

## **General Dental Practice Inspection (Announced)**

Teeth for Life (Magor) / Aneurin  
Bevan University Health Board

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

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

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

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

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

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Teeth for Life, Hawkesford House, Magor Square, Magor, NP26 3EG, within Aneurin Bevan University Health Board on the 9 July 2018.

Our team, for the inspection comprised of two HIW inspectors (one leading the inspection) and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) 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 service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Regulations and Health and Care Standards in all areas.

This is what we found the service did well:

- Patients told us they were very happy with their care and treatment
- Patient records were generally comprehensive and well documented
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- Documentation and information was available showing that X-ray and decontamination equipment was used with the aim of promoting staff and patient safety
- Staff told us they felt supported and had good access to training opportunities.

This is what we recommend the service could improve:

- Updates to some policies and procedures
- Physical environment of the decontamination room
- Arrangements for servicing of some equipment
- A robust programme of audit activity
- Records of staff training.

We identified regulatory breaches during this inspection regarding - maintenance of equipment, some policies and procedures. Further details can be found in Appendix C. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered person takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

## 3. What we found

### **Background of the service**

Teeth for Life provides services to patients in the Magor area of Monmouthshire. 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 two dentists, two hygienists, dental nurses and a receptionist.

The practice provides a range of NHS and private general dental services.

The practice has a sister practice in Caldicot, with some staff working on a regular basis at both practices. Patients are also able to visit both practices for appointments at their convenience.

## 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 saw that patients were treated with dignity, respect and kindness by the whole practice team. Comments from patients were positive about the practice. We found the practice to be delivering care and treatment in a very patient focussed manner

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 26 questionnaires were completed, the majority were from patients who had been a patient at the practice for more than two years. Patient comments included the following:

*"It is an excellent practice and that is why I travel to keep at this practice"*

*"Excellent service, I moved here from another local practice and am much happier with the service and treatment I receive"*

*"I've never felt so welcomed and looked after at a dentist. All staff have truly gone out of their way with my whole family. Thank you so much"*

*"All staff are friendly and informative and extremely helpful"*

## Staying healthy

### Health promotion protection and improvement

The practice displayed in the waiting area a variety of health promotion information leaflets for patients to read and take away, to help promote the need for them to take care of their own oral health and hygiene.

Without exception all patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. One patient provided the following comment in this respect:



*"My son has been kindly shown how to clean his teeth as he goes through the stages of teeth loss. I hope to keep coming back for many years as I trust the service I receive"*

## **Dignified care**

We observed staff speaking to patients in a respectful and professional manner. The staff presented as a small friendly team and we saw polite and courteous interactions with patients. Without exception, all patients who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

One patient provided a very positive comment about the way the dental team had treated their son in a dignified and personal way:

*"My boy has autism and the staff have treated him brilliantly. They need commending on this because not everywhere is so patient and understanding. Makes it easier for me to get him to see a dentist"*

Staff confirmed that patients could speak to the dental team in private and away from other patients, in order to help maintain their privacy and dignity.

We saw that the practice displayed the General Dental Council's<sup>1</sup> Standards for the Dental Team<sup>2</sup> poster, describing nine principles patients should expect from their dental care team whilst delivering care and treatment.

## **Patient information**

The practice provided a range of private and NHS dental treatments. Information on costs for NHS treatments were clearly displayed in the waiting area, meaning that patients had information about how much their NHS treatment may cost. We also found that prices for private dental treatments were displayed.

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<sup>1</sup> The regulatory body for dental care professionals

<sup>2</sup> <https://standards.gdc-uk.org/>

Where appropriate, all patients that completed a questionnaire said that they had received clear information about available treatment options, and that the cost of their treatment was always made clear to them before they received the treatment. All patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment.

