space. 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 stated that, in their opinion, the dental practice was very clean.

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 ensure the safe use of small electrical appliances within the practice.

All waste produced by the dental practice was disposed of inline with the hospital procedures. We saw hazardous waste being stored appropriately. Collections by the local council were in place for the disposal of non hazardous (household) waste.

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 staff kitchen.

Staff told us that they were well supported by the hospital maintenance team and experienced no issues reporting problems.

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 of instruments was visibly in good condition
- Dental instruments were stored appropriately and dated so staff were clearly aware of their expiry dates
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection
- Dedicated hand washing sink

We saw evidence that an infection control audit had been undertaken, which had not indicated that any improvement actions were required. This shows that the practice audits their decontamination process to ensure best practice 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, both at the start and end of the day.

At the time of our visit we noted the practice was undertaking manual cleaning for their pre sterilisation cleaning method. We suggested the practice review this process inline with WHTM 01-05 guidelines because of the difficulty the practice had to validate that the current process was effective.

Improvement needed

A review of the manual cleaning method needs to be undertaken in line with guidance in WHTM 01-05 (chapter 3) to ensure that this process can be validated to ensure effective cleaning of dental instruments.

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 flowchart was displayed in the staff kitchen and a medical emergencies policy was in place.

The practice had two named, appointed first aiders to ensure there was always a trained member of staff available. An accident book was in place to record any accident information as part of their management of health and safety.

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 Council (UK)⁵.

Safeguarding children and adults at risk

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.

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable, or are at risk. There were also safeguarding policies in place for the protection of children and vulnerable adults which included details of the local safeguarding team.

We noted that all staff had up to date training in safeguarding.

Staff told us that pre-employment checks would be undertaken for any new members of staff before they joined the practice. This included a Disclosure and Barring Service⁶ (DBS) certificate. Staff told us that DBS certificates were renewed every three years for dentists and hygienists.

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. The dental surgeries were well organised to help the team work efficiently.

The dental surgeries were visibly clean and in good condition and all floors and work surfaces were sealed at the edges to ensure infection control procedures were adhered to.

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 was 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 a programme of weekly audits were in place

⁶ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

and included infection control and patient records. All completed audits were submitted to head office for analysis and any actions were communicated to the practice.

Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff is undertaken and contributes to the quality and safety of the care provided 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 20 patient records at the practice. Overall, we found that the records were appropriate, sufficiently detailed and personalised with information about each patient's treatment. However we identified issues that needed to be addressed, including:

- On some records there were no signatures by the patient and dentist on the paper medical history forms we reviewed
- The initial medical histories on some records we reviewed had not been signed by the dentist
- We found two children's records that did not include an orthodontic assessment
- On some patient notes we reviewed there were no details of smoking cessation recorded
- There was no evidence of informed consent documented on the computer for two patient records
- The radiographs we observed were poor quality with little clinical use because they were blurred, scratched and worn out

Improvement needed

Improvements to patient records are required to ensure:

- Signatures of patients and dentists are recorded on the paper medical history forms
- Orthodontic assessments are recorded for children
- Smoking cessation advice is recorded on patient notes
- Informed consent is recorded on computer records

A review of radiographs is required to ensure the quality is improved.

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 practice policies and procedures are reviewed to ensure the correct branding and contact information is contained and ensure that they are aligned to the appropriate Welsh regulation/guideline.

Staff had up to date training records in place. We recommended however, that the unreadable staff immunisation record is replaced as soon as possible.

Governance, leadership and accountability

Bupa has been providing services in the current accommodation since April 2017 and the day to day management of the practice was the responsibility of the practice manager.

We found the practice had good leadership and clear lines of accountability. We observed a staff group that worked well together and this was evidenced by their rapport with each other and their interaction with the patients. Staff were aware of the practice's 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 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 are available with their own company branding and contact 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 be updated to reflect the company branding and contact details.

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.

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. One record, we observed, was faded and we asked staff at the time of the visit to ensure the immunisation record is replaced with a record that can clearly evidence the immunisation status.

We saw evidence of staff appraisals on file for all staff except dentists. Staff told us that dentists receive a weekly one to one meeting. In line with the Private Dentistry (Wales) Regulations 2017, appraisals need to be undertaken for all staff including dentists.

There was evidence of formal and minuted monthly staff meetings. Shared learning had recently been introduced to the schedule. This will ensure that any learning is shared among all staff so they are kept up to date with important matters.

We confirmed that all staff had a Disclosure and Barring Service (DBS) check on file. DBS checks were renewed for dentists and hygienists every three years which we recognise as good practice. 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

Confirmation to be provided to HIW that the faded immunisation record has been replaced with a record that is readable and evidences clearly the immunisation status.

Appraisals need to be undertaken and recorded for dentists.

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 during this inspection.			

Appendix B – Immediate improvement plan

Service: Chepstow Community Dental Centre (Bupa)

Date of inspection: 10 April 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.				

