

General Dental Practice Inspection (Announced)

Grosvenor Place Dental Practice /
Betsi Cadwaladr University Health
Board

Inspection date: 18 September
2018

Publication date: 19 December
2018

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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	21
4.	What next?	24
5.	How we inspect dental practices	25
	Appendix A – Summary of concerns resolved during the inspection	26
	Appendix B – Immediate improvement plan	27
	Appendix C – Improvement plan	28

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 Grosvenor Place Dental Practice at 4 Grosvenor Street, Mold, Flintshire, CH7 1EJ, within Betsi Cadwaladr University Health Board on the 18 September 2018.

Our team, for the inspection comprised of a HIW inspector 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 Grosvenor Place 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.

We found the practice to be well run and meeting the relevant standards and regulations to ensure the health, safety and welfare of staff and patients.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

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
- Good standard of infection control arrangements
- Good standard of record keeping.

This is what we recommend the service could improve:

- Remove any stock material stored in the cellar.
- All staff to receive fire training.
- Ensure heavy duty gloves are used for the cleaning of dental instruments.
- Ensure reception staff receive training in the protection of vulnerable adults.
- Ensure used sharps are dismantled and disposed of by the user only.

There were no areas of non compliance identified at this inspection.

3. What we found

Background of the service

Grosvenor Place Dental Practice provides services to patients in the Flintshire area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes four dentists, one therapist, two qualified dental nurses, a trainee dental nurse, two receptionists and a Compliance 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.

Overall, we found evidence that Grosvenor Place 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 13 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 positive. All patients who completed a questionnaire rated the care and treatment received as excellent. Some of the comments provided by patients on the questionnaires included:

"I have always received fantastic care"

"Everything is fine"

"Excellent"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; comments provided by patients included:

"Saturday clinic would be good"

"More NHS places. I need one!"

Staying healthy

Health promotion protection and improvement

There was ample, dedicated dental health promotion information available in the reception / waiting area, 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.

Without exception all patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We noted that information on prices was available to view in the waiting area which meant patients had access to information on how much their treatment may cost.

A sign displaying 'No Smoking' was displayed by the main entrance which confirmed the emphasis being placed on compliance with smoke free premises legislation¹.

Dignified care

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

“All the staff are very good”

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.

We noted that the 9 Principles as set out by the General Dental Council (GDC)² was available to patients upon request in the reception area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

¹ The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

² <https://standards.gdc-uk.org/>

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 patient who completed a questionnaire told us that the cost of any treatment was always made clear to them before they received any treatment.

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 had its own patient information leaflet which was available in the reception area. The leaflet contained all the information required by the regulations.

Communicating effectively

All but one of the patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language. Some staff working at the practice can communicate bilingually with patients.

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 would know how to access the out of hours dental service if they had an urgent dental problem.

An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, provided on the answer phone message, the practice website and patient information leaflet.

All patients who completed a questionnaire confirmed that it was very or fairly easy to get an appointment when they needed one.

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were adequately maintained. Treatment planning and options were recorded for each patient.

Without exception, all patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

The treatments and services offered by the practice were in accordance with the statement of purpose.

People's rights

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

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

Listening and learning from feedback

We saw that the practice had a written complaints procedure in place for both private and NHS treatment. The procedures for making a complaint or how to raise a concern were clearly on display in the waiting area and were also available bilingually. However, the notice did not include the correct timescales for acknowledging and responding to the complaints in line with the NHS Putting Things Right³. We brought this to the attention of the staff who immediately amended the procedure. Details were also included within the patient information leaflet.

We saw evidence that the practice had a system in place to log formal and informal complaints and concerns.

³ <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception area along with a comment box. Details of all feedback analysis are discussed with the dental team and we saw the latest survey results which were extremely positive. We advised the practice to display an analysis of patient feedback in the waiting areas to demonstrate to patients visiting the practice that their feedback had been captured; and acted upon to enhance learning and service improvement.

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 to be well run and meeting the relevant standards and regulations to ensure the health, safety and welfare of staff and patients.

