

General Dental Practice Inspection (Announced)

Johnstown Dental Practice,
Wrexham

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	12
	Quality of management and leadership	18
4.	What next?	20
5.	How we inspect dental practices	21
	Appendix A – Summary of concerns resolved during the inspection	22
	Appendix B – Immediate improvement plan	23
	Appendix C – Improvement plan	24

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 Johnstown Dental Practice at 24 High Street, Johnstown, Wrexham, LL14 2SN on the 3 May 2018.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the practice complied with 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 Johnstown Dental Practice provided safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

We found the practice to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Surgery facilities were well-equipped, visibly clean, tidy and well organised
- Appropriate arrangements were in place for the safe use of x-rays

This is what we recommend the service could improve:

- Implement a range of clinical audits
- Self evaluate using the Maturity Matrix Dentistry tool
- Update the radiation protection file and carry our risk assessments.
- Ensure all staff renew their training in the protection of children and vulnerable adults.
- Implement a formal mechanism to seek the views of patients.

3. What we found

Background of the service

Johnstown Dental Practice is a private only dental practice

The practice staff team includes one dentist, one hygienist, one dental nurse and one trainee dental nurse.

A range of private dental services are provided.

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 evidence that Johnstown Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided.

We received a total of 15 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was very positive. Some of the comments provided by patients on the questionnaires included:

"Very professional and excellent customer care throughout my treatments. Highly recommended"

"Very pleased with the overall service by caring and considerate staff"

"I am very happy with the service I have received. It is a very pleasant practice"

"Good service and friendly practice"

"The practice has a good atmosphere and very relaxing staff. I am a nervous patient and have found the staff very helpful"

Staying healthy

There was ample, dedicated dental health promotion information available, which meant patients had access to information which could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice and oral health. However, we advised the practice to display a no smoking sign at the entrance / reception area ensuring patients and visitors are fully aware that smoking is not prohibited on the premises, which the practice arranged during the visit. The majority of patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

Patient information

All patients who completed a questionnaire told us that they felt involved (as much as they wanted to be) in any decisions made about their treatment, and all but one of the patients told us that they had received clear information about available treatment options.

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 and patients told us they understood how the cost of their treatment was calculated.

We noted that information on prices was available to view in the reception / waiting 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.

General information about the practice was available on its website and was displayed around the reception and the waiting area. The practice also had its own patient information leaflet for patients to take away.

Communicating effectively

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

Timely care

The practice tries to ensure that dental care is 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 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 given on the answer phone message and the patient information leaflet. However, we noted that the emergency number was not displayed by the main entrance. We brought this to the attention of the practice who immediately displayed the telephone number, along with the name and qualification of the principal dentist.

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were well maintained. All treatment options were recorded and consent to treatment was obtained from each patient.

All but one of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

We noted that the practice had a dedicated equality policy in place.

The practice is located over two floors. The ground floor is fully accessible for patients with mobility difficulties. Wheelchair users could access the ground floor surgery, the reception and waiting area.

Listening and learning from feedback

The majority of patients who completed a questionnaire told us that they would know how to raise a concern or complaint about the services they receive at the dental practice.

We saw that the practice had a written complaints procedure in place. The procedure for making a complaint or how to raise a concern was clearly on display in the waiting area. Details were also included within the patient information leaflet.

We reviewed the practice's complaints handling policy and at the point of inspection there had not been any formal complaints received by the practice since it was taken over by the current owner in 2016.

The practice informed us that any informal concerns were captured within individual patients' records. We advised the practice to record any informal concerns in a central log in order for any themes to be identified. The practice agreed to do this immediately.

Just over two thirds of patients who completed a questionnaire said that they have not been asked for their views about the service provided at the dental practice, for example, through patient questionnaires.

We discussed the practice's mechanism for seeking patient feedback. The practice informed us that they do not have a formal system in place to seek patient views. The practice did inform us that patients are able to provide feedback via social media. We noted that a comment / suggestion form was available in the waiting room for patients to provide comments. However, there was no comment box available for patients to submit suggestions anonymously. We recommended that the practice develops a patient questionnaire in order for patients to provide their feedback. We also advised the practice to display an analysis of the feedback received in the waiting area / reception, demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice.

Improvement needed

The practice should implement a formal mechanism to seek the views of patients and ensure feedback analysis is displayed for patients to view.