### Communicating effectively

All patients who completed a questionnaire told us they have always been able to speak to staff in their preferred language. Through discussions with staff we saw that some policies were available in Welsh i.e. complaints policy, however this was not on display. The practice agreed to display any relevant policies and patient information in Welsh, in accordance with the 'Active Offer'<sup>3</sup>

### Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times. All patients who completed a questionnaire told us that they found it either 'very easy', or 'fairly easy' to get an appointment when they needed to. One patient provided a positive comment in respect of the text message reminder service:

*"The text service is very helpful and I have always managed to get appointments at a time of my convenience"*

An out of hours telephone number was available for patients should they require urgent out of hours dental treatment. The telephone number was displayed in the waiting area, available within a patient information leaflet, on the website and also on the answer phone message. The vast majority of patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

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<http://www.wales.nhs.uk/sites3/Documents/415/A%20active%20offer%20information%20pack%20-%20Health%20-%20FINAL1.pdf>

## **Individual care**

### **Planning care to promote independence**

All patients who completed a questionnaire told us that the dental team helped them to understand all available options when they needed treatment. We considered a sample of patient records and found that there were recordings of treatment planning and options noted for each patient. This meant that patients were able to make an informed decision about their proposed treatment.

Whilst all patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment, we found that patient records did not consistently record this. A recommendation is made about this later on within the report.

### **People's rights**

We noted that the practice had an equality and diversity 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 practice was located in a converted house and the two surgeries, reception and waiting area were all on the ground floor. Patients with mobility difficulties, or those using wheelchairs could easily access the practice. The practice also had a toilet accessible for wheelchair users.

### **Listening and learning from feedback**

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) was displayed for patients to see. We recommended that the policy should be updated to reflect timescales for responding to any complainants. We also recommended that information should be displayed about the NHS Putting Things Right<sup>4</sup> process, for patients to have ease of access to. The practice agreed to do this.

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<sup>4</sup> <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

Whilst the practice had not received any complaints, we found that there was an appropriate process in place to record and address both verbal and written concerns should any be received.

We found that the practice had a process in place for obtaining patient feedback about the services and care received through patient questionnaires and a suggestion box in the waiting area. We saw that the practice considered the information received and provided feedback to patients about the outcome of the questionnaires, which was displayed in the waiting area.

#### Improvement needed

The practice should update the complaints procedure to inform patients about timescales in place for dealing with complaints.

The practice should provide information to patients on the NHS Putting Things Right process.

## 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 the practice strived to provide patients with safe and effective care.

A thorough process for cleaning and sterilising dental instruments was demonstrated. However improvements were required to the decontamination room to meet national guidance.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely.

A robust system was needed to ensure all equipment is serviced appropriately.

A more structured programme of audit activity needed to be introduced.

Some improvements were required to ensure information within patient records were consistently recorded.

## 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.

We found the patient areas of the practice to be very well maintained, including the waiting area and surgeries. There were no concerns expressed by patients who completed a questionnaire over the cleanliness of the dental practice. Staff only areas of the building, including the decontamination room and one office, were affected by damp. This was discussed with the practice owner who told us that assessments were being undertaken by the landlord of the building to rectify the issue. This was having a knock-on effect to starting improvement works to the decontamination room and office space. A recommendation is made about this later on in the report.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months to make sure they were working properly. We also saw that the practice had undertaken a fire risk assessment within the past 12 months. Whilst we were told that fire drills were carried out regularly and training was undertaken during team meetings, this was not documented. We advised the practice owner to do this.

Portable appliance testing (PAT) of electrical equipment within the practice had been carried out within the last 12 months, to help ensure equipment was safe to be used.

Suitable arrangements were in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. However, prior to collection we found that clinical waste was being stored in a cupboard with the boiler. We advised the practice owner that clinical waste should be stored in a more secure and safe environment, and recommended that consideration should be given to a lockable storage area outside of the practice. The practice owner was agreeable to this suggestion. Amalgam separator equipment was installed so amalgam (a form of dental filing containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely. Non hazardous (household) waste was collected through arrangements with the local council.

We found that there were appropriate policies and procedures in place to manage health and safety in the practice, including contingency arrangements in an emergency. Whilst the practice had undertaken an overall environmental risk assessment, we found it to be brief. We recommended that the practice should review this. We saw appropriate data and information on Control of Substances Hazardous to Health (COSHH) were available to staff. Cleaning materials were kept in a cupboard which was not locked, with the potential for patients to access. The practice owner agreed to address this.

#### Improvement needed

The practice owner must ensure that clinical waste awaiting collection is stored in a safe and secure way.

The practice owner must review the environmental risk assessment to ensure it is a reflection of the current risks within the practice and where appropriate to ensure any risks highlighted are addressed.

