



Independent Healthcare Inspection (Announced)

Kensington Court Clinic

Inspection date: 13 January 2020

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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 Kensington Court Clinic on the 13 January 2020.

Our team, for the inspection comprised of one HIW inspector and two clinical peer reviewers. The inspection was led by a HIW inspection manager.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the hospital provided safe and effective care in a clean and welcoming environment.

We found staff were friendly and professional, ensuring patient dignity was not compromised.

The hospital had a child friendly area with a display designed to help them understand the treatment they received.

However, we found some evidence that the hospital was not fully compliant with all standards / regulations in all areas.

This is what we found the hospital did well:

- The environment was clean, welcoming and well maintained
- We saw professional and polite staff-patient interactions
- Systems were in place for patients to provide feedback
- Good management and leadership
- A suite of policies and procedures were in place which were regularly reviewed.

This is what we recommend the hospital could improve:

- Ensuring all staff are in date with their mandatory training.

We identified regulatory breaches during this inspection regarding the recording of patient notes in the Eveswell suite. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non-compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

For ease of reading, Kensington Court Clinic will be referred to as the 'hospital' throughout the report.

3. What we found

Background of the service

Kensington Court Clinic is registered to provide an independent hospital at 197 Chepstow Road, Newport, NP19 8EH.

The hospital was first registered on 2 December 2008.

The hospital employs a staff team which includes oral surgeons, dentists, anaesthetists, nursing staff, a registered manager, administration and receptionist staff.

A range of services are provided which include the diagnosis and management of the following treatments for patients between the age of three and eighty years:

Medical treatment under anaesthesia or sedation to include:

- Extractions
- Minor oral surgery
- Cosmetic dentistry
- Dental restorations (fillings)
- Dental implantology
- Prosthetics.

Consultant led treatment of:

- Temporomandibular joint dysfunction (a condition that limits the movement of jaws, often associated with pain)
- Aesthetic facial pain
- Surgical dentistry.

The Kensington suite is the independent (dental) hospital that offers day surgery with sedation and general anaesthetic.

The Eveswell suite provides private only, 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 were satisfied that the hospital was committed to providing a positive experience for patients in a safe and effective manner.

Patients provided positive comments about the care and treatment offered to them by staff.

The environment was very children friendly and information was provided in a way that helps children to understand their treatment. This is particularly noteworthy aspect of the service.

Prior to the inspection, we invited the hospital to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 38 questionnaires were completed. Overall, patient feedback was positive, and patients rated the care and treatment that they were provided with as excellent or very good. Comments included:

"I have recently had private treatment from the dentist having previously been a patient for many years. He is caring, efficient and wonderfully understanding"

"Very pleased with service provided, staff were amazing"

"Thank you to all the staff, dentist really is amazing and his team"

Health promotion, protection and improvement

There was dental information available to patients in both the Kensington and Eveswell waiting areas. Staff we spoke with said that the dentists hand out leaflets on oral and dietary health that can help with dental reviews.

There was a children's area in the Kensington reception that included a picture story board of how the treatment was provided, this information had also been translated into Welsh in a folder. In addition, we saw examples of a patient information pack in the Eveswell reception, which provided useful information

for patients on their various options and chosen procedure. However, there was little in the way of health promotion leaflets available in either waiting areas, that would help promote the benefits for patients to take care of their own health and dental hygiene.

Improvement needed

The hospital must ensure that sufficient health promotion information is provided for the hospital user group.

Dignity and respect

We found that arrangements were in place to promote patients' privacy and dignity. We observed staff speaking to patients in a friendly, respectful and professional manner. We saw that doors were closed during consultation and treatment. There was a separate waiting room for patients, and their relatives, recovering from surgery in the Kensington suite. Every patient who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the hospital.

During our visit we noted that patients were arriving and being seen quickly by staff. We saw reception staff welcoming patients in a friendly manner and being polite and courteous when speaking to them. There were consultation rooms in both suites that could be used in the event of patients wishing to speak to staff in private.

We also noted the children's assessment room in the Kensington suite was warm and friendly for children, with pictures, drawings, bright colours and child friendly information.