Ensure a comments box is available for patients to submit suggestions and questionnaires anonymously.

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 decontamination room and surgeries were visibly clean, tidy and effectively used. However, we identified a number of improvements needed to support the delivery of safe and effective care.

Safe care

Managing risk and promoting health and safety

The building appeared to be generally well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards.

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

There was one unisex toilet for use by patients and staff. The facility was signposted and visibly very clean. However, no sanitary disposal bin was in place.

We noted that portable appliance testing (PAT) was regularly undertaken to ensure small appliances were safe for use. Fire extinguishers were in place throughout the building and were serviced regularly. However, the fire maintenance certificate was not available for us to view during the inspection. Directions for the emergency exits were clearly visible and the Health and Safety poster was clearly on display.

We noted that the practice accident book needed to be replaced with the 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR) book which includes the Health and Safety Executive (HSE) contact details and protocols.

We found that all chemicals were kept securely and none were left in public areas. There was a file available containing a number of data sheets relating to

Control of Substances Hazardous to Health (COSHH) and relevant risk assessments were in place which had been recently reviewed.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal. However, we did recommend that the practice arranges for the hazardous (clinical) waste bin which is located in the courtyard to be secured to the wall or floor while awaiting collection.

Improvement needed

Ensure that sanitary disposal bin is provided in the staff / patient toilet facility.

Forward the fire maintenance servicing certificate to HIW.

Ensure all accidents are recorded in an approved RIDDOR book.

Ensure that the hazardous waste bin is secured to the wall or floor.

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05¹. The facility was clean, well organised and well equipped. However, we did advise the practice to remove an old dental chair which was being stored in the decontamination room, which the practice agreed to do.

The WHTM 01-05 recommends that two dedicated sinks should be available for decontamination work, one for washing and cleaning of the instruments, the second for rinsing. We advised the practice to consider redesigning the decontamination room in any future refurbishment plans so that a further sink or a double sink can be installed for decontamination work. Until two sinks or a

¹ Decontamination in primary care dental practices and community dental services

double sink is installed, we recommended to the practice that two bowls should be used. This is because, after cleaning instruments in the first sink or bowl, the operator can efficiently rinse the cleaned instruments in the second sink or bowl which will reduce the risk of re-contaminating the instruments with cleansing agents or detergents.

Staff demonstrated the decontamination process and we found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines. However, we did recommend that the practice introduces a more formal training programme for decontamination training which should be kept within staff individual training records to evidence that training has been completed and is regularly reviewed.

We were informed by the practice that no audits of infection control have been undertaken. We recommended that an infection control audit is undertaken as soon as possible using the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) audit tool which is the standard for decontamination and infection control practices in dental surgeries in Wales. The practice agreed to immediately undertake the infection control audit.

We were satisfied that there were appropriate procedures in place to minimise the risk of cross infection to protect both patients and staff. We also noted that the dental instruments were stored and transported in line with the current decontamination policy. All instruments were bagged and contained the processing date. However, for ease of reference, we did advise the practice to record the expiry date on all bagged instruments in addition to the date of processing.

Improvement needed

Remove the old dental chair from the decontamination room.

Use two bowls for washing and rinsing in the decontamination sink.

Introduce more formal training programme for decontamination training.

Undertake full infection control audit.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had been trained in cardiopulmonary resuscitation (CPR) and the practice had one trained first aider.

The emergency drugs were stored securely and in a location that was easily accessible in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the equipment and emergency drugs to ensure they remained ready for use.

We were informed by the practice that two adult adrenaline auto injector pens (epi-pens) and a child midazolam had expired. However, we were shown documentation evidencing that these items had been ordered for next day delivery.

Safeguarding children and adults at risk

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. However, we were informed by the practice that all staff were due to renew their training in safeguarding. We were verbally assured that arrangements were already in place for staff to renew their training.

We confirmed that all relevant staff were registered with the General Dental Council (GDC) and all staff had a valid DBS in place.

Improvement needed

Ensure staff renew their training in the protection of children and vulnerable adults.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients. The surgeries were well organised and tidy. However, we identified that the floors in the surgeries needed to be sealed at the edges. We were informed by the practice that replacing the floor in the surgeries is part of their refurbishment plans and that all tiles would be removed and the surgeries repainted.