The practice owner must ensure that cleaning materials are kept securely to prevent unauthorised access and use.

## Infection prevention and control

The practice had a designated decontamination room, however it did not meet all the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>5</sup> policy and guidance document. The flooring was carpeted, meaning it could not be cleaned effectively. Whilst we found that cleaned and sterilised equipment was stored in appropriate containers, the containers were kept on top of a wooden table, which would inhibit effective cleaning. This was discussed with the practice owner who told us that there were plans to redesign the decontamination room once the damp on the walls had been rectified. This was the responsibility of the landlord of the property.

The practice had the use of two autoclaves and we saw inspection certification showing they were safe to use. We saw that daily checks were being carried out and records maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show they remained safe to use.

Staff demonstrated their decontamination process, which was of a good standard. We discussed with the practice that they must ensure that they monitor the temperature of the water used for manually cleaning instruments, as recommended by WHTM-01-05. We saw certificates showing staff had attended training on infection control and decontamination.

We found that an audit of the infection control arrangements had been recently carried out and areas for improvement identified and actions taken where appropriate.

In the two surgeries we saw that there were small gaps between the joins in the worktops, which may prevent effective cleaning. We also saw in one surgery that the covering to the window sill had become loose. The flooring needed to be sealed in both surgeries against the walls, to help prevent dirt and dust from accumulating in the gaps. The practice owner agreed to address these issues.

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<sup>5</sup> 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

### Improvement needed

The practice owner must devise a plan to refurbish the decontamination room to ensure it meets the requirements of WHTM-01-05.

The wooden table used to store clean instruments must be replaced with a table that can be effectively cleaned.

The practice owner must seal the gaps between the worktops in the surgeries and ensure that the flooring is also appropriately sealed against the walls.

The practice owner must replace/fix the covering to the window sill in the one surgery.

The practice owner must ensure that the water temperature is monitored according to appropriate guidelines when manually cleaning instruments.

### Medicines management

We saw that equipment and drugs were available for use in a patient emergency (collapse) and were easily accessible. The drugs and equipment were being checked on a regular basis to ensure they remained in date and safe to use. We found that all staff had received training within the last 12 months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

The practice had a policy in place for managing medical emergencies. We recommended that it should be updated to include the individual roles and responsibilities during an emergency and the process for contacting the emergency services.

### Improvement needed

The practice owner should update the medical emergencies policy to ensure it details the process and individual roles and responsibilities during an emergency.

### Safeguarding children and adults at risk

The practice had appropriate policies in place to promote and protect the welfare of children and adults who are vulnerable or are at risk. The practice



owner was reminded to update the procedures to include the contact details for the safeguarding teams at the local council.

We saw certificates confirming that staff had completed training on child and adult protection, however, some certificates were just out of date. The practice owner confirmed that training had been arranged for August 2018. Staff we spoke to confirmed that they were aware of the procedure should a safeguarding concern be raised.

We found that the practice had appropriate procedures in place to ensure safe recruitment of new members of staff, including pre-employment checks, to help protect both staff and patients against inappropriate personnel from being employed.

#### Improvement needed

The practice must update the safeguarding policies to ensure they include the contact details for the local council safeguarding team.

#### Medical devices, equipment and diagnostic systems

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw training certificates demonstrating that all relevant staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council (GDC).

We saw that image quality audits of X-rays had been completed regularly as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required.

The practice was unable to provide evidence of servicing of the compressor<sup>6</sup> on the day of inspection. This was discussed with the practice owner who confirmed they were waiting for an engineer to provide a servicing pack. We received confirmation of the compressor being serviced four days following the inspection.

#### Improvement needed

The practice owner must ensure that there are robust arrangements in place for the servicing of the compressor to ensure it is serviced in line with appropriate guidelines.

### Effective care

#### Safe and clinically effective care

The practice carried out a limited number of audits to monitor the quality and safety of the care and treatment provided to patients. We recommended that the practice owner consider implementing a wider range and a more structured programme of audit activity to help identify areas for improvement. The practice owner agreed to do this.

#### Improvement needed

The practice owner should consider implementing a wide range and structured programme of audit activity, including improvement plans where appropriate.