We found that patients were provided with safe and effective dental care.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the relevant guidance and audit tools. We also saw evidence that regular checks of equipment and decontamination processes were taking place.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

The building appeared to be generally well maintained internally and externally. During a tour of the building we saw that all areas were clean and tidy. However, we found some chemicals such as bleach kept in a cupboard within the patients' toilet facility. The cupboard did display a hazardous substance warning sign but we found the cupboard ununlockable. We also found some stock materials being stored on the floor in the cellar. We recommended that these be removed from in the cellar due to mould being visible on one of the walls. The practice agreed to remove the items.

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 or fairly clean.

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly very clean. However, no sanitary disposal bin was available in the staff toilet. The practice immediately arranged for a sanitary disposal bin to be added to the staff facilities during our visit. We also advised the practice to replace any open bins with foot operated bins.

We saw that the testing of portable appliances (PAT) had been completed to ensure the safe use of small electrical appliances within the practice.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months.

Emergency exits were visible and a Health and Safety poster was displayed within the practice. Regular fire drills took place and were documented. However, we noted that none of the staff had received fire training.

The practice had in place relevant policies, procedures and risk assessments, to ensure the premises were fit for purpose.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR) / emergency resuscitation training. The practice had a named, appointed first aider.

Improvement needed

Ensure all chemicals are stored securely in the patients' toilet facility.

Remove any stock material stored in the cellar.

All staff to receive fire training.

Infection prevention and control

Decontamination of dental instruments was undertaken within the surgeries. We were satisfied that there were appropriate procedures in place to minimise the risk of cross infection to protect both patients and staff. The areas were very clean, well organised, equipped and uncluttered.

The practice informed us that they have future plans in place to create a dedicated facility on the first floor for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁴.

We considered the arrangements for decontamination and our observations of this process were satisfactory. Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination. Our observations included:

- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection
- Daily surgery checklists in place.

We saw that the dental nurses did not use the heavy duty gloves provided by the practice for manual cleaning. We were told that these did not fit properly and the dental nurses cannot effectively decontaminate instruments when wearing the gloves. Instead they use nitrile gloves, which are made out of a synthetic rubber. We recommended to the practice that the heavy duty gloves provided must be worn for the cleaning of dental instruments as they are less likely to be punctured by sharp instruments.

We saw evidence that infection control audits took place using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

⁴ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for each autoclave⁵ and we saw evidence that start and end of the day safety checks were taking place.

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.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries. The occupational health details were displayed in the staff room. However, we noted that the actual phone number was not on display. We brought this to the attention of the practice who immediately added the contact number during our visit.

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

Improvement needed

Ensure that heavy duty gloves are used for the cleaning of dental instruments.

Medicines management

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

⁵ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam

The emergency drugs were stored securely and in a location making them immediately available 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 emergency drugs to ensure they remained in date and ready for use.

There were no size '0' airways available in the emergency kit held by the practice. Our concerns regarding the emergency kit were dealt with immediately during the inspection. Further details are provided in Appendix A.

The practice had a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Prescription pads were kept securely. Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There were safeguarding policies in place to protect children and vulnerable adults. The policies contained the contact details for the local safeguarding team along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. However, we did recommend that the two receptionists complete training in the protection of vulnerable adults, which the practice agreed to arrange. The practice had identified a member of staff as the nominated safeguarding lead who took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and guidance to staff on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the principal dentist and were confident those would be acted upon.

The registered manager described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This

included undertaking Disclosure and Barring Service⁶ (DBS) checks. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

Improvement needed

Ensure reception staff receives training in the protection of 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, clean and tidy.

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 regular image quality assurance audits of X-rays were completed. We saw evidence of up-to-date ionising radiation training for all clinical staff.

We discussed the procedure of dismantling used sharps by the clinical team. We were told that needle re-sheathing devices are not used and that the user re-sheaths used needles themselves. However, on some occasions, used sharps had been dismantled and disposed of by the dental nurses. The practice must ensure that only the dentists dismantles used sharps.

Improvement needed

Ensure that used sharps are dismantled and disposed of by the user only.

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

Effective care

Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that audits had been completed and or arranged by the practice such as; prescribing antibiotics, cross infection, clinical notes, X-ray quality, waste management and patients' feedback.

Quality improvement, research and innovation

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

The practice might wish to consider using the Welsh Dental Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix is a dental practice team development tool that encourages the team to focus on best practice, quality and safety, legislative requirements and on how they work as a practice team.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place to guide staff about what was required of them.

