



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

Gowerton Dental Practice, Swansea Bay

University Health Board

Inspection date: 4 February 2019

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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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://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 Gowerton Dental Practice at 1 Talbot Street, Gowerton, Swansea, SA4 4DB, within Abertawe Bro Morgannwg University Health Board on the 4 February 2019.

Our team, for the inspection comprised of two HIW inspectors including one lead, 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 Gowerton Dental Practice provided a friendly and professional service to their patients.

We saw evidence of strong leadership and the practice had the required policies and procedures in place to support both patients and staff.

The practice was patient focussed, and staff were supported to provide good oral health advice and comprehensive information regarding treatments to allow patients to make informed choices about their oral health.

This is what we found the service did well:

- There was evidence of strong management and leadership from the registered manager and practice manager
- Patients provided positive feedback that they were happy with the service provided
- Appropriate arrangements were in place to ensure the surgeries were kept to a high standard.

This is what we recommend the service could improve:

- The practice should communicate outcomes from their practice questionnaires to patients
- The practice must ensure that all records are kept in line with professional standards for record keeping.

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

## 4. What we found

### **Background of the service**

Gowerton Dental Practice provides services to patients in the Gowerton area. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice has a staff team which includes four dentists, one hygienist, six nurses including two trainees, two reception staff and a practice manager.

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

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

We found Gowerton Dental Practice was committed to providing a positive experience for their patients. The majority of patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent, or very good. Patients also told us that they were treated with dignity and respect by staff at the dental practice.

The practice had a range of information to support patients in making effective choices about good oral health and treatment options when necessary. There was clearly a welcoming atmosphere, and staff made a conscious effort to make patients feel relaxed and at ease from the moment they arrived.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 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 the patients that completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

*"All staff always very helpful. Very satisfied with care in this practice"*

*"The practice has been very helpful in dealing with my fear of "the dentist" for which I am very grateful!"*

*"Provision of a ground floor room is provided, if needed. The overall care by the reception staff is excellent - they really take on board your requirements and give you confidence and care of the dental team is outstanding!"*



Patients were asked in the questionnaires how the dental practice could improve the service it provides. All of the patients who provided comments were satisfied with the service and could not suggest any improvements.

## **Staying healthy**

### **Health promotion protection and improvement**

All but one of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We saw there was a wide range of information available to patients within the waiting area, covering private and NHS treatments as well as comprehensive information around oral health for both adults and children. This was a good example of the practice supporting patients to maintain their oral health and hygiene.

## **Dignified care**

Without exception, all of the patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff told us that if there was a need to hold a private conversation with a patient, they would take them to a spare surgery. We noted that the practice had a privacy, dignity and confidentiality policy.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We noted that the 9 Principles as set out by the General Dental Council (GDC)<sup>1</sup> 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.

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<sup>1</sup> <https://standards.gdc-uk.org/>

## **Patient information**

All patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and also said that they had received clear information about available treatment options.

Where applicable, patients also said that the cost of any treatment was always made clear to them before they received any treatment.

We found that the patient information leaflet was available to patients in the waiting area, and gave comprehensive information about the practice. We saw posters displaying private treatment costs and NHS treatment fees displayed in the waiting area. There were a number of leaflets about dental treatments and issues to help patients to make informed decisions about their oral health and treatment options.

## **Communicating effectively**

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

The practice worked bilingually providing information in both English and Welsh, and had bilingual staff for those who wished to converse through the medium of Welsh.

## **Timely care**

The majority of patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

All of the patients that completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it.

Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice and provided on the practice's answerphone message.

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

## **Individual care**

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

All but one of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

During the inspection we noted that treatment options had been recorded on all records we reviewed. This provided reassurance that patients were supported to make choices about their treatment options.