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: [Chepstow Community Dental Centre (Bupa)]

Date of inspection: [10 April 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				
<p>[The complaints information must be reviewed to ensure:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The current provider and contact details for the organisation are correct and evident in documentation for staff and patients <input type="checkbox"/> The complaint information is up to date and reflects Welsh standards and regulations which is applicable to dental services in Wales <input type="checkbox"/> The Putting Things Right NHS complaints procedure is the most up to date version 	<p>[Health & Care Standards 6.3 Listening and learning from feedback</p> <p>Private Dentistry Wales Regulations 2017 Regulation 21</p>	<p>[The complaints information is now branded as Bupa and all the correct contact details are available for staff and patients.</p> <p>The complaint information has been reviewed and is now up to date and reflects the Welsh standards and regulations that are applicable to dental services in Wales using The putting things to right NHS complaints procedure as guidance.</p>	[Practice manger]	[Already taken place]

Improvement needed	Standard	Service action	Responsible officer	Timescale
<input type="checkbox"/> HIW's email address is updated to reflect the new address (for private treatment complaints) <input type="checkbox"/> The difference between the practice's Code of Practice and complaints documents are made clear to ensure patients have correct and accurate information available 		<p>The HIW e-mail address has been updated to reflect the new address.</p> <p>The difference is now clearly marked in our patient information folder between the practice's Code of Practice and the Complaints documents. 30 patients have been asked if they clearly understood and saw the difference and all answered yes and felt confident they have the correct and accurate information.</p>		
Delivery of safe and effective care				
<p>[A review of the manual cleaning method needs to be undertaken in line with guidance in WHTM 01-05 (chapter 3) to ensure that this process can be validated to ensure effective cleaning of dental instruments</p>	<p>[Health & Care Standards 2.4 Infection prevention and control and decontamination]</p>	<p>[The company are looking into buying a washing disinfector therefore we will be able to provide protein tests to ensure effective cleaning of dental instruments.]</p>	<p>[bupa]</p>	<p>[3 months]</p>
<p>[Improvements to patient records are required to ensure:</p> <input type="checkbox"/> Signatures of patients and dentists are	<p>[Health & Care Standards 3.5 Record</p>	<p>[New medical history forms are being given out to every patient. All dentists are signing every one and they are also</p>	<p>[All dentists The practice manager and</p>	<p>[Already in action]</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>recorded on the paper medical history forms</p> <ul style="list-style-type: none"> <input type="checkbox"/> Orthodontic assessments are recorded for children <input type="checkbox"/> Smoking cessation advice is recorded on patient notes <input type="checkbox"/> Informed consent is recorded on computer records 	<p>keeping Private Dentistry Wales Regulations 2017 Regulation 20 (1) (a) (i) (ii)</p>	<p>being scanned onto the patient's records.</p> <p>All the dentists are making sure to record orthodontic assessments for all children, to record smoking cessation advice and record informed consent on computer records.</p> <p>The practice manager and lead nurse are reviewing patient's notes on a regular basis to make sure this is all being done.</p>	<p>lead nurse</p>	
<p>[A review of radiographs is required to ensure the quality is improved.]</p>	<p>[Health & Care Standards 3.5 Record keeping Private Dentistry Wales Regulations 2017 Regulation 20 (1) (a) (i) (ii)]</p>	<p>[New x-ray plates have been bought for every surgery. The x-ray developer has had a new service and has been calibrated to improve the quality of the x-rays taken.]</p> <p>A member of staff will come into practice to review the quality of the x-rays being taken within the next 3 months.</p>	<p>[The practice manager and Bupa]</p>	<p>[Already taken place]</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
[All policies and procedures need to be updated to reflect the company branding and contact details.]	[Health & Care Standards 3.2 Communicatin g effectively; 4.2 Patient information]	[All policies and procedures are now updated with Bupa branding and all the correct contact details.]	[The practice manager]	[Already taken place]
[All policies and procedures must be appropriate and applicable for Wales, including ensuring that Welsh specific regulations, standards and guidelines are adequately reflected.]	[Health & Care Standards 3.2 Communicatin g effectively; 4.2 Patient information Private Dentistry Wales Regulations 2017 Regulation 8]	[On review all the policies and procedures in practice have been thoroughly looked through and updated to ensure they are appropriate and applicable for Wales. It has been made sure that all Welsh specific regulations, standards and guidelines are adequately reflected with in the polices]	[Practice manager]	[Already taken place]
[Confirmation to be provided to HIW that the faded immunisation record has been replaced with a record that is readable and evidences	[Health & Care Standards 7.1	[The dentist has an appointment booked with his GP for a blood test to be able to provide a new, readable and clear	[The dentist]	[1 month]

Improvement needed	Standard	Service action	Responsible officer	Timescale
clearly the immunisation status.]	Workforce Private Dentistry Wales Regulations 2017 Regulation 13 (6) (c)]	immunisation status.]		
[Appraisals need to be undertaken and recorded for dentists.]	[Health & Care Standards 7.1 Workforce Private Dentistry Wales Regulations 2017 Regulation 17 (4) (a) & (b)]	[After reviewing appraisals are now being undertaken and recorded for the Dentists on a regular basis by the Practice manager.]	[Practice manager	[Already taken place]

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): [JAN MARSHALL]

Job role: [PRACTICE MANAGER]

Date: [06/06/2018]