

General Dental Practice Inspection (Announced)

Tan Y Graig Dental Practice,
Bangor

Inspection date: 12 March 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 Tan Y Graig Dental Practice at 63 High Street, Bangor, Gwynedd, LL57 1NR on the 12 March 2019.

Our team, for the inspection comprised of two HIW inspectors and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, 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 Tan Y Graig Dental Practice provided safe and effective care to their patients. We found the practice to have good leadership and clear lines of accountability.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained. However, we noted that some clinical facilities were in need of refurbishment and upgrading.

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 good quality service
- Appropriate arrangements were in place for the safe use of x-rays
- Excellent standard of record keeping.

This is what we recommend the service could improve:

- Ensure all staff at the practice receive formal fire training
- Implement the refurbishment plans in stages to include refurbishment of the decontamination room and surgery 2 as the priority
- Carry out Wales Deanery infection control audit (WHTM) 01-05
- Implement a more robust system of logging the expiry date of emergency equipment
- 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

Tan Y Graig Dental Practice provides services to patients in the Bangor area.

The practice has a staff team which includes one dentist, one therapist, two dental nurses and a dedicated practice manager.

The practice provides a range of 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 Tan Y Graig Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided.

We received a total of 40 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive. All patients who completed a questionnaire rated the care and treatment received as either good, very good or excellent.

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

"Staff are friendly, helpful and always willing to help and understand your problems. Always helpful in accommodating appointments. A professional approach to the patient"

"Staff always friendly and efficient. Practice Manager very helpful"

"Excellent care and service provided"

"I'm very happy with the care I have received at Tan y Graig. The dentist and support staff are very friendly and provide comprehensive information regarding any treatment. I have recommended Tan y Graig to friends and family"

"Service was excellent"

“Always helpful and very professional. Very flexible with appointment times (which means I don't have to miss work). Excellent service, which is much appreciated”

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 patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy. We noted that information on prices was available to view in the waiting area which meant patients had access to information on how much their treatment may cost.

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

Dignified care

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

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

We noted that the General Dental Council's (GDC)² 9 Principles document was not available to patients upon request in the reception area. The principles

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

² <https://standards.gdc-uk.org/>

apply to all members of the dental team and set out what patients can expect from a dental professional. The practice immediately displayed the 9 Principles poster in the waiting room during our visit.

Patient information

All patients who completed a questionnaire told us that they felt involved (as much as they wanted to be) in any decisions made about their treatment and that they had received clear information about the available treatment options. In addition, all but one of the patients told us that the cost of any treatment was always made clear to them before they received any treatment.

We also found evidence of treatment planning and options noted within the sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was available on its website and was displayed around the reception and the waiting area.

The practice had its own patient information leaflet which was available in the reception area. However, we found that the leaflet did not contain all the information required by the regulations. We brought this to the attention of the practice manager who immediately updated the leaflet during our visit with the following information:

- the practice opening hours and any arrangements for patients who require urgent care or treatment out of hours
- the arrangements for dealing with patients who are violent or abusive to staff
- the arrangements for dealing with complaints
- the arrangements for the appropriate development and training of employees; and
- the rights and responsibilities of a patient including keeping appointments.

Communicating effectively

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

Timely care

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

The majority of patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, provided on the answer phone message and in the patient information leaflet.

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

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were very detailed and of excellent quality. Treatment options were recorded and consent to treatment was obtained from each patient.

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

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

People's rights

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

Access to the practice is via steps with assisted handrails. Wheelchair users can access the practice by means of a portable ramp. The clinical facilities are all located on the ground floor level and are fully accessible for patients with mobility difficulties.

Listening and learning from feedback

We saw that the practice had a written complaints procedure in place. However, we noted that the procedure was not on display for patients to view. We also found that the procedures did not include the following details:

- Sources of support and advocacy, such as the Community Health Council
- 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 and arranged for the procedure to be displayed in the waiting room. 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.

The practice informed us that any informal concerns were dealt with immediately. 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 actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception area. Details of all feedback analysis are discussed with the dental team and we saw the latest survey results which were extremely positive. We advised the practice to display an analysis of 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, along with a comment book available at reception.

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 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.

However, we did identify that the decontamination room and some clinical areas are in need of refurbishment and upgrading.

Safe care

Managing risk and promoting health and safety

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

The building appeared to be 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.

All staff at the practice had received in-house fire training. However, we did recommend that formal fire training is provided for all staff. We saw that fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months.

