

General Dental Practice Inspection (Announced)

{My}dentist, Menai Bridge / Betsi
Cadwaladr University Health
Board

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

In writing:

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

Or via

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

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 {My}dentist at Mona Road, Menai Bridge, Anglesey, LL59 5EA, within Betsi Cadwaladr University Health Board on the 1 October 2019.

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 {My}dentist, Menai Bridge 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 that various maintenance contracts were 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 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
- Seeking the views of patients
- Surgery facilities were well-equipped, tidy and well organised
- Appropriate arrangements were in place for the safe use of x-ray
- Appropriate arrangements were in place for infection prevention and control
- Excellent arrangements in place for patient medical emergencies
- Excellent clinical records are being maintained.

This is what we recommend the service could improve:

- Ensure correct airflow in the decontamination room.

We identified the service was not compliant with Regulation 13 (4) (a) – Quality of treatment and other service provision, specifically the recording of temperature checks on the clinical refrigerator.

These were serious matters and resulted in the issue of a non-compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

3. What we found

Background of the service

{My}dentist, Menai Bridge provides services to patients in the Anglesey 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 three dentists, one hygienist, three dental nurses, one receptionist and a dedicated 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.

Overall, we found evidence that {My}dentist, Menai Bridge 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 41 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. The majority of patients who completed a questionnaire rated the care and treatment received as excellent or very good.

Some of the comments provided by patients on the questionnaires included:

"Good practice like the reminder texts"

"Keep up with what you're doing"

"Very happy with the practice"

"Very satisfied"

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

"Easier access, no last minute cancellations"

"Waiting times to get an appointment can be rather long. Appointments have been cancelled previously. They do try to squeeze patients with acute needs in though"

“More dentists”

“Not change dentists as often”

Staying healthy

Health promotion protection and improvement

There was ample, dedicated dental health promotion information available in the reception and waiting area which meant patients had access to information that could support them in caring for their own oral hygiene. There were various posters and information sheets displayed bilingually which gave patients a range of information about the dental practice and oral health.

The majority of patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We noted that information on prices was available by the reception desk and waiting areas which meant patients had access to information on how much their treatment may cost.

A sign displaying 'No Smoking' was displayed 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. Some patients told us:

“Everyone so helpful and pleasant”

“I feel respected and reassured”

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

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.

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

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 that they had received clear information about the available treatment options. All but one of the patients 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 bilingually around the reception and the waiting area.

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

Communicating effectively

The majority of patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language. The majority of staff working at the practice can communicate bilingually with patients. We noted that the Iaith Gwaith poster was on display by reception. The Iaith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers.

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.

² <https://standards.gdc-uk.org/>

Around a third of patients who completed a questionnaire said that they would not 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 and in the patient information leaflet.

The vast majority of 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 very detailed and of high quality. We saw evidence of treatment options being recorded and consent to treatment being obtained from each patient.

All patients who completed a questionnaire confirmed that the clinical team enquire about their medical history before undertaking any treatment. However, during our review of the patient records, we found one patient who did not have a medical history form enclosed within their records. We recommended that the patient completes a new medical history form at their next visit. The practice manager immediately updated the patient's computer notes appropriately during our inspection.

The treatments and services offered by the practice were in accordance with the statement of purpose³.

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.

³ Regulation 5 and Schedule 1 of the Private Dentistry (Wales) Regulations 2017 set out the information required in a statement of purpose.

The practice is located over two floors. There was good disabled access to the building by means of lift. Wheelchair users could access the reception, waiting area, toilet facility and one surgery.

Listening and learning from feedback

We saw that the practice had a written complaints policy in place. The procedures for making a complaint or how to raise a concern were clearly on display in waiting areas.

We saw evidence that the practice had systems in place to record, monitor and respond to any complaints received.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception and waiting areas. The practice also informed us that patients receive a text message after each appointment allowing them to provide feedback. Patients are also able to give feedback via the practice website. Details of all feedback analysis are discussed with the dental team and displayed in the waiting area. This demonstrates to patients visiting the practice that their feedback had been captured and acted upon to enhance learning and service improvement.

We also found that a comment box is available in the reception area in order for patients to provide additional feedback or leave suggestions anonymously.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found the practice to be well run and meeting the relevant standards 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.

Excellent arrangements in place for patient medical emergencies.

Excellent standard of record keeping.

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

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

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly very clean.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months. We noted that all staff working at the practice had received fire training.

Emergency exits were visible and a Health and Safety poster was displayed within the practice.

The practice had a range of policies and procedures, as well as various risk assessments in place, such as, fire, environmental and health & safety. All risk assessments were current and we saw evidence that these were regularly reviewed.

We were fully assured that the premises were fit for purpose and we saw ample documentation which showed that the practice had considered all risks both internally and externally to staff, visitors and patients.

The practice had a resuscitation policy in place and we saw that all staff had received cardiopulmonary resuscitation (CPR)/emergency resuscitation training.

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) 01-05. The facility was very clean, well organised, equipped and uncluttered.

