

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

Deintyddfa Deudraeth Dental  
Care / Betsi Cadwaladr University  
Health Board

Inspection date: 10 January 2019

Publication date: 11 April 2019

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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 Deintyddfa Deudraeth Dental Care at 6 Church Street, Penrhyndeudraeth, Gwynedd, LL48 6AB, within Betsi Cadwaladr University Health Board on the 10 January 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 Deintyddfa Deudraeth Dental Care 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 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 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 clinical records are being maintained
- Appropriate arrangements were in place for infection prevention and control.

This is what we recommend the service could improve:

- Implement a programme of clinical audits.

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

### 3. What we found

#### **Background of the service**

Deintyddfa Deudraeth Dental Care provides services to patients in the Gwynedd 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 hygienist, two therapists, 14 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 Deintyddfa Deudraeth Dental Care 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 31 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 either very good or excellent.

Some of the comments provided by patients on the questionnaires included

*"Excellent service. I could not praise them highly enough"*

*"Service and treatment excellent"*

*"Excellent service very high standards"*

*"Staff always happy to help"*

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

*"Later sessions in the day as it is difficult (sometimes) to attend after work"*

*"Maybe cushions on the waiting room seats and a drinks machine"*

## 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 that 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.

All but one of the 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 in the waiting room which confirmed the emphasis being placed on compliance with smoke free premises legislation<sup>1</sup>.

## Dignified care

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

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

We noted that the 9 Principles as set out by the General Dental Council (GDC)<sup>2</sup> were available to patients upon request in the reception / waiting area. The

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<sup>1</sup> 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.

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

principles apply to all members of the dental team and set out what patients can expect from a dental professional.

### Patient information

Without exception, 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 said that they had received clear information about the available treatment options. In addition, all 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. Consent to treatment was always obtained from each patient.

General information about the practice was displayed around the reception and the waiting areas.

The practice had its own patient information leaflet which was available in the reception area. However, we found that the leaflet did not contain all the information required by the regulations. The practice should ensure that when the document is reviewed, the information leaflet must contain details of:

- the arrangements for dealing with patients who are violent or abusive to staff
- patients' rights in relation to disclosure of information

#### Improvement needed

Ensure that the patient information leaflet contains all the information required by the regulations.

### Communicating effectively

All staff working at the practice can communicate bilingually with patients.

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

## **Timely care**

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

Over two thirds 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 and in the patient information leaflet.

The majority of patients who completed a questionnaire confirmed that it was 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 good quality. Treatment options were recorded and consent to treatment was obtained from each patient.

All of the 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 clinical facilities are located on the ground and first floor. The ground floor level is fully accessible for patients with mobility difficulties. Wheelchair users could access two surgeries, 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. However, the notice did not include the following details:

- Sources of support and advocacy, such as the Community Health Council<sup>3</sup>
- What happens if no resolution can be agreed

We brought this to the attention of the practice manager who immediately amended the procedure during our visit. Details were also included within the patient information leaflet.

We saw evidence that the practice had systems in place to record, monitor and respond to any complaints received. At the point of inspection there had not been any formal complaints received by the practice since it was taken over by the current owner in 2010.

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

We discussed the practice's mechanism for seeking patient feedback. We saw that the practice had developed a questionnaire which is due to be introduced at the practice. We advised the practice to display an analysis of any feedback received in the waiting area / reception, demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice.

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

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<sup>3</sup> <http://www.wales.nhs.uk/sitesplus/899/home>

## 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.

We found good standards of clinical records being maintained.

### Safe care

#### Managing risk and promoting health and safety

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

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

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

There 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.

Emergency exits were visible and a Health and Safety poster was displayed within the practice. However, we noted that some staff had not received fire

training. We were verbally assured that all members of staff would be trained and we saw evidence that training had been booked at the practice.

The practice had a range of policies and procedures, as well as various risk assessments in place, such as, health & safety and fire. 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. However, we noted that the practice did not have a dedicated policy in place detailing the procedures for ensuring the premises are fit for purpose, risk management; nor did the practice have a policy for emergency contingency. The practice agreed to develop these immediately and we received confirmation following our inspection that they had been developed and implemented at the practice.

The practice had a resuscitation policy in place and we saw that all staff had received cardiopulmonary resuscitation (CPR)/emergency resuscitation training. However, we noted that some staff were due to renew their annual training. We were verbally assured that refresher training had been arranged. The practice had two appointed first aiders.

### Infection prevention and control

The practice had two dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>4</sup>. The facilities were very clean, well organised, equipped and uncluttered.

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

- Dedicated infection control nurse

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<sup>4</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.

- 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.
- Instrument storage containers were sturdy, with lids and labelled correctly.

We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines. However, we found no formal documentation was available to evidence that all clinical staff had received refresher training in infection control. We were verbally assured that all clinical staff had received this training in-house. We recommended that a formal checklist for decontamination training be introduced which should be reviewed regularly by the registered manager. Evidence of completion of training, such as certificates, should be kept within individual staff training records. We received confirmation following our inspection that a checklist for decontamination training had been developed and implemented at the practice.

