

General Dental Practice Inspection (Announced)

Laffan Dental Care, Aneurin
Bevan University Health Board

Inspection date: 4 June 1018

Publication date: 5 September
2018

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

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	14
	Quality of management and leadership	22
4.	What next?	25
5.	How we inspect dental practices	26
	Appendix A – Summary of concerns resolved during the inspection	27
	Appendix B – Immediate improvement plan	28
	Appendix C – Improvement plan	29

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 Laffan Dental Care at 205-207 High Street, Blackwood NP12 1AA, within Aneurin Bevan University Health Board on the 4 June 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), 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 the staff at Laffan Dental Care provided safe and effective care to its patients.

The practice was patient focussed and during the inspection we observed staff being friendly and professional towards patients.

We saw evidence of good leadership and the practice had the necessary policies and procedures in place to support the practice, patients and staff. However, the practice needs to ensure that it maintains comprehensive staff files and documents staff meetings and staff appraisals.

The practice needs to ensure staff adhere to guidance when undertaking the cleaning and sterilisation of instruments and the wearing of personal protective equipment.

This is what we found the service did well:

- We observed that staff interaction with patients was kind and courteous
- The practice actively sought patient feedback
- The practice had a good range of policies and procedures in place
- Appropriate arrangements were in place for the safe use of X-rays.

This is what we recommend the service could improve:

- All clinical staff receive up to date training relevant to their role
- Conduct a full health and safety assessment with regard to access to paper clinical records
- Ensure guidance is adhered to when cleaning and sterilising instruments including staff needing to wear Personal Protective Equipment (PPE).

- Patient records are to be maintained in accordance with professional standards for record keeping, namely the Private Dentistry (Wales) Regulations 2017 and the General Dental Council Guidance
- Staff files need to be maintained and contain current and signed contracts of employment, staff appraisals and evidence of training and personal development plans.

3. What we found

Background of the service

Laffan Dental Care provides services to patients in the Blackwood area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes seven dentists, one hygienist, one dental therapist, five dental nurses, three trainee nurses, three reception staff 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 the practice was committed to providing a positive experience for their patients. All the patients who completed the HIW questionnaire rated the service provided by the dental practice as excellent.

The practice undertakes regular patient surveys throughout the year but we recommend feedback is provided to patients on the outcome of their surveys.

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

Patient comments included the following:

The care and service offered has always been of the highest standard and always given in a friendly and supportive manner

Very happy with the quality of service that is provided

Great practice. Friendly staff and made to feel comfortable during treatments

Always efficient and effective service. Excellent customer care.

Staying healthy

In the reception and waiting areas we saw a selection of health promotion information leaflets available. These included leaflets about 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.

We noted that there were no "No Smoking" signs displayed in the practice and would recommend that this is rectified.

Improvement needed

The practice to display "No Smoking" signs in patient areas.

Dignified care

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

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

Both the ground floor and first floors had reception and waiting areas. Staff told us that if there was a need to hold a private conversation in person or on the telephone with a patient they could use the Practice Manager's office.

We found that both handwritten and electronic patient information was stored securely, ensuring that personal and sensitive information was protected.

All dental surgeries had doors which could be closed when a patient received treatment, maintaining privacy and dignity.

Patient information

All but one of the 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 patients felt that they had received clear information about available treatment options.

The majority of the patients that completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment.

We noted the price list setting out private treatment costs was displayed in both reception areas. We were told that the practice only treats NHS patients who

are exempt from treatment charges which negates the need for a NHS price list.

We saw that the practising dentists' details and the practice's opening hours were displayed externally.

Communicating effectively

All the patients that completed a questionnaire told us that they could always speak to staff in their preferred language.

The practice has a website, which was in line with General Dental Council (GDC) ethical advertising guidance and contained details of the private dental treatments that it provides, together with a price list. It also provided guidance on making a complaint, details of the practice team, opening hours and out of hours contact telephone numbers.

Timely care

Around three quarters of patients that completed a questionnaire felt that it was very easy to get an appointment when they needed one. 21 of the 30 patients that completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were displayed on the front window of the practice and provided on the practice's answerphone message.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay.