### Quality improvement, research and innovation

Regular meetings were held between the two practices where information was shared. We were told that as a group of dentists they have regular reviews and

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<sup>6</sup> A dental air compressor is one that provides compressed air to dentistry. Compressed air is used to power some dental tools and sometimes move the chair around.

discussions to help ensure that clinical staff are kept up to date with best practice.

### Information governance and communications technology

We found that there was good provision to maintain the security of patient records, to help prevent unauthorised access.

### Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. The notes made were mostly detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients.

We found however, some areas where records were inconsistent and needed to be improved:

- Patient verbal consent was not always documented within records
- Patient medical histories needed to be consistently recorded and checked by the clinicians in-line with national guidelines
- Recording of patient social history was not consistently recorded i.e. alcohol and tobacco use. Where patient records indicated they were smokers, there were limited records of when smoking cessation advice had been offered.

#### Improvement needed

The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.

## 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 that Teeth for Life had systems and processes in place which ensure the practice and the staff are supported to provide a high quality service.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients.

Staff told us they felt well supported in their roles and that they had the opportunity to attend relevant training to develop their skills and knowledge.

The implementation of an overall record of staff training was recommended.

## Governance, leadership and accountability

Teeth for Life is owned by the principal dentist who is supported by a wider team of clinical and non clinical staff. At the time of inspection the principal dentist had also applied to be the registered manager for the practice, and was in the final stages of this process. Shortly after the inspection the practice owner was confirmed as the registered manager. The practice had a statement of purpose and patient information leaflet, as required by the regulations. These were considered as part of the registration process and minor recommendations were made to ensure they were compliant with the regulations.

We found the practice team to be organised and very proactive in their approach to providing safe and effective care to their patients. Clear lines of accountability and reporting were described by all of the practice team. Where we identified areas for improvement, the practice owner acted promptly and demonstrated a willingness and commitment to address any issues and

suggestions. We reminded the practice owner to ensure that where recommendations have been made at this practice that they are also considered whether they are applicable at the sister dental practice.

Staff working on the day of our inspection told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear and knowledgeable about their roles and responsibilities. Staff told us that they felt communication within the practice was good. We saw that regular staff meetings were held, and meeting minutes produced and shared with those not able to attend the meeting.

We saw that there was a comprehensive range of policies and procedures in place with the aim of ensuring the safety of staff and patients. We saw that the majority of policies were reviewed and dated. We reminded the practice owner to date the policies and procedures when next reviewed to ensure staff know that they are accessing the most up to date guidance.

## **Staff and resources**

### **Workforce**

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the practice owner to access training opportunities. We recommended that the practice owner implement a training matrix to ensure that an overall record of staff training is easily accessible. This would also help to ensure compliance with essential training is maintained in a timely manner.

We found that the practice owner was in the process of implementing appraisals for all staff, and that this was ongoing.

Dentists and nursing staff were registered with the General Dental Council to practise and had indemnity insurance cover in place.

Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection. We recommended that the practice owner seek advice from occupational health for some staff where outcome levels of Hepatitis B conversion were not available. The practice owner agreed to do this.

The practice owner described an appropriate recruitment process for new staff, which included relevant pre-employment checks to help ensure only appropriate staff were recruited. We found that the practice had a range of

policies and procedures in place covering the recruitment, induction and ongoing employment of staff to support them in their roles.

As one of two dental practices we found that the practice owner was able to ensure that appropriate levels and numbers of staff were available. We were told by both staff and the practice owner that they were able to work from either practice when required, helping to ensure continuity of care for patients.

#### Improvement needed

The practice owner should implement and maintain a record of all staff training.

## 4. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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
During the course of the inspection we found a clinical waste bag left on the floor of the decontamination room.	The clinical waste bag was not stored within a container, such as a foot operated pedal bin. This meant that staff could potentially be at risk when moving the bin. There was also potential for fluids/waste material to leak out of the bag onto the floor of the decontamination room, which was not easily cleanable as it was carpeted.	This was raised directly with the practice owner of the practice during the inspection day.	The practice owner immediately purchased a foot operated pedal bin to store the clinical waste bag and its contents.

## Appendix B – Immediate improvement plan

**Service:** Teeth for Life

**Date of inspection:** 9 July 2018

The table below includes any immediate non-compliance 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.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non-compliance notices were issued.				