We were also told that staff were not permitted to eat in the reception area, in addition to being professional, this was also to give consideration to patients who were not allowed to eat and drink before their surgical procedure. Additionally, reception staff desks were set back in the reception area behind a glass fronted counter to ensure any patient notes being viewed by staff, could not be seen by patients.

A number of staff had been working at the hospital for a number of years and this was reflected in the ability to deal with any issues.

Patient information and consent

Considerable effort had been made by the hospital to provide an environment that would appeal to children and provide information in a way that they could

understand. As stated above, we saw a wall display and a book was available that used pictures and child appropriate language to explain to children and their carer(s) what to expect when visiting the hospital for treatment. We considered this to be noteworthy practice.

The hospital had a written consent policy, providing guidance to staff about obtaining informed consent from patients. We considered a sample of patient records during the inspection and noted that consent to treatment was documented appropriately.

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. Where applicable, each patient said they had received clear information about available treatment options. All but one of the patients also said the cost was always made clear to them, before they received any treatment. Staff we spoke with said that information was sent out by the hospital to patients, who attended the Kensington suite, prior to them attending their appointment. Patients using the Eveswell suite would receive information during the consultation process about their treatment.

The majority of patients who completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. All but one of the patients felt that it was very easy or fairly easy to get an appointment when they needed it.

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. Two members of staff were Welsh speakers and there was also a notice in the waiting area advising patients that they could speak to staff in Welsh if they wished.

The hospital also used language line, to help support those patients whose first language was not English.

Care planning and provision

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

The hospital made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed of any delays to their appointment times.

The process to assist staff to care for patients with additional needs and sensory or cognitive problems was documented. We saw evidence of prior contact with patients, where an assessment was undertaken and any specific needs were recorded. We also saw evidence that this process was audited regularly.

Equality, diversity and human rights

The hospital had an up to date written equality and diversity policy and the rights afforded to patients were set out within the hospital statement of purpose¹. This included the right for patients (or their legal guardians) to choose whether to proceed with, or refuse, treatment.

For those patients who used wheelchairs, or found steps difficult to manage, a fixed ramp was in place that provided easy access to the main entrance of the hospital. There was a dedicated disabled parking area to the front of the hospital and also an enclosed parking area for patients. One of the patients commented in the questionnaire on how the dental clinic could improve by providing a lift to the second floor (Eveswell suite). Staff we spoke with said that should a patient be unable to take the stairs to the upper floor Eveswell suite, treatment would be provided in the dental treatment room in the Kensington suite, on the ground floor.

Citizen engagement and feedback

The hospital had methods of obtaining patient views and feedback. Adult feedback was obtained from questionnaires given to patients to complete in both reception areas. The questionnaires for children were presented using drawings (happy and sad faces, a thumbs-up and a thumbs-down) with the aim of appealing to young children and to gain their views on their experiences. Both sets of replies were collated every six months and reported to the management meetings. The results of the surveys were shown in the waiting

¹ Every service provider is required by law (Care Standards Act 2000 and the Independent Healthcare (Wales) Regulations 2011) to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. By law, the Statement of Purpose must include the information listed in Schedule 1 of the Independent Health Care (Wales) Regulations 2011.

areas of the Kensington suite only. The feedback that was seen during the inspection was positive.

Patients were also able to provide feedback through a number of social media and online tools.

The hospital had a written complaints procedure that was displayed in both waiting areas that included the details of HIW. There were two complaints on file, and we saw evidence that both these complains had been dealt with in accordance with the complaints procedure.

Improvement needed

The hospital is to display, in a prominent position in both suites, the outcomes and any changes made as a result of patient feedback.

Delivery of safe and effective care

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

We found the hospital provided patients with safe and effective care. The hospital premises were visibly well maintained both internally and externally.

A thorough process for cleaning and sterilising dental instruments was demonstrated.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely.

The standard of record keeping needs to be improved in the Eveswell suite.

Managing risk and health and safety

We found arrangements were in place to protect the safety and wellbeing of staff working at, and people visiting the hospital. We found the hospital to be well maintained both inside and out and both the surgical and recovery area, and treatment rooms were clean, tidy and well organised. The hospital had a risk management policy in place, with regular audits of environmental hazards to help identify any areas for improvement. There were no concerns given by patients over the cleanliness of the hospital; every patient who completed a questionnaire felt that, in their opinion, the hospital was very clean.

Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002², employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the hospital had a COSHH protocol and a mercury handling policy. We saw that contracts were in place for

² http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/

the safe transfer and disposal of hazardous (clinical) waste. Clinical waste was stored appropriately.

We saw that there was an up to date fire risk assessment in place and the premises had been inspected recently. We saw that fire-fighting equipment was strategically placed around the premises and maintenance labels indicated this equipment had been serviced within the last 12 months. Instructions to follow in the event of a fire were displayed and fire exits were clearly signposted. This meant that equipment and information was available for staff and patients so they could exit the building safely, in the event of a fire.

There was a system of closed circuit television to the outside of the premises, both to maintain security of the hospital and to identify any patients arriving that may require further assistance.

Infection prevention and control (IPC) and decontamination

The hospital had a process for the cleaning and sterilisation (decontamination) of instruments within a dedicated decontamination room as is recommended in the Welsh Health Technical Memorandum (WHTM) 01-05³. As recommended by WHTM 01-05 we saw that daily checks were being carried out and a logbook maintained of tests on cleaning and sterilisation equipment to show it remained safe to use. The room had clear directions from the dirty area to the clean area.

Decontamination equipment and cabinets within the decontamination room were visibly in very good condition. Work surfaces and the floors were easily cleanable to facilitate thorough cleaning and reduce cross contamination. The hospital had the use of one autoclave⁴ and we saw an inspection certification to show it was safe to use. Staff also had access to, and used, personal protective equipment (PPE) when undertaking decontamination activities.

Routine audits of the infection control arrangements, within the decontamination room, were carried out and any areas for improvement were documented and discussed at the team meetings described later in this report. Staff were trained

³ www.wales.nhs.uk/sites3/documents/254/WHTM_01-05_Revision_1.pdf

⁴ An autoclave is a pressure chamber used to sterilise equipment and supplies by subjecting them to high pressure saturated steam.

and competent in decontamination protocols and this was seen during the inspection.

There was an infection control policy and a sharps safety policy in place at the hospital for staff to refer to. This meant that both staff and patients were being sufficiently protected from needle stick injuries and infection.

Detailed arrangements were in place for both clinical and non-clinical areas within the Kensington suite. Posters displaying the hand hygiene regime were displayed at every sink and we observed staff following these regimes. Disposable equipment was used wherever possible and dental equipment was cleaned using the process described above. There was a policy in place for reusable equipment and we noted that this was followed during our inspection. We noted evidence of the post operation records audit to establish infection rates. There was also evidence of regular IPC audits, again, any results would be discussed at the team meetings.

Medicines management

The hospital had a medicines management policy in place to guide staff during their work. There were arrangements in place to manage medicines including, ordering, storing, controlling and disposing of medicines. There were accurate records maintained of the medicines administered to patients. These records showed that patients had been asked about known allergies to promote their safety and wellbeing prior to medication being prescribed and administered as part of their care and treatment.

We saw that medicines were stored safely and securely at the required temperature and the sample of medicines checked were all in date. We were told that there were no controlled drugs at the hospital. The hospital had access to a local pharmacist for advice on any aspect of medicines management relevant to the services provided.

We saw that equipment and drugs were available for use in a patient emergency and were easily accessible. The drugs and equipment were checked on a regular basis to ensure they remained in date and safe to use and we saw the evidence to this effect.

Safeguarding children and safeguarding vulnerable adults

The hospital had policies and procedures in place to promote and protect the welfare of children and adults who were vulnerable or at risk. The policies included the contact details for the relevant teams at the local health board and council.

The registered manager assumed the role of safeguarding lead and had undertaken the relevant training to the required level. Staff were clear of their responsibilities in relation to reporting safeguarding issues. We also saw evidence that the majority of staff had completed, and were in date on their, training on child and adult protection.

Medical devices, equipment and diagnostic systems

The hospital had arrangements in place for the safe use of radiographic (X-ray) equipment. The required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw training certificates that showed that all relevant staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

We saw that image quality audits of X-rays had been completed regularly as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements could be made if required.

The hospital also had the appropriate equipment and medical devices to meet the needs of patients. There was a well managed process to ensure the timely maintenance of equipment. We also saw evidence that the equipment had been recently serviced and calibrated, in accordance with manufacturer's guidelines.