Emergency exits were visible and a Health and Safety poster was displayed within the practice. Regular fire drills took place and were recorded.

The practice had a range of policies and procedures in place as well as various risk assessments, such as, health & safety and fire. We found that the Health and Safety risk assessments were due for renewal. The practice immediately booked for their risk assessments to be reviewed and updated by an external contractor during our visit. We were fully assured that the premises were fit for purpose and we saw ample documentation which showed that the practice had considered all risks both internally and externally to staff, visitors and patients.

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

Improvement needed

Ensure all staff at the practice receive formal fire training.

Ensure that the health and safety risk assessments are reviewed and updated annually.

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. We considered the arrangements for decontamination and our observations of this process were satisfactory. However, it was noted that the decontamination room was in need of refurbishment. Staff demonstrated the decontamination process and our observations included:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection
- Instrument storage containers were sturdy with secure lids.

The practice has undergone and is continuing to invest in a significant programme of refurbishment at the premises. We saw the plans in place for the decontamination room and surgery 2. We recommend that the practice implement the refurbishment plans in stages to include refurbishment of the

decontamination room and surgery 2 as a priority. We recommend that when refurbishment of the decontamination room takes place, the facility must include:

- a dedicated hand washing sink,
- new curved flooring,
- wallpaper replaced with splashbacks

Until refurbishment takes place, we recommend that two bowls are required in the decontamination room, one for cleaning and one for rinsing.

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. However, we noted that the infection control audits were due for renewal. We were verbally assured that arrangements would be made as soon as possible for the audits to be completed.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclaves³ and we saw evidence that start and end of the day safety checks were taking place.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

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

The practice had appropriate arrangements in place to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all

³ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam

clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

Improvement needed

Implement the refurbishment plans at the practice in stages to include refurbishment of the decontamination room and surgery 2 as a priority

Until refurbishment takes place, we recommend that two bowls are required in the decontamination room, one for cleaning and one for rinsing.

Carry out Wales Deanery infection control audit (WHTM) 01-05.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the practice had one dedicated first aider. We were informed by the practice manager that the trainee dental nurse will receive CPR training when the team renews the training at the end of April.

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. However, we did advise that the practice removes any old and unused equipment from the kit. We also advised them to consider having a smaller medical emergencies box for easier transportation in an emergency situation.

We saw evidence that a system was in place to check the emergency drugs to ensure they remained in date and ready for use. However, we did find that the emergency kit contained some out of date airways and no child size self-inflating bag was available. We recommended to the practice that they implement a more robust system to log the expiry date of hardware items.

Our concerns regarding the emergency kit were dealt with immediately during the inspection. Further details are provided in Appendix A

Improvement needed

Implement a more robust system of logging the expiry date of emergency equipment.

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. However, the policies did not contain the contact details for the local safeguarding team nor did it include any flowcharts that informed staff of the actions required should a safeguarding issue arise. We brought this to the attention of the practice manager who agreed to update the policy.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. We did note that the principal dentist was due to renew her training in child protection. We were verbally assured that training would be renewed. The practice had identified a member of staff as the nominated safeguarding lead who took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and guidance to staff on safeguarding issues.

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

The practice described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and undertaking Disclosure and Barring Service⁴ (DBS) checks on staff appropriate to the work they undertake. The DBS certificate for the therapist was not available for us to view. We were also informed that a DBS check is currently being processed for two members of staff. All other relevant staff had a valid DBS in place. We confirmed that all relevant staff were registered with the General Dental Council.

⁴ 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).

Improvement needed

Safeguarding policies to contain the contact details for the local safeguarding team and flowcharts to inform staff of the actions required should a safeguarding issue arise.

Principal dentist to renew training in child protection.

Forward to HIW details of the DBS certificate for the therapist and two dental nurses.

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities and found that the surgeries contained relevant equipment for the safety of patients. We found surgery 1 to be well organised, clean and tidy. We found that the floor in surgery 2 needed to be replaced. As previously mentioned in the report, the practice is continuing to invest in a programme of refurbishment and plans are in place to replace the flooring. Until refurbishment takes place, we recommend that the floor in surgery 2 is sealed at its edges.

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 annual image quality assurance audits of X-rays were completed. We saw evidence of up-to-date ionising radiation training for all clinical staff. The practice had not used the Wales Deanery Quality Improvement Tool for Ionising Radiation⁵ which is a toolkit developed for the use of x-rays in Primary Dental Care.