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:** Teeth for Life

**Date of inspection:** 9 July 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/ Regulation	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The practice should update the complaints procedure to inform patients about timescales in place for dealing with complaints.  The practice should provide information to patients on the NHS Putting Things Right process.	Standard 6.3 Listening and Learning from feedback  Regulation 21(1)	Updating of complaints policy to include timescales.  NHS Putting Things Right A4 poster displayed.	Adam Lody	Completed July 2018
<b>Delivery of safe and effective care</b>				
The practice owner must ensure that clinical waste awaiting collection is stored in a safe and secure way.	Standard 2.1 Managing risk and promoting	Lockable clinical waste outside storage bin to be purchased after side fencing completed	Adam Lody	End of September 2018

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The practice owner must review the environmental risk assessment to ensure it is a reflection of the current risks within the practice and where appropriate to ensure any risks highlighted are addressed.</p> <p>The practice owner must ensure that cleaning materials are kept securely to prevent unauthorised access and use.</p>	<p>health and safety Regulation 8 (1)(m) Regulation 22 (2)(a) Regulation 8 (1)(c,d,e)</p>	<p>Environmental Risk Assessment reviewed</p> <p>Cleaning materials cupboard fitted with key operated lock</p>		<p>Completed 16/7/18</p> <p>Completed 16/7/18</p>
<p>The practice owner must devise a plan to refurbish the decontamination room to ensure it meets the requirements of WHTM-01-05.</p> <p>The wooden table used to store clean instruments must be replaced with a table that can be effectively cleaned.</p> <p>The practice owner must seal the gaps between the worktops in the surgeries and ensure that the flooring is also appropriately sealed against the walls.</p> <p>The practice owner must replace/fix the covering to the window sill the one surgery.</p> <p>The practice owner must ensure that the water temperature is monitored according to</p>	<p>Standard 2.4 Infection Prevention and Control (IPC) and Decontamination Regulation 22 (2)(a,b) Regulation 13 (3)(b) and 6(b)(i)</p>	<p>Decontamination room to be refurbished following work to correct damp/water ingress.</p> <p>Wooden table replaced</p> <p>Cabinetry company to be instructed on worktops/flooring/sill</p> <p>Manual cleaning procedures to be reviewed</p>	<p>Adam Lody</p>	<p>Immediately following remedial damp works, approx. October/November 2018</p> <p>End of September for worktops/sill</p> <p>Manual</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
appropriate guidelines when manually cleaning instruments.				cleaning procedure reviewed July 2018
The practice owner should update the medical emergencies policy to ensure it details the process and individual roles and responsibilities during an emergency.	Standard 2.6 Medicines Management Regulation 8 (1)(q)	Update of the medical emergencies policy	Adam Lody	Completed August 2018
The practice must update the safeguarding policies to ensure they include the contact details for the local council safeguarding team.	Standard 2.7 Safeguarding children and adults at risk Regulation 14 (1)(c)	Details of local safeguarding team added	Adam Lody	Completed August 2018
The practice owner must ensure that there are robust arrangements in place for the servicing of the compressor to ensure it is serviced in line with appropriate guidelines.	2.9 Medical devices, equipment and diagnostic systems Regulation 13	Agreement reached with a Dental Engineering Company for regular servicing and date entered into practice management software for reminders	Adam Lody	Completed 10/7/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	(2)(a)			
The practice owner should consider implementing a wide range and structured programme of audit activity, including improvement plans where appropriate.	3.1 Safe and Clinically Effective care Regulation 16(1)(a)	Practice management online system joined with structured audit process in place along with reminders	Adam Lody	Completed 1st August 2018
The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.	3.5 Record keeping Regulation 20 (1)(a)(i)(ii)	Organise meeting with dentists for update on professional standards for record keeping then audit regularly using practice management system	Adam Lody	Completed 1st August 2018
<b>Quality of management and leadership</b>				
The practice owner should implement and maintain a record of all staff training.	7.1 Workforce Regulation 8(1)(h)	Maintain staff record sheets of training completed and review at appraisal	Adam Lody	Started 1st August 2018 and ongoing

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): Adam Lody**  
**Job role: Principal Dentist**  
**Date: 28 August 2018**