Safe and clinically effective care

We found that the hospital had systems in place with the aim of providing safe care to patients. There were appropriate arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The hospital also had a range of policies available to support these functions.

There was an audit programme in place to ensure that the hospital focused on continually improving its services and patient outcomes and to monitor the quality and safety of the care and treatments provided to patients. Discussions with staff confirmed that they had enough time to provide care safely and knew how to access relevant clinical policies and procedures.

Participating in quality improvement activities

The hospital carried out a number of audits across both its hospital and non-hospital functions. These included image quality X-rays, infection control arrangements and patient satisfaction surveys as described above.

Both the registered manager and responsible individual were based at the hospital and were on hand to support staff and to monitor the quality of the service provided.

Information management and communications technology

We found that the hospital used information systems which were appropriate and compatible with the provision of safe and secure patient care. We also found that suitable processes were in place to ensure security of information was maintained and there was a comprehensive information security policy.

Records management

We considered a sample of patient records, for the Kensington suite, and found them to be detailed, comprehensive and maintained to a high standard. They were well designed and planned. The records indicated that care and treatment had been provided to promote patient safety and wellbeing.

We also considered a sample of patient dental records, for the Eveswell suite. We found that there were incomplete dental records with insufficient evidence to support the treatments provided. These included:

- Two sets of records were blank with nothing written on them (the patient had booked in for fillings)
- Orthopantomograms (OPG)⁵ were used instead of bite wing⁶ X-rays
- Incomplete basic periodontal examinations (BPE)⁷

⁵ An OPG is a panoramic or wide view x-ray of the lower face, which displays all the teeth of the upper and lower jaw on a single film. It demonstrates the number, position and growth of all the teeth including those that have not yet surfaced or erupted. It is different from the small close up x-rays dentists take of individual teeth.

⁶ A bitewing is a type of **x-ray image** which is taken by a dentist to assess oral health or to look at a particular area of the mouth. Also known as a bite wing, the bitewing x-ray is the most common type of dental x-ray.

- Treatments being provided without full radiographic evidence.

Improvement needed

The hospital must ensure that:

- The dentists working at the Eveswell suite make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping
- A regular monthly audit of patient records is undertaken and the results made known to the dentists concerned.

⁷ The (BPE) is used as a basic screening method to check the periodontal (the soft tissue and bone supporting the tooth) status of a patient. It is a simple procedure and should be done on all patients to quickly identify any particular periodontal issues.

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 the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

There was good management and leadership that supported all staff in their roles.

The hospital had systems and processes in place which ensured the hospital and the staff were supported and provided a high quality service.

There were a range of policies and procedures in place that supported staff in their duties.

The hospital must ensure that mandatory training is completed and in date for all staff.

Governance and accountability framework

The hospital had an up to date statement of purpose which provided clear information about the organisation, its structure, staff and treatments offered, as required by Schedule 1 to The Independent Health Care (Wales) Regulations 2011⁸. The patients' guide had also been completed in accordance with the above regulations and included a summary of the statement of purpose, the terms and conditions in respect of services to be provided for patients and the complaints procedure.

⁸ <http://www.legislation.gov.uk/wsi/2011/734/made>

There was an extensive number of policies and procedures in place which had been regularly updated to support staff in their daily roles.

There was dedicated and passionate leadership demonstrated by the registered manager who was responsible for the day to day running of the hospital and was supported by a well established team of clinical and non clinical staff. Staff were aware of their responsibilities and the registered manager demonstrated a willingness and commitment to address any improvements we identified.

Staff we spoke with told us that they were supported in their roles by the hospital team. There were daily pre-session meetings held at the start of each day, that all staff were required to attend, that included a debrief on the previous day and a look forward to the current day. This was of benefit to staff and management, informing them of the operation of the hospital for that day. The notes of these meetings were distributed to all staff. There were also more formal hospital meetings held on a regular basis with agendas and minutes printed and distributed to all staff.

Dealing with concerns and managing incidents

There was a clearly documented process in place for dealing with complaints / concerns and the policy was displayed in the waiting area for patients to view. There had been one complaint in the last year and we saw that the complaint had been managed to conclusion following the process. Sufficient information was available to evidence that the process, outcome and lessons learned were documented.