We considered the arrangements for decontamination and our observations of this process were good. Staff demonstrated the decontamination process and our observations included:

- 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 maintenance checks
- Instrument storage containers were sturdy, with lids.

We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

During our previous inspection we identified that the extractor fan was on the clean side of the decontamination room, which created the wrong air flow direction. We recommended to the practice that they consider reviewing this to be in line with the Welsh Health Technical Memorandum (WHTM) 01-05 guidance and it was highlighted as a formal area of improvement. It was noted during this inspection that the practice had carried out remedial work in the decontamination room. However, we found that the remedial work had created further problems with the airflow. We discussed our concerns regarding the incorrect airflow with the practice manager who immediately contacted the facilities department for {My}dentist group. During the visit, we were verbally assured that arrangements have been put in place to remedy the incorrect airflow by the end of the week.

We saw evidence that bi-annual infection control audits had been completed using recognised audit tools, including the Health Education and Improvement Wales audit tool which is aligned to the WHTM 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit. The infection control audit had been completed and we saw evidence that the resulting action plan had been actioned. In addition to completing WHTM audits, we also found that the practice regularly completed the {My}dentist Infection Prevention Society audits.

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

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 to deal with any sharps injuries. 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.

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.

Improvement needed

Implement changes required in the decontamination room to improve airflow.

Medicines management

The service had excellent procedures in place showing how to respond to patient medical emergencies. We found that the practice undertakes regular emergency scenarios with staff which promotes good practice. All clinical staff had up-to-date cardiopulmonary resuscitation (CPR) training and the service had two dedicated first aiders.

The emergency drugs and equipment were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice.

We found that the temperature of the clinical refrigerator was not being monitored on a daily basis nor was it clearly identified as a clinical refrigerator.

These were serious matters and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

We found that GlucaGen⁴ was not being stored in the clinical refrigerator. GlucaGen can be stored outside the refrigerator at a temperature not exceeding 25 degrees Celsius for 18 months and provided that the expiry date is not exceeded. We found that the GlucaGen remained in date but the date of expiry had not been altered to reflect when it would have been stored for 18 months outside of the refrigerator. We recommended that the practice ensures that expiry dates for any medications which are stored outside of the clinical refrigerator must be altered as per manufacturing guidelines. The practice immediately arranged for the expiry date to be altered during our visit.

⁴ **GlucaGen** is a prescription medicine used to treat very low blood sugar (severe hypoglycemia) that can happen in people who have diabetes and use insulin.

Improvement needed

The practice must ensure that a robust system is put in place to record the expiry date of any emergency medications which are stored outside of the clinical refrigerator as per manufacturing guidelines.

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 also found that a copy of the procedures and contact details were available at reception.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. We also noted that the practice undertakes regular safeguarding scenarios with staff which promotes good practice.

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 practice manager and were confident those concerns would be acted upon.

The practice described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks for staff appropriate to the work they undertake. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check in place and all relevant staff were registered with the General Dental Council.

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 very well organised, very 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 found that the practice had not used the Health Education and Improvement Wales Quality Improvement Tool for Ionising Radiation. However, we found that specific risk assessments were in place for each machine.

We saw evidence of up-to-date ionising radiation training for all clinical staff.

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 relevant audits had been completed and or arranged by the practice such as; hand hygiene, cross infection, patients' feedback, X-ray quality, referrals, antibiotic prescribing and clinical notes.

We found that smoking cessation advice is discussed and recorded in clinical records by each of the clinicians. However, we found that no intergratedating smoking cessation audits had been undertaken. We recommend that the practice includes the intergratedating smoking cessation audit in their annual programme of planned audits.

We also advised the practice that they might wish to consider using the Health Education and Improvement Wales (HEIW) audit tools as it promotes good practice.

Improvement needed

Ensure that intergrated smoking cessation audits are undertaken and included as part of the practice annual programme of audits.

Quality improvement, research and innovation

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

We were told that the practice was using tools developed by the corporate centre of the {My}dentist group designed to support quality improvements processes.

The practice might wish to consider using the HEIW 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 paper records were kept securely and electronic files were being backed up regularly. 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. Overall, there was evidence that the practice as a whole is keeping excellent 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 very clear, legible and of high quality.

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.

The staff team appeared very happy in their roles and were competent in carrying out their duties and responsibilities. Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas which helped to ensure they had up-to-date skills and knowledge to assist them with their work.

We saw that the practice had a range of policies and procedures in place.

Governance, leadership and accountability

The practice manager is the registered manager⁵ and the Group Clinical Director for {My}dentist is the nominated responsible individual⁶.

⁵ "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

⁶ "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)

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

The day to day management of the practice was the responsibility of the practice manager who we found to be very committed and dedicated to the role within the practice. Staff told us that they were confident in raising any issues or concerns directly with the practice manager 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. All the staff were committed to providing a high standard of care for their patients and were supported by a range of policies and procedures. We saw evidence showing staff had signed the policies to confirm they had been read and understood. All policies and procedures contained an issue and review date. This ensured that policies were reviewed regularly to confirm local practices were up to date.