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. We noted that the infection control audits were due for their annual renewal and we were verbally assured that these were currently being undertaken.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclaves<sup>5</sup> 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

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



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.

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.

### **Medicines management**

The practice had procedures in place showing how to respond to patient medical emergencies.

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 equipment and emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

The practice had a policy in place detailing the procedures relating to the recording, administration and supply of medicines to patients. We did advise the practice to expand the policy to include further information on the ordering and disposal of medicines. The practice agreed to do this immediately. Staff evidenced their knowledge of the process 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. We were informed that some members of staff were due to renew their training and plans were already in place for all

staff at the practice to receive refresher training together. We received confirmation following the inspection that a tailor-made course had been arranged and booked.

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 they would be acted upon.

The practice described the recruitment process and 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 undertaking Disclosure and Barring Service<sup>6</sup> (DBS) checks on staff appropriate to the work they undertake. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council. The practice informed us that they did not have a policy in place for the recruitment, induction and retention of employees, their conditions and training requirements nor did they have a policy in place for ensuring the safe recruitment of staff including undertaking checks appropriate to the work that staff are to undertake. We were verbally assured that a policy would be developed as soon as possible. We received confirmation following our inspection that a policy had been developed.

### **Medical devices, equipment and diagnostic systems**

We inspected a sample of clinical facilities and found that the surgeries contained relevant equipment for the safety of patients. The surgeries were well organised, clean and tidy. We found a small tear on the dental chair upholstery in the hygienist surgery. We were informed that the tear had only recently occurred. We also found in surgery 3 that the enamel was worn off on some of the handles, which could prevent effective cleaning.

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<sup>6</sup> 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).

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.

#### Improvement needed

Ensure that any damage to the dental chair upholstery in the hygienist surgery is replaced or re-upholstered.

Ensure that the unit handles in surgery 3 are repainted or replaced.

### **Effective care**

#### Safe and clinically effective care

We could see 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; X-ray quality, sharps, antibiotic prescribing and cross infection. However, the practice did not have a dedicated programme in place for undertaking a wide range of clinical audits. We recommend that the practice implements a programme of audits across the year, which should include record keeping and smoking cessation audits.

#### Improvement needed

Implement a programme of clinical audits.

#### Quality improvement, research and innovation

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

The practice informed us that they self-evaluate using the BDA Good Practice Scheme<sup>7</sup> and Denplan Quality Programme.

We also discussed that 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 were reviewed. Overall, there was evidence that the practice as a whole is keeping a good standard of 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 each patient and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were very clear, legible and of good quality.

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<sup>7</sup> <https://bda.org/goodpractice>

## 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.

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.

## Governance, leadership and accountability

The owner / principal dentist of Deintyddfa Deudraeth Dental Practice is the registered manager<sup>8</sup> and the nominated responsible individual<sup>9</sup>.

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<sup>8</sup> "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

<sup>9</sup> "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 and registered manager. Staff told us that they were confident in raising any issues or concerns 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 very clear and knowledgeable about their roles and responsibilities. All the staff were committed to providing a high standard of care for their patients and this was 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 a 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. However, we found that the Statement of Purpose did not include a list of all staff working at the practice. We brought this to the attention of the practice manager who immediately updated the document.

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. We also saw that the practice had an induction programme in place, which covered training and relevant policies and procedures.

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, a copy of the minutes are left in individual staff folders for their information / attention on return. 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.

## 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 were no immediate concerns identified on this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Deintyddfa Deudraeth Dental Care

**Date of inspection:** 10 January 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
There were no non-compliance issues identified on this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Deintyddfa Deudraeth Dental Care

**Date of inspection:** 10 January 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
<b>Quality of the patient experience</b>				
Ensure that the patient information leaflet contains all the information required by the regulations.	4.1 Dignified Care; PDR 6 (1)	New patient information leaflet to be created using BDA Expert template to comply with required regulations	Sheryl O'Marah	3 weeks
<b>Delivery of safe and effective care</b>				
Ensure that any damage to the dental chair upholstery in the hygienist surgery is replaced or re-upholstered.	2.9 Medical devices, equipment and diagnostic systems; PDR 13	Affected area of dental chair to be re-upholstered	Justin Jones	6 weeks
Ensure that the unit handles in surgery 3 are repainted or replaced.		New handles to be fitted	Justin Jones	6 weeks
Implement a programme of clinical audits.	3.1 Safe and Clinically Effective	A programme of clinical audits is to be implemented using the Welsh Dental	Justin Jones	6 months

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	care; PDR 8n	Deanery Maturity Matrix Dentistry practice development tool to help expand the current audits being carried out		
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): Justin Wyn Jones**

**Job role: Registered Manager**

**Date: 4/3/2019**