Record keeping

A sample of patient records was reviewed for each of the dentists and therapist. Overall, there was evidence that the practice as a whole is keeping good clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

In all cases, the records we reviewed were individualised for that patient and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of good quality.

We found that patients' informed consent was not always recorded. However, it was clear from patients' records that informed consent was obtained during their consultation but not always recorded. We also saw evidence of fully completed treatment plans signed by the patients. We advised the practice to ensure that informed consent is always recorded.

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 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.

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

Governance, leadership and accountability

The principal dentist / owner of Grosvenor Place Dental Practice is the registered manager⁷ and nominated responsible individual⁸.

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

⁷ "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

⁸ "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

The day to day management of the practice was the responsibility of the principal dentist, along with the assistance of a recently recruited part time compliance manager.

Staff told us that they were confident in raising any issues or concerns directly with the principal dentist and felt well supported in their roles. Since most of the staff had worked together for some time, there was a good rapport amongst them.

We found that staff were clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for their patients.

The practice had a range of policies and procedures in place.

We were provided with a copy of the Statement of Purpose which conformed to the Private Dentistry (Wales) Regulations 2017.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The HIW registration certificate was clearly on display in surgery 1. The practice also had a current public liability insurance certificate available.

Staff and resources

Workforce

We were informed by the principal dentist that all staff had a contract of employment and that all contracts were retained securely off-site. We saw that the practice had an induction programme in place, which covered training and relevant policies and procedures.

We saw evidence that the practice had plans in place to undertake staff appraisals during November and December.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. However, the practice did not have a training matrix tool in place. We advised the principal dentist to devise a training matrix in order to monitor the training and skill levels within the practice.

Staff told us that the practice holds regular team meetings and we saw there were detailed records being kept on file.

The Private Dentistry (Wales) Regulations 2017 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. As previously mentioned in the report, we saw evidence that DBS clearance checks had been carried out for all clinical staff.

The registered provider confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

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, measurable, 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
There was no size '0' airway available in the emergency kit held by the practice.	This meant that small children were at risk in an emergency situation.	We brought this to the attention of the principal dentist who immediately arranged for the item to be purchased.	The principal dentist immediately ordered the item on the day of our inspection for delivery the next day.

Appendix B – Immediate improvement plan

Service: Grosvenor Place Dental Surgery

Date of inspection: 18 September 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
There were no immediate non-compliance concerns 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: Grosvenor Place Dental Practice

Date of inspection: 18/09/2018

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
Quality of the patient experience				
N/A				
Delivery of safe and effective care				
Ensure all chemicals are stored securely in the patients' toilet facility.	2.1 Managing risk and promoting health and safety;	Place a lock on the cupboard in the Patient Toilet	Alison Ryle	Done
Remove any stock material stored in the cellar.	PDR 8	Remove stock and place in new stock room, converted from the unused office	Registered Manager DVM	To be completed by 21.12.2018.
All staff to receive fire training.		The Receptionists to go on Fire Wardens Training Course.	All Staff	To be complete

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		All other staff to take an on-line Basic Fire Awareness Course and receive on-going training during the Staff Meetings.		by 21.12.2018
Ensure that heavy duty gloves are used for the cleaning of dental instruments.	2.4 Infection Prevention and Control (IPC) and Decontamination, PDR 8	We are currently using heavy duty marigold gloves, but we are obtaining & trailing the most suitable heavy-duty gloves for the individual Dental Nurses.	All Clinical Staff	To be completed and implemented by 01.12.2018
Ensure reception staff receives training in the protection of vulnerable adults.	2.7 Safeguarding children and adults at risk; PDR 14	The Reception staff to go on a training course for the protection of vulnerable adults course	Alison Ryle and Catherine Jones (Reception Staff)	By 30.12.18
Ensure that used sharps are dismantled and disposed of by the user only.	2.9 Medical devices, equipment and diagnostic systems; PDR 8	New procedure to be written and staff to be updated and trained	Compliance Manager and all clinical staff	Immediately and completed by 10.12.18
Quality of management and leadership				
N/A				

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): Dr Dorothy Victoria Marshall

Job role: Principal Dentist / Owner

Date: 07/11/2018