### **People's rights**

The practice was accessible for wheelchair users as one surgery and the waiting area were located on the ground floor. The patient toilet was fully wheelchair accessible. The other surgeries were located on the first floor, along with the hygienist's room, and therefore was not wheelchair accessible. Staff told us if the hygienist needed to treat a patient with mobility difficulties, they would treat them in the downstairs surgery.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy and equal opportunities policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

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

The practice had a suggestions box where patients could leave comments about the service. These were considered by the practice twice yearly, and an audit undertaken of what actions arose as a result. However, these actions were not communicated to patients; the practice should ensure that any changes made as a result of the comments are communicated to patients.

We found there was a complaints policy in place that was compliant with NHS Putting Things Right<sup>2</sup> and the Private Dentistry Regulations. The complaints log was comprehensive and showed a contemporaneous account of proceedings, outcomes and actions taken as a result.

#### Improvement needed

The practice should communicate outcomes from the questionnaires to patients.

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<sup>2</sup>[http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166\\_Putting%20Things%20Right\\_a5%20leaflet\\_English\\_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf](http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf)

## Delivery of safe and effective care

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

Overall, we found evidence that patients were provided with safe and effective dental care.

We noted that the clinical facilities were well equipped, and there were arrangements in place for the safe treatment of patients.

Contracts were also in place for the safe handling of waste and sharps to protect patients and staff from harm.

The practice must ensure that record keeping is in line with professional standards.

### Safe care

#### Managing risk and promoting health and safety

There were no concerns given by patients over the cleanliness of the dental practice; the vast majority of patients that completed a questionnaire felt that, in their opinion, the dental practice was “very clean”.

We found arrangements were in place to protect the safety and well-being of staff working at, and people visiting, the practice. The outside of the building appeared to be well maintained. Inside, the building was clean, spacious and bright, and provided a welcoming environment for patients. A dedicated toilet, changing and storage facilities were available for staff to use.

The practice had a range of policies and procedures in place, as well as various risk assessments, such as, fire, environmental and health & safety. All risk assessments were current and we saw evidence that these were reviewed annually. It was noted that new policies were discussed at team meetings and then signed and agreed to by staff. This meant that staff were kept up to date with policies and procedures in place to support them in their roles.

Fire safety equipment was available at various locations around the building and we saw evidence that these had been serviced within the last year. While staff had internally discussed procedures and individual responsibilities in case

of a fire, we noted that none of the staff working at the practice had received formal fire training from an appropriate provider. The practice must ensure that staff are appropriately fire trained to protect patients and staff in the event of a fire.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. Clinical waste was stored appropriately whilst waiting for collection.

Under the Control of Substances Hazardous to Health Regulations 2002<sup>3</sup>, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) protocol and a mercury handling policy.

#### Improvement needed

The practice must ensure that staff are appropriately fire trained.

#### 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<sup>4</sup>, which we found to be clean, organised and well equipped. Staff demonstrated the decontamination process and we observed that suitable procedures were in place for the cleaning, sterilisation and storage of instruments. Personal protection equipment (PPE) was available to staff to protect against injury and/or infection.

We saw evidence that the protocol for checking the sterilisation equipment was available and up to date, and there was an infection control policy and a sharps

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<sup>3</sup> [http://www.hse.gov.uk/foi/internalops/ocs/200-299/273\\_20/](http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/)

<sup>4</sup> <http://www.wales.nhs.uk/sites3/documents/254/WHTM%2001-05%20Revision%201.pdf>

safety policy for staff, meaning both staff and patients were being sufficiently protected from needle stick injuries and infection.

We saw evidence that all staff had up to date infection control training. We also saw evidence that the practice had carried out regular infection control audits in accordance with WHTM 01-05 up until the last audit in 2016. We recommended that a new audit for infection control is undertaken to ensure the practice is continually assessing its decontamination arrangements.

The surgeries were visibly clean and tidy and the practice had a daily cleaning schedule for staff to follow to ensure all were kept in line with the Welsh Health Technical Memorandum (WHTM) 01-05<sup>5</sup>.

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 needle stick injuries and infection.

We noticed that there were no facilities for feminine hygiene in the toilet facilities, the practice must arrange for a feminine hygiene bin to be installed.

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

#### Improvement needed

We recommended that a new audit for infection control is undertaken to ensure the practice is continually ensuring the safety of patients.

