

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

Mumbles Dental and Cosmetic  
Suite, Abertawe Bro Morgannwg  
University Health Board

Inspection date: 11 March 2019

Publication date: 12 June 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 Mumbles Dental and Cosmetic Suite at 24 Queens Road, Swansea, SA3 4AN, within Abertawe Bro Morgannwg University Health Board on the 11 March 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 Mumbles Dental and Cosmetic Suite provided a friendly and professional service to their patients.

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

Clinical areas were maintained to a good standard, and staff had a range of tools in place to allow them to deliver good care to patients.

This is what we found the service did well:

- There was evidence of strong management and leadership from the Registered Managers 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 ensure there are stock lists for equipment and medication
- The practice must ensure a daily surgery checklist is in place for the surgeries.

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

### 3. What we found

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

Mumbles Dental and Cosmetic Suite provides services to patients in the Mumbles area of Swansea. The practice forms part of dental services provided within the Swansea area served by Abertawe Bro Morgannwg University Health Board.

The practice has a staff team which includes three dentists, one hygienist, five dental nurses, including one trainee, one receptionist 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 Mumbles Dental and Cosmetic Suite was committed to providing a positive experience for their patients. All the 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 a welcoming atmosphere and staff made a conscious effort to make patients feel relaxed and at ease from the moment they arrived.

Prior to inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 19 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 are friendly and willing to help with any problems. I have always been seen quickly if I have had a problem"*

*"When I first came here I had very sensitive teeth and had to have injections for it even with the hygienist. Now no pain with hygienist. I'm very pleased with what they have done for me"*

Patients were asked on the questionnaires how the dental practice could improve the service it provides; the patients that provided comments were more than satisfied with the service the practice provides and did 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 a wide range of information available to patients within the waiting area, covering private and NHS treatments as well as general information around oral health for both adults and children. This was a good example of the practice supporting patients to maintain their own oral health and hygiene.

### Dignified care

Every patient 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 to ensure discussions upheld patient confidentiality. 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.

### Patient information

Every patient that 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 where applicable, all patients said that they had received clear information about available treatment options.

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

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

We found that the patient information leaflet was available to patients in reception, 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**

Without exception, all of the patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

Whilst written information was available, this was predominantly presented in English. Arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'<sup>2</sup>.

### **Timely care**

Just under a third of the patients that completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem.

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. However, it was noted at the time of the inspection that a temporary number was in use due to issues with the telephone system, and as such the answering message was not active. The practice confirmed the new telephone system would be active by the end of the week.

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.

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.

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<sup>2</sup> An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

## Individual care

### Planning care to promote independence

All 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 relevant records we reviewed. This provided assurance that patients were supported to make choices about their treatment options.

### People's rights

The practice was not accessible for wheelchair users as the practice was located in a terraced property with a flight of three stairs at the entrance. However, the practice provided domiciliary care for disabled patients meaning that patients could still have access to dental care. There was also a stair lift inside for patients who were less mobile allowing them to access the first floor surgeries. The patient toilet was not wheelchair accessible.

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 questionnaire where patients could score the service they had received and leave comments. The practice communicated the outcomes of these to patients on a notice board by the first floor waiting area.

We found there was a complaints policy in place that was compliant with NHS Putting Things Right<sup>3</sup> and the Private Dentistry Regulations. The complaints log was comprehensive and showed a contemporaneous account of proceedings.

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<sup>3</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.

Medical records were maintained to a good standard.

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

We recommend that the practice ensure there are comprehensive stock lists in place for emergency equipment, medications and drugs to ensure timely handling, checking and disposal.

### Safe care

#### Managing risk and promoting health and safety

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

Overall 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 light, tidy and spacious.

We saw that there were a number of comprehensive policies in place relating to the fitness of the premises, including a health and safety policy, risk management policy and emergency contingency policy. Policies and risk assessments were readily available to all staff and noted at team meetings. There was a sufficient environmental risk assessment in place to help protect both staff and patients.

We saw fire extinguishers were available at various locations around the building, and we found that servicing had been carried out within the last twelve months.