Individual care

Planning care to promote independence

A review of patient records showed that patients are asked about their medical history at the time of their visit.

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

People's rights

We found access to the practice to be very good. There were two entrances. One led to the ground floor reception, waiting area and two dental surgeries, one of which was used by the hygienist. These could be accessed by those with mobility difficulties. There was a step leading to one of the dental surgeries and when necessary staff used a portable ramp.

The second entrance took patients straight to the first floor reception, waiting area and first floor surgeries.

There was a disabled toilet on the ground floor which provided facilities for patients with mobility difficulties. It had good access and hand rails providing support for patients that require it. The toilet was also fitted with an alarm. There was a second patient toilet on the first floor.

The practice had in place appropriate equal opportunities, privacy, dignity and confidentiality policies.

Listening and learning from feedback

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" ¹and with regard to private dental treatment to the Private Dentistry Wales 2017² Regulations. The policy was displayed in the reception areas. We would advise the practice to display "Putting Things Right" posters and have "Putting Things Right" leaflets available.

The practice maintained a comprehensive folder containing records of verbal and written complaints received, action taken and the outcomes. The practice manager had included in the complaint pro forma a lessons learnt section which we noted was always completed.

¹ "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

² <http://www.legislation.gov.uk/wsi/2017/202/made>

The practice does not record any informal feedback and we would advise that it puts a process in place to record any informal patient feedback.

The practice conducts patient surveys quarterly. The responses are analysed by the practice manager who ensures action is taken when appropriate. We suggest the practice provide feedback to its patients on the survey results and any action taken.

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.

The practice needs to undertake a risk assessment on the storage of paper records and how these are accessed by staff.

Clinical facilities were well equipped, there were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

We recommended the practice ensure decontamination and sterilisation procedures are followed in accordance with guidance.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. The practice needs to ensure they are kept together and securely.

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.

There were no concerns given by patients over the cleanliness of the dental practice; all patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean. Externally, the building appeared to be well maintained. Overall the surgeries were clean but at the time of the inspection there was some dust on some high surfaces and on one ornament. Instruments and equipment were stored appropriately. We observed all public access areas to be clean and uncluttered.

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. We noted that one of the extinguishers in the decontamination room had been removed from its hook and placed on the floor in order to make space for the waste bin. We recommend the bin is moved and the extinguisher replaced back on the wall. Directions for the emergency exits were visible.

In two surgeries the clinical waste bins were sited next to chairs (used by a chaperone or parents) and we recommend these are moved.

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

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist and relevant safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice. We noted this was last reviewed in 2017.

At the time of our visit there were facilities to dispose of feminine hygiene products in the toilet on the ground floor and the first floor patient toilet but not in the staff toilet also on the first floor. We recommend that feminine hygiene bins are sited in all toilets. We also noted that in the patient toilet on the ground floor, there was a bottle of bleach and a bottle of liquid soap in a small cupboard that could be accessed by patients. We recommend these are kept in a locked cupboard.

We noted there were fabric cushions in two surgeries and advise that the practice develop a disinfection protocol for these.

On the day of the inspection, in one surgery we saw a pair of socks that belonged to a member of clinical staff sitting on a stool and clogs left on the floor. We recommend that all staff ensure their change of clothing is stored appropriately.

During the inspection we observed a nurse filing records. To do this she had to climb a ladder sited across a stairway and there were no safety mechanisms in place. We also noted that there were sharps bins and stock stored on these

stairs. We recommend the practice undertake a health and safety risk assessment specifically for this area and the use of the ladder.

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

Improvement needed

The practice to ensure that the fire extinguishers in the decontamination room are secured to the wall

The practice to ensure clinical waste bins are not sited close to patient or chaperone chairs.

The practice to obtain a feminine hygiene bin for the staff toilet.

The practice to ensure that all cleaning solutions are stored in a secure cupboard.

All staff ensure that their change of clothing is stored appropriately.

The practice undertake a comprehensive health and safety risk assessment specifically around the storage of and accessing patient records.