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 practice also had a current public liability insurance certificate available.

Staff and resources

Workforce

We noted that staff had a contract of employment that was retained on staff files. We also saw that the practice had an induction programme in place, which covered training and relevant policies and procedures. We saw evidence that staff appraisals were also undertaken.

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.

Staff told us that the practice holds regular team meetings and we saw there were detailed records being kept on file. For any member of staff unable to attend, the minutes are brought to their attention by the practice manager. This ensures that all staff are aware of the issues and discussions taking place regarding the practice.

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 2017](#), 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
<p>We found that GlucaGen was not being stored in the clinical refrigerator. GlucaGen can be stored outside the refrigerator at a temperature not exceeding 25 degrees Celsius for 18 months and provided that the expiry date is not exceeded. We found that the GlucaGen remained in date but the date of expiry had not been altered to reflect when it would have been stored for 18 months outside of the refrigerator.</p>	<p>Patient could be put at risk in an emergency situation.</p>	<p>We brought this to the attention of the practice manager during our inspection.</p>	<p>The practice manager immediately arranged for the expiry date to be altered during our visit.</p>

Appendix B – Immediate improvement plan

Service: {My}dentist, Menai Bridge

Date of inspection: 1 October 2019

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
<p>The practice must ensure that:</p> <ul style="list-style-type: none">the refrigerator is clearly identified as a clinical refrigerator;the temperature of the clinical refrigerator must be monitored at regular times each day and records maintained.	Regulation 13 (4) (a)	<p>Clinical Refrigerator- it was discussed that the refrigerator used to store dental materials requires a sign displaying it is a medical refrigerator</p> <p>The refrigerator was not labelled however it is not located in a public or food preparation area and the team are all aware of its function. Signage was placed immediately to clearly identifying that it is a medical refrigerator.</p> <p>The temperature of the clinical refrigerator – historical records of</p>	Ceri Jones	Completed

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		<p>fridge temperature monitoring were available demonstrating temperature checks of the fridge. From February 2019 it was the teams understanding this was no longer a requirement.</p> <p>The temperature of the refrigerator was taken immediately and found to be within the required temperature range. There is no reason to suspect there had been a fluctuation in the temperatures since the last recorded check</p> <p>Once the issue had been identified, the appropriate corrective action was undertaken to achieve immediate compliance</p> <p>A significant event analysis was undertaken and shared with the team immediately, then formally the following morning at a team meeting.</p>		

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		<p>A system has been implemented to ensure the refrigerator temperature is checked and recorded on working days at a similar time each day</p> <p>With the implementation of the above corrective actions we are confident of full compliance however this will continue to be monitored in the following ways:</p> <ol style="list-style-type: none"> 1. The temperature recording log is to be sent to the Head of Compliance each day for a period of two weeks, 2. For a further period of 4 weeks weekly submissions will continue for monitoring purposes. 3. The temperature recording log will also be audited by the practice manager weekly and findings shared with the team. 		

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
		<p>4. A review will be undertaken by the practice manager & regulatory officer at 6 weeks to ensure continual compliance</p> <p>On Monday 30th September 2019 - The new stock management policy was released via the company intranet to all practice managers with an action to review with their team, this would have identified the issue raised.</p> <p>A message has been placed on the dashboard of all our practice's compliance framework. This is accessible to all managers and their delegated users to cascade to all team members</p> <p>There has been an additional column added to the temperature recording log to record the time of monitoring</p>	Regulatory Officer & Practice manager	Tuesday 12 th November 2019

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): CERI JONES

Job role: PRACTICE MANAGR

Date: 08/10/19

Appendix C – Improvement plan

Service: {My}dentist Menai Bridge

Date of inspection: 1 October 2019

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				
Implement changes required in the decontamination room to improve airflow.	2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01 – 05 – Section 6.41 – 6.2	Correction of flow of fans in decontamination room completed Tuesday 05 th November.	Practice Manager	Completed
The practice must ensure that a robust system is put in place to record the expiry date of any emergency medications which are stored	2.6 Medicines Management; PDR 13 (4 a,b)	The Glucagen Hypokit Injection 1mg is stored in line with manufacturer's guidance which states it can be stored outside a refrigerator for 18months after	Practice Manager	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
outside of the clinical refrigerator as per manufacturing guidelines.		delivery date. As with all other emergency drugs it is checked on a daily/monthly basis and recorded on a checklist and also on an internal governance system which will set a reminder the previous month to the expiry date. The governance system is also monitored by the company's compliance team to ensure all drugs are replenished appropriately.		
Ensure that interating smoking cessation audits are undertaken and included as part of the practice annual programme of audits.	3.1 Safe and Clinically Effective care; PDR 8 (n)	Smoking Cessation audits are included in our record card audits which are completed every 6 months, or sooner if required. Last completed in practice August 19. All findings and feedback is discussed/documentated and given to each clinician.	Practice Manager	Completed
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): Ceri Jones

Job role: Practice Manager

Date: 27th November 2019