We saw evidence that the compressor was checked daily. However, the servicing certificate for the compressor was not available during our visit. We were verbally assured that the compressor had been inspected.

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 the practice had undertaken thorough image quality assurance audits of X-rays. We saw evidence of up-to-date ionising radiation training (IR(ME)R) for all clinical staff involved in x-rays.

We recommended to the practice that the radiation protection file should be reorganised to make it easier to locate information. We also advised the practice to carry out risk assessments which should identify that radiation dose badges are not required.

Improvement needed

Forward to HIW the servicing certificate for the compressor.

Update and organise the radiation protection file and carry out risk assessments.

Effective care

Safe and clinically effective care

The practice did not have a programme in place for undertaking a wide range of clinical audits with the aim of identifying areas for improvement. We recommend that the practice implement a programme of audits across the year.

Improvement needed

Implement a range of clinical audits with a view to identifying areas for improvement.

Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff has been undertaken which contributes to the quality and safety of the care provided to patients.

The practice informed us that they have not used the Wales Deanery Maturity Matrix Dentistry tool. This is a self-evaluation tool that allows the dental team to focus on how they work and enables the practice to consider the quality and care provided in a range of areas.

Improvement needed

Self evaluate using the Maturity Matrix Dentistry tool.

Information governance and communications technology

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

Record keeping

There was evidence that the practice is keeping good standard of clinical records, demonstrating that care is being planned and delivered to a high standard to ensure patients' safety and wellbeing.

We examined a sample of patient records and found that entries contained sufficient information regarding discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. There was also evidence of treatment planning and treatment plans were given to all patients. Cancer screening and smoking cessation advice had also been given and recorded.

All but one of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. We saw evidence that patients' medical histories were updated in their notes at each course of treatment and verbally at each appointment. However, we recommended to the practice that regular paper updates of patients medical histories should be completed and signed by the patient and countersigned by the dentist.

Improvement needed

Ensure regular paper updates of patients medical histories are completed and signed by the patients and countersigned by the dentist.

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 Private Dentistry Regulations and relevant professional standards.

We found the practice to have good leadership and clear lines of accountability.

We found evidence that this was a very well run practice with a strong commitment to providing high quality service and attention to detail.

A range of relevant policies and procedures were in place. However we did advise the practice that some of policies needed to be reviewed and localised to the practice.

The staff team appeared happy in their roles and were very competent in carrying out their duties and responsibilities.

Governance, leadership and accountability

We found the practice to have good leadership and clear lines of accountability.

Staff told us that they were confident in raising any issues or concerns directly with principal dentist and felt well supported in their roles.

We found that staff were clear and knowledgeable about their roles and responsibilities and we saw that there was a very good rapport between them.

Staff and resources

Workforce

We saw completed staff induction folders and these were well arranged. All staff had access to policies and procedures. We did advise the practice to devise an induction checklist for any new members of staff which the practice agreed to do.

We saw that staff had access to a wide variety of training; meeting the Continuous Professional Development (CPD) requirements.

Staff appraisals had not been undertaken for some time due to the change of ownership at the practice. We were verbally assured that plans were now in place for annual staff appraisals to be undertaken.

We were informed that the team meets informally, on a regular basis, to discuss any issues. However, no records were kept of these meetings. We recommended to the practice that all team meetings, formal or informal should be minuted.

We saw records relating to Hepatitis B immunisation status for all staff working at the practice.

We looked at the policies and procedures in place and found that they reflected actual practice. However, we found that some of the policies and procedures were generic. We advised the practice to review and ensure all policies and procedures were localised to the practice; for example, the infection control policy. All policies and procedures contained a review date and / or were version controlled and contained staff signatures to demonstrate that these have been read and understood.

Improvement needed

Ensure annual staff appraisals are undertaken.

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

Our dental practice inspections are usually announced. Dental practices will receive up to 12 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.

The practice is subject to the provisions of the [Private Dentistry \(Wales\) Regulations 2017](#). 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 details about how HIW inspects [dental practices](#) and [independent healthcare services](#) 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
There were no immediate concerns identified during this inspection.			