The practice must install a feminine hygiene bin within the bathroom

#### Medicines management

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<sup>5</sup> [www.wales.nhs.uk/sites3/documents/254/WHTM\\_01-05\\_Revision\\_1.pdf](http://www.wales.nhs.uk/sites3/documents/254/WHTM_01-05_Revision_1.pdf)

The practice had procedures in place describing how to respond to patient medical emergencies. We saw that the practice had a resuscitation policy in place and that all staff had received cardiopulmonary resuscitation (CPR) emergency training.

The practice had three appointed first aiders who could provide first aid care in the event of an accident or injury. However, two of the appointed first aiders had not received first aid training since 2014. We advised that the practice ensure that there are appropriately trained first aiders on site at all times.

The practice had a medicines management policy in place relating to the ordering, recording, administration and supply of medicines to patients. We were satisfied that medicines were stored safely and appropriately.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency. We discovered that the practice had two EpiPens<sup>6</sup>, with one expired. Due to a national shortage of EpiPens, the practice have been advised by Occupational Health to keep the expired EpiPen until they are able to get a second in date EpiPen. We advised the practice to keep the expired EpiPen separately to the new EpiPen to avoid confusion in an emergency. This was actioned immediately.

We were told that all drug-related adverse incidents are recorded via the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card<sup>7</sup> scheme.

### **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. The practice had comprehensive safeguarding policies in place which contained the contact details for the relevant safeguarding agencies.

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<sup>6</sup> EpiPen is an injection containing epinephrine, a chemical that narrows blood vessels and opens airways in the lungs. These effects can reverse severe low blood pressure, wheezing, severe skin itching, hives, and other symptoms of an allergic reaction.

<sup>7</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>



All staff had appropriate child protection and protection of vulnerable adults training and staff evidenced that they were confident in what action to take in the case of a concern. We advised the safeguarding lead at the practice to consider attending a higher level of safeguarding training to ensure they have the appropriate skills and understanding of safeguarding issues for that role.

### Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment and were clean and tidy. During the inspection we discovered some out of date clinical treatment equipment and medicines. When we notified the practice, these were immediately removed. We recommended that the practice must introduce a protocol to monitor and check for out of date equipment and medicines stored throughout the practice.

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 daily image quality assurance audits of X-rays were completed.

In accordance with the requirements of the General Dental Council<sup>8</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>9</sup> we expect all staff to have undertaken appropriate radiation protection training. We noted that one dental nurse had not undertaken the required training. The practice must ensure all staff have undertaken appropriate training to ensure the safe use of radiographs.

#### Improvement needed

The practice must introduce a protocol for checking and monitoring stock within the surgeries.

The practice must ensure that all staff have appropriate radiation protection training.

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<sup>8</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>9</sup> [http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf)

## Effective care

### Safe and clinically effective care

The practice had appropriate arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

We saw evidence that the practice had undertaken a small number of clinical audits. To promote patient safety, we recommend undertaking a broader range of audits on matters such as patient records, antibiotic prescribing and smoking cessation.

#### Improvement needed

The practice should undertake a broader range of clinical audits

### Quality improvement, research and innovation

There was a system in place with a neighbouring practice for peer review to ensure good practice is shared and staff have the opportunity to develop.

We were told that the practice was not using quality improvement tools such as the Welsh Deanery Maturity Matrix Dentistry practice development tool<sup>10</sup> or the BDA Good Practice Guide<sup>11</sup>. We advise that the practice consider using one of these tools to help focus on best practice, quality and safety, legislative requirements and on how they work as a practice team.

### Information governance and communications technology

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<sup>10</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry> The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements, and also about how they work.

<sup>11</sup> <https://www.bda.org/goodpractice> BDA Good Practice is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

We saw an appropriate records management policy in place to ensure patient records are safely managed. We found that patient information was stored securely electronically, ensuring that personal and sensitive information was protected.

