



General Dental Practice Inspection (Announced)

Gorseinon Dental Practice,
Swansea Bay University Health
Board

Inspection date: 1 July 2019

Publication date: 2 October 2019

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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

In writing:

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

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection.....	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	13
	Quality of management and leadership	20
4.	What next?	22
5.	How we inspect dental practices	23
	Appendix A – Summary of concerns resolved during the inspection	24
	Appendix B – Immediate improvement plan	25
	Appendix C – Improvement plan	26

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

What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Gorseinon Dental Practice at 40, High Street, Gorseinon Swansea SA4 4BT within Swansea Bay University Health Board on the 1st of July 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, 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.

This inspection was scheduled as a follow up to an inspection undertaken at the practice in 2018. However, this was undertaken as a full re-inspection and as such a complete inspection report has been produced.

Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. The practice has taken significant action since the last inspection, and there was evidence of strong working relationships within the practice to support continual improvement throughout the surgeries.

We were satisfied that the practice has taken appropriate measures from the action plan after the original inspection, and advise that the ongoing structural improvements continue as scheduled and agreed.

The practice must ensure that improvements continue to ensure the best possible care for patients is delivered.

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:

- There were areas of wear and tear within the practice which inhibited effective cleaning of the practice
- The flooring on the first floor surgery must be sealed immediately.

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

What we found

Background of the service

HIW inspected Gorseinon Dental Practice on the 25th of June 2018. An announced follow up was completed on the 1st of July 2019.

The key areas for improvement we identified in the initial inspection included the following:

- The practice should ensure all confidential patient information is stored securely and cannot be seen by other patients
- The areas where wear and tear were identified need to be addressed
- The practice should make provision for separate central storage facilities for its clinical waste
- The practice needs to ensure staff adhere to guidance when undertaking the cleaning and sterilisation of instruments and the wearing of personal protective equipment
- The practice should store, dispense and dispose of medicines in accordance with current guidelines
- Patient records are to be maintained in accordance with professional standards for record keeping, namely the Private Dentistry (Wales) Regulations 2017 and the General Dental Council Guidance.

The purpose of this inspection was to follow-up on the above improvements identified at the last inspection. However, the 2019 inspection was undertaken as a full inspection, designed to look at all areas within the practice. HIW is confident that the ongoing measures taken as a result of the improvement plan from the 2018 inspection are appropriate, and we were satisfied that the scale and pace of the actions were fitting with the issues originally raised.

Gorseinon Dental Practice provides services to patients in the Gorseinon area. The practice forms part of dental services provided within the area served by Swansea Bay University Health Board.

The practice has a staff team which includes three dentists, four dental nurses, one receptionist and one 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 Gorseinon Dental Practice was committed to providing a positive experience for their patients. All 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 we saw staff making efforts 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 34 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice more than two years.

Overall, patient feedback was positive. The majority of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent'. Some of the comments provided by patients on the questionnaires included:

"Always been treated with care & respect. Staff make me feel at ease and always explain anything that has to be done, very efficient"

"I have been a patient at this dental practice for nearly 30 years and have always had a professional and friendly service"

"All staff, reception, dental nurses and dentists have always been helpful, polite and professional"

Patients were asked on the questionnaires how the dental practice could improve the service it provides, patients were happy with the service they received and could not suggest any improvements.

Staying healthy

Health promotion protection and improvement

All but two of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. This was also supported by the patient records we inspected. There was evidence within the records of advice given on oral health information, diet advice, smoking cessation and the link between alcohol/smoking and oral health. It was evident that patients are encouraged to change their behaviour and supported to do so. Smoking cessation advice was not evidenced in one patient record but the link between smoking and oral cancer was noted in the clinical notes.

Where applicable, all of the 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. They also said that they had received clear information about available treatment options and that the cost was always made clear to them before they received any treatment.

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 oral health and hygiene.