The practice had a fire safety risk assessment in place as well as a fire policy. All staff had also received appropriate fire training.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) waste. Clinical waste was stored appropriately. We recommended that the practice seek advice from the council with regard to non-hazardous waste as there was no contract in place. This was actioned during the inspection and evidence that a contract had been put in place was provided.

Under the Control of Substances Hazardous to Health Regulations 2002<sup>4</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.

### Infection prevention and control

The practice had a process for the cleaning and sterilisation (decontamination) of dental instruments within a dedicated decontamination room as is recommended in the Welsh Health Technical Memorandum (WHTM) 01-05<sup>5</sup>. However, we had concerns with the current layout and the lack of space, which could limit future development. We also noted that the staff kitchen was accessed through the decontamination room. This meant staff would have to walk through the decontamination room to access the kitchen. We strongly advised that consideration is given to how the decontamination room could be moved or developed in the very near future to ensure that the environment is fully compliant with WHTM 01-05.

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 safety policy for staff, meaning both staff and patients were being sufficiently protected from needle stick injuries and infection. Staff also had access to, and

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<sup>4</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>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)

used personal protective equipment (PPE) when undertaking decontamination activities.

The surgeries were visibly clean and tidy, however, the practice did not have a daily surgery checklist for staff to follow to ensure all were kept in line with the Welsh Health Technical Memorandum (WHTM) 01-05. We recommended that this should be in place.

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. We advised that the practice should complete the audit with a summary and action plan to ensure that actions identified by the audit were completed in a timely manner.

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

The practice must ensure a daily surgery checklist for the surgeries is in place.

#### Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation and medical emergency procedure. All staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation.

The practice had two appointed first aiders, ensuring staff and patients had appropriate access to first aid care in the event of an accident or injury.

The practice had emergency drugs and emergency resuscitation equipment, however, we found that the oxygen masks were out of date. These were ordered immediately and evidence that new masks had been received was provided shortly after the inspection. This meant that the practice had

appropriate emergency kit in accordance with Resuscitation Council (UK) guidance<sup>6</sup>. The practice was recommended to ensure a stocklist is kept for future checks of the emergency kit in line with the Resuscitation Council (UK) guidelines.

The practice's first aid kit was complete and in date. The practice had policies and procedures in place which had been agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines. We noted that the practice did not have a process for stock checks of emergency equipment used, and advised that a stock check list is in place to ensure comprehensive checks are regularly undertaken.

We were told that all drug-related adverse incidents are recorded via the MHRA Yellow Card<sup>7</sup> scheme.

#### Improvement needed

The practice must ensure that a stock checking process is available for staff to ensure appropriate handling, checking and timely disposal of medications

The practice must ensure that a process is available for staff to ensure appropriate checking of emergency kit.

#### Safeguarding children and adults at risk

We saw that the practice had comprehensive policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies.

At the time of the inspection, all staff had appropriate safeguarding training for child protection and protection of vulnerable adults. A safeguarding lead was also in place. We advised that the safeguarding lead for the practice consider

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<sup>6</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration might want to ad

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

attending a higher level of safeguarding training to ensure they have the appropriate skills and understanding of safeguarding issues to act as a lead.

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

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment (X-ray) was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We saw that the local rules<sup>8</sup> were displayed in the surgeries.

In accordance with the requirements of the General Dental Council<sup>9</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>10</sup> all clinical staff had completed the required training.

## **Effective care**

### **Safe and clinically effective care**

We saw evidence that the practice had a number of clinical audits in place to help demonstrate keeping up to date with professional standards.

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.

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<sup>8</sup> Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/474136/Laser\\_guidance\\_Oct\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

<sup>9</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>10</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)



We found evidence throughout the course of the day that professional, regulatory and statutory guidance, such as NICE guidelines<sup>11</sup>, were given due consideration and followed where appropriate.

### **Quality improvement, research and innovation**

As detailed above, we saw evidence that the practice has completed a range of clinical audits and due consideration given to professional guidance.