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) 01-05³. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place although these were not strictly followed. As part of the pre-sterilisation cleaning process we observed a nurse not measuring out the water and detergent in accordance with manufacturer's guidance. We saw

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

evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas, although during the inspection we observed a nurse not changing gloves or using an apron. We recommend staff review guidance with regard to the use of PPE.

We noted that not all instruments stored in the surgeries were bagged following decontamination and we recommend this is rectified. We also noted that reusable 3 in 1 syringe tips were used and would advise the practice to refer to current guidance and consider changing to single use.

One dentist used a reusable patient protective bib when providing treatment. We recommend this is replaced with disposable bibs.

We saw evidence that the practice had recently undertaken an infection control audit in accordance with WHTM 01-05 but in light of our observations recommend a further audit is undertaken.

Improvement needed

All staff to ensure they wear PPE during the sterilisation and decontamination process

Staff to ensure they follow manufacturer's guidelines when using detergent as part of the pre-sterilisation process

Staff to bag all instruments following decontamination and before taking them to the surgeries and to ensure that all bags are dated.

The practice to use disposable patient protective bibs in all surgeries.

The practice to undertake an infection control audit in accordance with WHTM 01-05 and to send its results to the Welsh Deanery for analysis and comment.

Medicines management

We noted the practice had a resuscitation policy. There were also procedures in place to deal with patient emergencies and, with the exception of one dentist and one therapist, all staff had received training within the last 12 months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). We were told that the therapist had been booked on a

course. The practice had one appointed first aider. We would advise the practice to consider training a second member of staff in first aid to ensure cover at all times.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁴. These were stored securely in the practice manager's office but some elements were stored separately and therefore not easily accessible. We recommend the emergency drugs and equipment are stored in a single container/bag for ease of access. There was also a first aid kit in the staff area.

The oxygen tank was also stored in the practice manager's office. Whilst there was a sticker alerting people to the presence of the tank it was on the cupboard door which was not accurate. We recommend the sticker is moved to the front of the office door.

We noted that the practice had in place a system to check that emergency drugs and equipment were in date and ready for use, even so during the inspection we noted that one vial of saline solution in the first aid kit in the staff area was out of date. This was removed immediately.

Not all sharps bins in the surgeries were wall mounted and we recommend this is rectified.

We also noted that prescription pads were kept securely.

Improvement needed

The practice must ensure that all staff hold current certificates for appropriate CPR training.

The practice to check the emergency and first aid kits to ensure all drugs and equipment are in date.

The practice to store the emergency drugs and equipment in a single

⁴ 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

container/bag for ease of access.

The practice to place the Oxygen present sticker to the front of the door into the office.

The practice to ensure that in all surgeries the sharps bins are wall mounted.

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. With the exception of the reception staff, all staff had completed training in the protection of children and protection of vulnerable adults.

There were arrangements in place for staff to raise any concerns, and staff told us they felt able to do this in the practice.

Improvement needed

All staff to undertake relevant training in the protection of vulnerable adults and protection of children.

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 Council⁵ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000⁶ all clinical staff had completed the required training.

We noted on the day of the inspection that two surgery doors did not have appropriate radiation warning signs on them. We recommend this is rectified.

At the time of the inspection there was no documentation to show that the compressors were checked daily so we recommend the practice use a checklist to maintain a record of checks undertaken.

Improvement needed

The practice to display radiation warning signs on the doors to all surgeries.

The practice to introduce a checklist to confirm daily checks of the compressors.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service it provides. We saw evidence that the practice had a programme of audits including clinical record audit, safe use of X-ray, audit of practice management and of emergency procedures.

Quality improvement, research and innovation

⁵ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁶ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

The dentists and dental nurses hold separate, informal meetings for the purposes of peer reviews. We recommend these are documented to record issues discussed and agreed actions.

The practice might wish to consider applying for the Deanery Maturity Matrix Dentistry practice development tool⁷. The Maturity Matrix (MMD) Tool is a dental practice team development tool to allow the team to focus on how they work.

Information governance and communications technology

The practice had electronic and paper 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.