⁵ <https://dental.walesdeanery.org/quality-improvement/patient-safety-human-factors/qi-tool-ionising-radiation>

Improvement needed

Ensure the floor in surgery 2 is sealed at its edges.

Complete the Wales Deanery Quality Improvement Tool checklist for Ionising Radiation.

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 by the practice such as; X-ray quality, cross infection, hand hygiene, record keeping and instrument cleaning. 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 also include the Clinical Audit and Peer Review (CAPRO) of antibiotic prescribing 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.

We saw evidence that the practice self-assesses themselves as a team using the British Dental Association (BDA) good practice scheme.

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 for the dentist and therapist. Overall, there was evidence that the practice is keeping excellent clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

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

Quality of management and leadership

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

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

The staff team appeared very happy in their roles and were competent in carrying out their duties and responsibilities. Staff said they felt supported and worked well together.

We saw that staff had completed training in a number of areas which helped to ensure they had up-to-date skills and knowledge to assist them with their work.

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

Governance, leadership and accountability

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

The day to day management of the practice is the responsibility of the practice manager who was efficient and competent in her role. Staff told us that they were confident in raising any issues or concerns directly with the practice manager and felt well supported in their roles.

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. We did advise that the practice ensure all policies and procedures contain a review date and a version number which the practice manager agreed to do. This will ensure that policies are reviewed regularly to confirm local practices were up to date.

We saw a copy of the Statement of Purpose which included all information required by the Private Dentistry (Wales) Regulations 2017.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had a current public liability insurance certificate available.

Staff and resources

Workforce

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

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

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

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
We found that the emergency kit contained out of date airways and no child size self-inflating bag.	This meant that children and adults were at risk in an emergency situation.	We brought this to the attention of the practice manager who immediately arranged for the items to be purchased.	The staff immediately ordered the items on the day of our inspection for delivery the next day.

Appendix B – Immediate improvement plan

Service: Tan Y Graig Dental Practice

Date of inspection: 12 March 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: Tan Y Graig Dental Practice

Date of inspection: 12 March 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
N/A				
Delivery of safe and effective care				
Ensure all staff at the practice receives formal fire training.	2.1 Managing risk and promoting health and safety; PDR 8, 22	Looking into providers	Nathalie Wilkes	July
Ensure that the H&S risk assessments are reviewed and updated annually.		DBG	Nathalie Wilkes	Done
Implement the refurbishment plans at the practice in stages to include refurbishment of the decontamination room and surgery 2 as a priority	2.4 Infection Prevention and Control (IPC) and Decontamination,	Step by step, starting with surgery 2 flooring and then decontamination room.	Nathalie Wilkes	Surgery 2 within 3 months Decontaminat

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	WHTM 01.05			ion room within 12 months
Until refurbishment takes place, we recommend that two bowls are required in the decontamination room, one for cleaning and one for rinsing.			Nathalie Wilkes	DONE
Carry out Wales Deanery infection control audit (WHTM) 01-05.			Megan Paige Roberts	DONE
Implement a more robust system of logging the expiry date of emergency equipment.	2.6 Medicines Management; PDR 8		Gemma Partington	DONE
Safeguarding policies to contain the contact details for the local safeguarding team and flowcharts to inform staff of the actions required should a safeguarding issue arise.	2.7 Safeguarding children and adults at risk; PDR 14	Information has been put up on the inside of the reception drawer for easy access. To be added to policy and discuss with staff during next meeting.	Nathalie Wilkes	3 months
Principal dentist to renew training in child protection.		Isopharm and BDA dental conference.	Baleseng Modubu	May 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Forward to HIW details of the DBS certificate for the therapist and two dental nurses.		Mayflower - online applications	Nathalie Wilkes	In progress
Ensure the floor in surgery 2 is sealed at its edges.	2.9 Medical devices, equipment and diagnostic systems PDR 8	Flooring to be redone in surgery 2 as priority	Nathalie Wilkes	As above
Complete the Wales Deanery Quality Improvement Tool checklist for Ionising Radiation.			Baleseng Modubu	Completed
Implement a programme of clinical audits.	3.1 Safe and Clinically Effective care; PDR 8		Nathalie Wilkes & Baleseng Modubu	Completed
Quality of management and leadership				
N/A				

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

Service representative

Name (print): Nathalie Wilkes

Job role: Practice Manager (clinical)

Date: 14/05/2019