We were told that the practice was not using quality improvement tools such as the Welsh Deanery Maturity Matrix Dentistry practice development tool<sup>12</sup> or the BDA Good practice<sup>13</sup>. These are team development tools that encourages the team to focus on best practice and legislative requirements, and also about how they work together.

### **Information governance and communications technology**

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. The practice also had a records management policy. Electronic records were regularly backed up to protect patient information and help prevent loss.

### **Record keeping**

We reviewed a sample of patient records. We 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:

- Oral cancer screening
- Risk assessment for areas such as periodontal disease, caries, oral cancer and tooth wear

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1. <sup>11</sup> <https://www.nice.org.uk/.../oral-and-dental-health>

<sup>12</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

<sup>13</sup> <https://www.bda.org/goodpractice>

- Smoking cessation advice
- BPE recordings at every applicable examination
- Updated medical history at every applicable visit

In addition, we found that radiographs were not being taken in line with relevant guidelines, and the reason for taking X-rays had not always been recorded as required by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

#### Improvement needed

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

The practice must ensure that the dentists record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2017

## 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

Mumbles Dental and Cosmetic Suite is two companies owned by two Registered Managers<sup>14</sup>, who also act as the Responsible Individuals<sup>15</sup>. The daily running of the two practices is managed by the practice manager. The Registered Managers were also principal dentists.

We found there was a wide range of policies and procedures 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

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<sup>14</sup> “registered manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

<sup>15</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;

regulations. 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.

The Practice Manager confirmed that she was aware of her duties regarding notifications, including serious injury to patients and absence or changes to the Registered Manager that must be sent to HIW<sup>16</sup>.

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We saw 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 to ensure appropriate staff were employed. 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.

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

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<sup>16</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.

practice manager. These minutes were signed by all staff to confirm they had been read, understood and agreed.

The Regulations for Private Dentistry 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. We saw evidence that DBS clearance checks had been carried out for all 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
No immediate concerns were identified on this inspection.			



## Appendix B – Immediate improvement plan

**Service:** Mumbles Dental and Cosmetic Suite

**Date of inspection:** 11/03/2019

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 areas of immediate non-compliance found during 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:** Mumbles Dental and Cosmetic Suite

**Date of inspection:** 11/03/2019

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>Delivery of safe and effective care</b>				
The practice must ensure a daily surgery checklist for the surgeries is in place.	2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05	Checklists are already in place and have been implemented daily at start and end of day with a tick list and staff initials.	Rachel Gronow and Nicholas Packer	Implemented and to be reviewed at staff meeting
The practice must ensure that a stock checking process is available for staff to ensure appropriate handling, checking and timely disposal of medications  The practice must ensure that a process is available for staff to ensure appropriate checking of emergency kit.	2.6 Medicines Management; Private Dentistry Regulation 8(1)(l), (q)	We have implemented a weekly checklist for all medication held at the practice including those in the emergency drug kit, CPR equipment, oxygen tank, defib pads and masks. This is carried out in the first session of the week on Monday morning.  We also now carry out a weekly audit on	Rachel Gronow, Nicholas Packer and Charlotte Clark	Implemented and to be reviewed at staff meeting

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		the medication prescribed to patients which are logged for every patient.		
<p>The practice must ensure patient records are completed in keeping with professional standards for record keeping.</p> <p>The practice must ensure that the dentists record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000</p>	3.5 Record keeping; Private Dentistry Regulations 2017 Section 20(2)	<p>We have updated our templates to ensure that clinical notes cover all areas of patient care including, cancer risk assessment, perio risk, caries risk, tooth wear risk etc.</p> <p>We intend to carry out a clinical record audit within the next six months to review this.</p> <p>Dentists are to record justification for taking x-rays and clinical findings for every x-ray taken.</p>	Rachel Gronow, Nicholas Packer and Caroline Stevens Deganello	Implemented and clinical record keeping audit to be done within the next six months.

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):** Rachel Gronow and Nicholas Packer

**Job role:** Principal Dentists

**Date:** 15/04/2019