### Record keeping

We reviewed a sample of patient records and found that generally the records were of a good standard. However, we found in a number of cases there were omissions in recording, namely in the following areas:

- Risk assessment based on cavities, periodontal, tooth wear and oral cancer
- Previous dental history
- Social history including alcohol and tobacco use, and the issuing of oral health promotion when indicated
- Soft tissue examinations
- Extra oral, intra oral and cancer screening
- Frequency and justification of the taking of radiographs
- Antibiotic prescribing.

We recommended that all dentists must follow professional guidelines on dental record keeping.

### Improvement needed

The practice must ensure patient records are completed in keeping with professional standards for record keeping.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We found evidence of good management and leadership in the practice.

The practice had a comprehensive range of relevant policies and procedures in place that were reviewed annually, and we saw evidence that they had been read by all staff.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

## Governance, leadership and accountability

Gowerton Dental Practice is owned by the Registered Manager<sup>12</sup>. The daily running of the practice is managed by the practice manager. The Registered Manager was also a principal dentist.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. The Statement of Purpose and Patient Information Leaflet contained all the relevant information required by the regulations.

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<sup>12</sup> registered manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

The Registered Manager confirmed that he was aware of his duties regarding notifications, including serious injury to patients and absence or changes to the Registered Manager that must be sent to HIW<sup>13</sup>.

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We noted the practice's public liability insurance certificate was displayed in the reception area.

## **Staff and resources**

### **Workforce**

The practice had a number of human resources related policies and procedures in place including a recruitment policy. Staff also completed regular appraisals and all had personal development plans for the upcoming year. We also saw evidence that all staff had contracts of employment.

With the exception of training referred to earlier in this report, we saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and were meeting their continuing professional development (CPD) requirements

We were told that the practice holds staff meetings regularly. We saw minutes relating to these meetings and staff unable to attend were updated by the practice manager.

The Regulations for Private Dentistry require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and

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<sup>13</sup> Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for all staff.

## 5. 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.

## 6. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.



## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Gowerton Dental Practice

**Date of inspection:** 04 February 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 issues of non-compliance identified at 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:** Gowerton Dental Practice

**Date of inspection:** 04 February 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>				
The practice should communicate outcomes from the questionnaires to patients.	6.3 Listening and Learning from feedback, Private Dentistry Regulations 16	We have created a 'how are we doing' section of our notice board and we'll be using this to communicate outcomes of questionnaires to the patients	Ellie Parker	01/04/19
<b>Delivery of safe and effective care</b>				
The practice must ensure that staff are appropriately fire trained.	2.1 Managing risk and promoting health and safety; Private Dentistry	All members of staff to receive external fire training annually	Ellie Parker	01/08/19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulations 22			
We recommended that a new audit for infection control is undertaken to ensure the practice is continually ensuring the safety of patients. The practice must install a feminine hygiene bin within the bathroom	2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05	Appropriate feminine hygiene bin to be ordered with Cannon Hygiene. Practice to complete new Infection Control Audit.	Ellie Parker Fiona Lane	01/04/19 01/10/19
The practice must introduce a protocol for checking and monitoring stock within the surgeries. The practice must ensure that all staff have appropriate radiation protection training.	2.9 Medical devices, equipment and diagnostic systems; Private Dentistry Regulations 13	New surgery checklists to be introduced for checking and monitoring stock in all surgeries. This to be communicated in a staff training session which has already been scheduled. All staff members to receive Radiography training as part of their CPD cycle	Fiona Lane Ellie Parker	09/04/19 01/05/19
The practice should undertake a broader range of clinical audits	3.1 Safe and Clinically Effective care; Private Dentistry Regulations 8(1)	Practice to complete a broader range of clinical audits	Sara Middleton	01/10/19
The practice must ensure patient records are	3.5 Record	Practice training session booked in with	Sara Middleton	09/04/2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
completed in keeping with professional standards for record keeping.	keeping; Private Dentistry Regulations 20(2)	all staff to ensure records are in keeping with professional standards and communicated to all.		

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): Ellie Parker**

**Job role: Practice Manager**

**Date: 01/04/2019**