Dignified care

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

"Always been treated with care & respect. Staff make me feel at ease and always explain anything that has to be done, very efficient"

On the ground floor, the practice had an open plan reception and waiting area. If there was a need to talk to a patient privately, either in person or on the telephone, staff could conduct those conversations in the rear of the reception area or the practice manager's office.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We saw that the code of ethics, professional practice by General Dental Council (GDC) poster was displayed within the patients waiting area.

Patient information

All of the 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. They also said that they had received clear information about available treatment options and that the cost was always made clear to them before they received any treatment.

We noted the price list setting out NHS and private treatment costs was displayed bilingually in the patient waiting area.

Communicating effectively

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

Timely care

Just over a third of the patients who 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. Further posters in the patients waiting area also included the out of hours emergency contact numbers. However, given the questionnaire findings the practice may want to consider other ways to ensure their patients know how to access emergency care when needed.

The practice ensures that a certain amount of emergency appointments are allocated on a daily basis and provisions are in place for additional emergency appointments to be made following a bank holiday period.

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 if appropriate offer another appointment with no additional charges being incurred.

Individual care

Planning care to promote independence

A review of patient records showed that patients are asked about their medical history at the time of their visit.

All but two of the patients who completed a questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment.

People's rights

We found access to the practice to be good. The main entrance led to the reception and waiting areas. There was a small step at the main entrance but the practice had a portable ramp that could be used to enable access by those using wheelchairs. The ground floor surgery could be accessed by those with mobility difficulties.

Whilst there was a patient toilet on the ground floor it was too small to be accessed by a wheelchair user.

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

Listening and learning from feedback

The practice had a comprehensive complaints policy for both NHS and private dental treatment, which was aligned to the NHS complaints process "Putting Things Right"¹ and with regard to private dental treatment to the Private Dentistry Wales 2017 Regulations². Putting Things Right posters and leaflets were also displayed in the reception and patient waiting areas.

¹ "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

² <http://www.legislation.gov.uk/wsi/2017/202/made>

The practice maintained a comprehensive folder containing records of verbal and written complaints received, action taken and the outcomes. In addition, processes were in place to support staff to action complaints appropriately.

The practice had a feedback form in place and comments were considered from these periodically at team meetings. The practice was advised to feedback information to patients from these to promote the positive messages received and to inform patients of any actions taken.

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 noted that clinical facilities were well equipped and were visibly clean and tidy, although there were some signs of wear and tear which needed addressing.

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 patients visiting the practice. The outside of the building appeared to be well maintained. Inside, the building was light, tidy and spacious.

We noted that there was a large visible damp patch located on the wall in the children's area of the waiting room and this was brought to the attention of the registered manager. In addition, some care and attention, and general repair work also needs to be undertaken in the plaster room.

We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety 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.

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. A complete refurbishment of the ground floor decontamination room had taken place since the last inspection and further plans were in place to complete a refurbishment on the ground floor. Plans are also in place for a refurbishment to take place on the first floor surgery.

We saw fire extinguishers were available at various locations around the building, and we noted that servicing had been carried out within the last twelve months, and all extinguishers were appropriately fixed to the walls.

The practice had a fire safety risk assessment in place as well as a fire policy. Some members of staff had been appropriately fire trained, however, we advised that in house training be given to all staff to give them an understanding of fire safety.

We found that all the first aid kits were available at the practice, all of which contained appropriate equipment which was in date. It was recommended that an additional staff member is trained as a first aider to provide resilience when staff are on annual leave or days off.

Although the practice did have adequate resuscitation equipment in place, it was recommended that a razor and scissors are stored within the defibrillation kit. An out of date resuscitation mask was located, this was promptly disposed of and replaced by the practice manager.

The practice must resolve the issue of damp on the wall within the children's area of the patient waiting room.

The practice must continue with the scheduled repairs within the practice

The practice must ensure that there are appropriate numbers of suitably qualified first aid trained staff to ensure there is always a qualified first aider on site.