Record keeping

We reviewed a sample of patient records. Overall we found there was some good quality record keeping and patient care. We did find in some cases there was no justification for the use of and grading of X-rays which was not in accordance with current guidelines.

Improvement needed

In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record the justification for the use of and grading of X-rays

⁷ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

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 good leadership and lines of accountability.

The practice had in place a comprehensive range of relevant policies and procedures that were reviewed annually.

The practice needed to maintain staff files to include current and signed contracts of employment, staff appraisals and evidence of training and personal development plans.

Whilst the practice had in place a programme of staff meetings and appraisals we would recommend it put in place a process for documenting staff meetings and appraisals.

Governance, leadership and accountability

Laffan Dental Care is owned by the two principal dentists. Day to day management is provided by the practice manager. We found the practice to have good leadership and all staff understood their roles and responsibilities.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. We saw evidence that the policies were reviewed annually by one of the principal dentists. We recommend the practice make provision for staff to evidence that they had read and understood the policies.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We saw the practice's registration certificate clearly displayed as required by the Private Dentistry (Wales) Regulations 2017. The practice's public liability insurance certificate was also on display.

Improvement needed

The practice make provision for staff to show that they have read the practice's policies and procedures.

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 there were not files for all members of staff and of those we saw only one contained a signed employment contract. We were told that staff retained these. We recommend that the practice ensure that all staff have signed contracts of employment and copies are retained on staff files.

We were also told that the practice had an induction programme in place but that it was not fully documented. We recommend the practice put in place a robust induction and review programme reflected in a checklist. We saw evidence that regular staff appraisals take place but documentation did not record any discussion or agreed future objectives. We recommend discussion during staff appraisals should be recorded and signed as an agreed record of the appraisal, allowing for review points and assessment of progress.

We saw certificates that evidenced staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements, though there were some exceptions, namely: evidence of safeguarding training for two reception staff; infection control training for one therapist and three dentists. We recommend the practice ensure that all staff have access to and complete all relevant training to enable them to meet their CPD requirements.

The practice nurse told us that the practice holds separate meetings for the dentists, dental nurses and non-clinical staff. We saw minutes relating to the non-clinical staff meetings. With regard to the clinical staff meetings these were informal and not documented. Practice meetings are only held when they are together for training e.g. safeguarding and CPR and are not documented. We recommend all staff meetings are minuted to reflect any discussion and agreed actions.

The Regulations for Private Dentistry require that at the time of registration, 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 for both clinical and non-clinical staff. The dental therapist was unable to provide their certificate. We recommend the practice confirm that all clinical staff have up to date DBS certificates.

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

Improvement needed

The practice ensure that all staff have signed contracts of employment and copies are retained on staff files

The practice put in place a robust induction and review programme that is documented

The practice to ensure discussion during staff appraisals should be recorded and signed as an agreed record of the appraisal.

The practice to ensure that all staff have access to and complete all relevant training to enable them to meet their CPD requirements.

The practice to minute all staff meetings to reflect any discussion and agreed action points.

The practice to provide HIW with evidence of the dental therapist's DBS check.

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](#) and, where private dentistry is provided, 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 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: Laffan Dental Care

Date of inspection: 4 June 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: Laffan Dental Care

Date of inspection: 4 June 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 to display "No Smoking" signs in patient areas.	1.1 Health promotion, protection and improvement	No smoking signs are now present in All patient areas	Sue Thompson	Done
Delivery of safe and effective care				
The practice to ensure that the fire extinguishers in the decontamination room are secured to the wall	2.1 Managing risk and promoting health and safety	The fire extinguisher is now secured to the wall	Sue Thompson	Done
The practice to ensure clinical waste bins are not sited close to patient or chaperone chairs.		Due to the lack of space in the surgeries highlighted we have removed the	Sue Thompson	done