Workforce planning, training and organisational development

There was evidence on file, for the sample of records checked, to demonstrate that staff had attended training on a variety of topics relevant to their role, including mandatory training. However, the training matrix showed that some members of clinical staff were out of date with some of their training. In the case of cardio pulmonary resuscitation⁹ this was out of date by between one week

⁹ A medical procedure involving repeated cycles of compression of the chest and artificial respiration, performed to maintain blood circulation and oxygenation in a person who has suffered cardiac arrest.

and two months for four of the 20 staff. The hospital had a process in place to manage this risk and were also in the process of arranging training for these members of staff.

We saw evidence that the hospital planned a training day every quarter to carry out this training. The records of training were kept in both a diary when the training was due and a training matrix as described above. This showed at a glance when training was completed or overdue. The hospital also encouraged staff to book relevant training through their relevant professional bodies. Additionally, one member of staff was being supported in her training as a dental nurse. Staff we spoke with also confirmed that they were supported by the management team to access training opportunities.

There was a process in place for staff to receive an appraisal of their performance on a regular basis and we saw evidence of this in the sample of staff files checked.

We viewed the records of how the hospital ensured staffing levels were appropriate, particularly during surgery, for the needs of the patients. The check of this sample of staff rotas confirmed that there were appropriately trained staff, at each surgical session at the Kensington Suite, and for private dentistry at the Eveswell Suite.

Improvement needed

The hospital must ensure that training is arranged for all staff in advance of the expiry date of their mandatory requirements.

Workforce recruitment and employment practices

Workforce practices and procedures were being followed in line with regulations and standards. Staff records we reviewed, showed that the hospital had followed the appropriate procedures and undertaken relevant recruitment checks, prior to their commencement in post. Relevant staff were registered with their appropriate professional body and had indemnity insurance cover in

place. Clinical staff had received immunisation against Hepatitis B¹⁰ to protect patients and themselves against infection. Additionally, we saw evidence to confirm that each member of staff had undertaken a disclosure barring service (DBS) check as required by regulations.

¹⁰ This test is used to determine the status of a person's immunity to the Hepatitis B virus (Hep B). Immunity is determined by screening for antibodies which provide protection against infection. The results of this test are quantitative.

4. What next?

Where we have identified improvements and immediate concerns 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 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 independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

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

HIW inspections of independent healthcare services will look at how services:

Comply with the [Care Standards Act 2000](#)

Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)

Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarizes 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 – Improvement plan

Service: Kensington Court Clinic

Date of inspection: 13 January 2020

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	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The hospital must ensure that sufficient health promotion information is provided for the hospital user group.	3. Health promotion, protection and improvement	The notice boards in both suites have been updated with Health promotion, protection and improvement information as appropriate for the setting	Heather Larcombe-Watkins	completed
The hospital is to display, in a prominent position in both suites, the outcomes and any changes made as a result of patient feedback.	5. Citizen engagement and feedback	The feedback collated from the patient comment forms has been written into a summary and is now displayed on the notice boards	Heather Larcombe-Watkins	Completed
Delivery of safe and effective care				
The hospital must ensure that: <ul style="list-style-type: none"> The dentists working at the 	20. Records management	We have introduced full audits of patients records. This is carried out by the dental team and reviewed by the	Heather Larcombe-	ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>Eveswell suite make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping</p> <ul style="list-style-type: none"> A regular monthly audit of patient records is undertaken and the results made known to the dentists concerned. 		<p>Dentists and Manger who will discuss the outcome at Audit meetings. All necessary changes are immediately implemented and will be reviewed regularly</p>	<p>Watkins</p>	
Quality of management and leadership				
<p>The hospital must ensure that training is arranged for all staff in advance of the expiry date of their mandatory requirements.</p>	<p>25. Workforce planning, training and organisational development</p>	<p>The clinic's training matrix has been reviewed and further steps have been introduced to ensure that mandatory training is completed by all staff before it expires</p>	<p>Heather Larcombe-Watkins</p>	<p>Completed</p>

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): Heather Larcombe-Watkins

Job role: Clinic Manager

Date: 12th March 2020