Appendix B – Immediate improvement plan

Service: Johnstown Dental Practice

Date of inspection: 3 May 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	Regulation/ Standard	Service action	Responsible officer	Timescale
There were no immediate assurance issues 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: Johnstown Dental Practice

Date of inspection: 3 May 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	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice should implement a formal mechanism to seek the views of patients and ensure feedback analysis is displayed for patients to view.	The Private Dentistry (Wales) Regulations 2017, Section 16	An annual patient satisfaction and feedback survey will be implemented and scheduled . Following completion of annual surveys the results will be reviewed and any areas where standards fall short of expectations will be addressed. In addition a log book will be kept at reception to enable informal concerns/complaints/comments to be logged – these will be subject to periodic review with any areas of concern or recurring themes actioned.	V Serban	Completed Annual survey – less than 12 months; Comment log book and feedback forms – already implemented
Ensure a comments box is available for patients to submit suggestions and questionnaires		A comments box has been placed in waiting room/ reception area for patients	V Serban	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
anonymously.		to submit suggestions and questionnaires anonymously		
Delivery of safe and effective care				
Ensure that a sanitary disposal bin is provided in the staff / patient toilet facility.	Workplace (Health, Safety and Welfare) Regulations 1992	Action has been taken, disposable bin already in place in the staff/patient toilet facility	V Serban	Completed
Forward to HIW the fire maintenance servicing certificate.	The Private Dentistry (Wales) Regulations 2017, Section 22, 4 (a)	See attached document	V Serban	Completed
Ensure all accidents are recorded in an approved RIDDOR book	Health and Safety Executive (HSE)	Approved RIDDOR book has been ordered and it is now on the practice premises ready for when accidents should occur	V Serban	Completed
Ensure that the hazardous waste bin is secured to the wall or floor	Hazardous Waste (Wales) Regulations 2000	Hazardous waste bin has been secured with chain and pad lock	V Serban	Completed
Remove the old dental chair from the	WHTM 01-05, Section 6.40	Old dental chair removed from the decontamination room the day after	V Serban	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
decontamination room.		inspection		
Two bowls for washing and rinsing in the decontamination sink.	WHTM 01-05, Section 2.4 (r)	Already set in place two bowls for washing and rinsing in the decontamination sink	V Serban	Completed
Introduce more formal training checklist for decontamination training.	WHTM 01-05, Section 1.26 & 2.4 (o)	Action taken and readdressed. Discussed with staff in staff meeting. Improvements to be made	V Serban	4-6 weeks
Undertake full infection control audit.	WHTM 01-05, Section 2.23	Infection control audit already done, notes have been made. Improvements discussed with staff in staff meeting. Minutes of staff meeting taken	V Serban	Completed
Ensure all staff renew their training in the protection of children and vulnerable adults.	The Private Dentistry (Wales) Regulations 2017, Section 14, (b)	I have already organised and had the training carried out. Please refer to the certificates that have already been forwarded to you	V Serban	Completed
Forward to HIW the servicing certificate for the compressor.	Pressure Systems and Transportable Gas Container Regulations 1989 Pressure Systems	See attached document		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Safety Regulations 2000			
Update and organise the radiation protection file and carry out risk assessments.	Ionising Radiation Regulations 1999 Ionising Radiation (Medical Exposure) Regulations 2000	Action to be taken to update and organise the radiation protection file. Risk assessment to be carried out and discussed in the monthly staff meeting.	V Serban	4-6 weeks
Implement a range of clinical audits with a view to identifying areas for improvement.	The Private Dentistry (Wales) Regulations 2017, Section 16	I can confirm that we have already started to implement clinical audits in place. I will ensure that appropriate records are kept in future to evidence this	V Serban	Completed
Self evaluate using the Maturity Matrix Dentistry tool.	Wales Deanery	Arrangements to be done to comply with and bring a Practice Development Tutor in to carry out the evaluation	V Serban	3-6 months
Ensure regular paper updates of patients medical histories are completed and signed by the patients and countersigned by the dentist.	GDC Standards, Section 4.1.1	New improved system in place to update medical histories with both patient's and dentist's signature	V Serban	Completed

Quality of management and leadership

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Ensure annual staff appraisals are undertaken.	The Private Dentistry (Wales) Regulations 2017, Section 17 (4)	I can confirm that I have already set an annual appraisal process in place. I will ensure that appropriate records are available in future to evidence this.	V Serban	Completed

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): Vera Serban

Job role: Principal Dentist

Date: 5.07.2018