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Chaperone chairs		
The practice to obtain a feminine hygiene bin for the staff toilet.		We have contacted our service provider Professional hygiene and awaiting delivery	Sue Thompson	1 month
The practice to ensure that all cleaning solutions are stored in a secure cupboard.		All cleaning solutions are now stored in a secure cupboard	Sue Thompson	Done
All staff ensure that their change of clothing is stored appropriately.		Extra storage and hooks have been provided	Sue Thompson	Done
The practice undertake a comprehensive health and safety risk assessment specifically around the storage of and accessing patient records.		Risk assessment completed and all staff aware of ladder safety audit done on records and upper shelves no longer used	Sue Thompson	Done
All staff to ensure they wear PPE during the sterilisation and decontamination process	2.4 Infection Prevention and Control (IPC) and Decontamination	Cross infection course completed on the 27 th June by all staff procedures reinforced	Sue Thompson	Done and ongoing
Staff to ensure they follow manufacturer's guidelines when using detergent as part of the pre-sterilisation process		This was covered in our cross infection course training updated and policies and procedures signed and dated	Sue Thompson	Done and ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
Staff to bag all instruments following decontamination and before taking them to the surgeries and to ensure that all bags are dated.		Instruments are bagged in the clean area of the surgery	Sue Thompson	ongoing
The practice to use disposable patient protective bibs in all surgeries.		Non disposable bibs have been removed from all surgeries	Sue Thompson	Done
The practice to undertake an infection control audit in accordance with WHTM 01-05 and to send its results to the Welsh Deanery for analysis and comment.		This is being done at present	Sue Thompson	On going 1 month
The practice must ensure that all staff hold current certificates for appropriate CPR training.	2.6 Medicines Management	Staff are booked on CPR course prior to our annual practice course on the 5 th December	Sue Thompson	Done
The practice to check the emergency and first aid kits to ensure all drugs and equipment are in date.		This has now been addressed and a new system put in place that all staff are aware of policy updated and signed by staff	Sue Thompson	Done
The practice to store the emergency drugs and equipment in a single container/bag for ease of access.		We are in the process of sourcing a suitable bag	Sue Thompson	2 mths

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice to place the Oxygen present sticker to the front of the door into the office.		Sticker now on the door	Sue Thompson	Done
The practice to ensure that in all surgeries the sharps bins are wall mounted.		In the process of wall mounting all sharps bins	Sue Thompson	2 mths
All staff to undertake relevant training in the protection of vulnerable adults and protection of children.	2.7 Safeguarding children and adults at risk	course to be sourced and all staff to attend	Sue Thompson	3mths
The practice to display radiation warning signs on the doors to all surgeries.	2.9 Medical devices, equipment and diagnostic systems	Signs ordered and will be placed on surgery doors	Sue Thompson	Done
The practice to introduce a checklist to confirm daily checks of the compressors.		Service booked and will check with engineer what checks need to be completed	Sue Thompson	2 months
In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record the justification for the use of and grading of X-rays	3.5 Record keeping	All dentists have audited and reflected on their x-ray record keeping and reporting to ensure improvement and enforcement of standards required	Sue Thompson	Done

Quality of management and leadership

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice make provision for staff to show that they have read the practice's policies and procedures.	Governance, Leadership and Accountability	Staff to sign individual policies and procedures and as and when policies are updated	Sue Thompson	On going
The practice ensure that all staff have signed contracts of employment and copies are retained on staff files	7.1 Workforce	Staff files and contracts are being compiled at present and all documentation stored in a secure file.	Sue Thompson	2 months
The practice put in place a robust induction and review programme that is documented		This will now be in place for all new staff members it will be documented and retained in staff files	Sue Thompson	On going
The practice to ensure discussion during staff appraisals should be recorded and signed as an agreed record of the appraisal.		This will be done during next appraisal Documented and retained in staff files	Sue Thompson	On going
The practice to ensure that all staff have access to and complete all relevant training to enable them to meet their CPD requirements.		Training is provided in house for all mandatory training staff to ensure they all attend or alternative courses will have to be sourced	Sue Thompson	On going
The practice to minute all staff meetings to reflect any discussion and agreed action points.		Staff meeting have been agreed for every three months will be documented and any points actioned on	Sue Thompson	On going

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice to provide HIW with evidence of the dental therapist's DBS check.		Dental therapist in the process of re applying for DBS	Sue Thompson	1 month

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): Sue Thompson

Job role: Practice manager

Date: 10/07/2018