Infection prevention and control

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.

Under the Control of Substances Hazardous to Health Regulations 2002, 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.

The practice had a process for the cleaning and sterilisation (decontamination) of dental instruments within two dedicated decontamination rooms. 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.

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. However the cabinetry within the first floor surgery was not conducive to effective cleaning and must be replaced. We also recommended that the first floor surgery flooring should be sealed around the walls to ensure that effective cleaning can be carried out.

Although the decontamination room on the first floor had been refurbished, we recommended that a partition is placed on top of the decontamination room.

The toys located in the children's area of the patient waiting room appeared clean, however there were a variety of toys including soft toys and books which would be difficult to clean effectively. We recommended that a regular cleaning schedule should be in place to ensure all toys were sanitised regularly, or removed.

The practice must ensure the first floor surgery floor is sealed around the perimeter.

The practice must ensure that the wooden trimmed drawers in first floor surgery are replaced.

The practice must ensure that there is a cleaning schedule in place to ensure that the toys located in the children's area of the patient waiting room are regularly cleaned.

The practice must ensure a partition is added on top of first floor decontamination room.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy.

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardio respiratory arrest and to ensure that staff are trained and

updated regularly to a level of proficiency appropriate to their role³. We saw evidence that all staff had received training within the last twelve months on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁴. These were stored in a locked room. The practice had comprehensive policies and procedures in place which had been agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines.

Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, these policies contained the contact details for the relevant safeguarding agencies located within the Health Board. The practice manager displayed a good understanding on what constituted a safeguarding referral and was able to describe how a referral would be made. We suggested that the safeguarding lead for the practice consider 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. Staff had access to, and used personal protective equipment (PPE) when undertaking decontamination activities.

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

³ <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

⁴ 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

were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We noted that the local rules⁵ were displayed in the surgeries.

In accordance with the requirements of the General Dental Council⁶ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2009, all clinical staff had completed the required training.

We were told that information regarding image quality was, in some cases, recorded in patient notes. We recommend the practice log image quality in a dedicated log book and implement a programme of quality assurance audits.

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 found evidence throughout the course of the day that professional, regulatory and statutory guidance, such as National Institute for Care and Excellence (NICE) guidelines⁷, were given due consideration and followed where appropriate.

Quality improvement, research and innovation

We saw evidence that the practice had a limited number of clinical audits in place to help demonstrate keeping up to date with professional standards. We advised that in order to promote continuous improvement, a broad range of audits should be regularly undertaken.

⁵ The Local Rules summarise the key working instructions intended to restrict exposure in radiation areas.

⁶ <https://www.gdc-uk.org>

1. ⁷ <https://www.nice.org.uk/.../oral-and-dental-health>

We were told that the practice has not used Quality Improvement tools such as the Welsh Deanery Maturity Matrix Dentistry practice development tool⁸ or BDA Good Practice Guide⁹. These are team development tools that encourages the team to focus on best practice and legislative requirements, and also about how they work together, and we advised that these were considered for future Quality Improvement activity.

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. Paper copies of patient records were kept in locked cabinets within the staff area. We saw during the day that these were kept secured at all times.

Record keeping

There was a great improvement in record keeping and clinical notes. There was evidence within the notes demonstrating focus on prevention, namely oral health information, diet advice application, smoking cessation and the link between alcohol/smoking and oral health. It was clear to see that patients are encouraged to change their behaviour and supported to do so. Smoking cessation advice was not given in one patient sample but the link between smoking and oral cancer was noted in the clinical notes.

A record keeping audit had been undertaken however there was no separate log of radiographs taken and quality assessment. We would recommend that the quality rating is recorded in a separate log so that the practice can check that the quality grading is grade 1 in 70% and above of radiographs taken.

We noted that there was no log book recording prescriptions issued, detailing the drug prescribed, dosage and duration of treatment, together with the relevant

⁸ The Maturity Matrix Dentistry (MMD) is a practice development tool for the whole dental team which helps dental teams deliver high quality care for patients. <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

⁹ 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

prescription number. This is to ensure that the practice has a clear and concise record of drugs supplied. The practice must ensure that logs of prescriptions are kept separately to patient notes.

Improvement needed

The practice must ensure that all dentists are capturing quality ratings on radiographs.

The practice must maintain a log book of all prescriptions issued.

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

Gorseinon Dental Practice is jointly owned by the Responsible Individual¹⁰ and Registered Manager¹¹. The daily running of the practice is managed by the practice manager. The Registered Manager and Responsible Individual are also the principal dentists.

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.

¹⁰ “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;

¹¹ “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.

Staff and resources

Workforce

Day to day management of Gorseinon Dental Practice is provided by the practice manager. We found the practice to have good leadership from both the practice manager and owners, and all staff understood their roles and responsibilities.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. We saw evidence that the policies were reviewed annually by the practice manager and agreed by staff.

All clinical staff were registered to practice 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.

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.

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: Gorseinon Dental Practice

Date of inspection: Insert date

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 non compliance 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: Gorseinon Dental Practice

Date of inspection: 01 July 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
Delivery of safe and effective care				
The practice must resolve the issue of damp on the wall within the children's area of the patient waiting room.	2.1 Managing risk and promoting health and safety; WHTM 01-05	Practice appointed maintenance contact has visited the practice and a plan has been put in place to rectify the damp issue. Currently finalising dates for work to be carried out.	Vasileios Diamantopoulos	October 2019
The practice must continue with the scheduled repairs within the practice	Private Dentistry (Wales) Regulations 2017 Section 31	The scheduled repairs will continue as planned	Vasileios Diamantopoulos	By August 2020
The practice must ensure that there are appropriate numbers of suitably qualified first aid trained staff to ensure there is always a qualified first aider on site.		A full-time GDC registered nurse (Mrs Helen Lewis) is the practice appointed first aider and she completed a first aid course on 01/02/2019. Rebecca Moyle (Practice Manager) completed first aid	Rebecca Moyle	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		course on Isopharm on 9 th August 2019. Staff will rotate annually to complete first aid courses.		
<p>The practice must ensure the first floor surgery floor is sealed around the perimeter.</p> <p>The practice must ensure that the wooden trimmed drawers in first floor surgery are replaced.</p> <p>The practice must ensure that there is a cleaning schedule in place to ensure that the toys located in the children's area of the patient waiting room are regularly cleaned.</p> <p>The practice must ensure a partition is added on top of first floor decontamination room.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05	<p>The first floor surgery will be fully refurbished. Currently obtaining quotes.</p> <p>Rebecca Moyle confirmed verbally, in July 2019, with the cleaner that the toys are regularly cleaned. A cleaning schedule has been created for the cleaner to complete starting September 2019.</p> <p>The appointed maintenance person has been in to discuss the partition and an action plan put in place. Currently finalising dates for work to be carried out.</p>	<p>Vasileios Diamantopoulos</p> <p>Rebecca Moyle</p> <p>Vasileios Diamantopoulos</p>	<p>August 2020</p> <p>Schedule commencing Sept 2019 (ongoing completion)</p> <p>October 2019</p>
The practice must ensure that all dentists are capturing quality ratings on radiographs.	3.5 Record keeping; Private Dentistry	All dentists will ensure quality ratings are captured on all radiographs. Peer review was carried out July 2019 to	Vasileios Diamantopoulos	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must maintain a log book of all prescriptions issued	Regulations Section 20	<p>discuss this between practice manager and all dentists.</p> <p>Mrs Rebecca Moyle had individual discussions with all staff regarding this (documented as staff meetings). A log sheet for prescriptions has been created for all dentists. This will start to be completed from 02/09/19</p>		Log commencing September 2019 (Ongoing completion)

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): Vasileios Diamantopoulos

Job role: Practice Principal

Date: 14.8.2019