

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

Grosvenor Dental Surgery,  
Colwyn Bay

Betsi Cadwaladr University Health  
Board

Inspection date: 22 September  
2020

Publication date: 22 December  
2020

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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

## Contents

1.	What we did .....	5
2.	Summary of our inspection.....	6
	Quality of patient experience .....	8
	Delivery of safe and effective care .....	12
	Quality of management and leadership .....	21
3.	What next?.....	23
4.	How we inspect dental practices .....	24
	Appendix A – Summary of concerns resolved during the inspection .....	25
	Appendix B – Immediate improvement plan .....	26
	Appendix C – Improvement plan .....	27

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 Grosvenor Dental Surgery at 3 Grosvenor Road, Colwyn Bay, within Betsi Cadwaladr University Health Board on the 22 September 2020.

This inspection was announced at short notice and conducted in response to concerns reported to HIW regarding infection prevention and control arrangements at the dental practice.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

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

## 2. Summary of our inspection

We found that Grosvenor Dental Surgery was committed to providing a positive patient experience in an environment that promotes the delivery of the safe and effective care.

We found that a number of arrangements had been put into place as a result of COVID-19 and we saw there were suitable processes in place to support this.

However, we found evidence that the practice was not fully compliant with all standards and regulations.

This is what we found the service did well:

- Positive patient comments and feedback
- Evidence of good COVID-19 arrangements
- Good infection prevention and control (IPC) knowledge demonstrated by the acting lead nurse.

This is what we recommend the service could improve:

- Staff training in relation to fire safety and cardiopulmonary resuscitation (CPR)
- Ensuring an effective system for reviewing the expiry date of materials
- Ensuring record keeping is in line with the latest professional guidelines.

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

## 3. What we found

### **Background of the service**

Grosvenor Dental Surgery provides services to patients in the Colwyn Bay and surrounding area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes three dentists, two hygienists, five dental nurses and reception staff.

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.*

Overall we found that Grosvenor Dental Surgery aimed to provide a positive patient experience for patients at the practice and we found suitable arrangements in place to support this.

Due to the short notice of this inspection, we did not distribute HIW questionnaires to patients to obtain their views on the dental services provided. However, we did review patient feedback and comments collected by the practice and found overall positive patient feedback.

### Staying healthy

#### Health promotion protection and improvement

We found that written information on preventative care and good oral hygiene was on display in closed cabinets covering a small number of areas, including smoking cessation. Reading material had been appropriately removed from the waiting room due to the pandemic.

### Dignified care

We observed a range of staff speaking to patients on the telephone in a polite and professional manner. Staff confirmed that should a patient wish to have a private conversation then this would be carried out in one of the available surgeries. We were also told that surgery doors are closed when patients receive treatment in order to protect their privacy and dignity.

The practice had a comprehensive confidentiality and data protection policy in place to protect patient privacy. This covered matters such as protecting patient details, access to records and disclosure to third parties.

We noted that the 9 Principles developed by the General Dental Council (GDC) were on display to ensure patients were aware of the standards of care they should receive from dental professionals.



## Patient information

We saw that a price list for NHS and private treatments was on display in the waiting room in order to help patients understand the costs associated with their treatment.

A number of practice policies, such as the complaints procedure, were also on display in the reception. This also included the statement of purpose<sup>1</sup> which included all of the information required by the regulations.

We saw that the practice had the names and qualifications for all of the dental team displayed in an area where it could be easily seen by patients, as required by the General Dental Council (GDC).

## Communicating effectively

We found that the practice was able to provide some services through the medium of Welsh. We also saw that some bi-lingual patient information material was on display.

For patients whose first language was neither English nor Welsh, the practice advised us that they would make every effort to find out about a patient's needs, including their language needs, prior to their first appointment.

## Timely care

We found that the practice had established a telephone triage and waiting list system as a result of changes implemented due to the pandemic. This enabled them to prioritise emergency appointments and other patients in line with the latest guidelines. We were told that emergency appointments would be seen on the same day or referred for treatment at the nearest urgent dental service provided by the health board.

---

<sup>1</sup> Every service provider is required by law 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.

When treating patients, staff told us that they would inform patients about any delays upon their arrival or as soon as possible thereafter.

We saw that details on how patients can access emergency out hours care was displayed on the outside of the practice and we were told that the same information is relayed to patients on the practice's answerphone system.

## **Individual care**

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

In the sample of patient records that we reviewed, we found that initial and updated medical histories were consistently and appropriately recorded. This is required by professional guidelines to help a dentist understand potential diseases or to identify medication that might impact on a patient's dental treatment.

We also found evidence that treatment planning and treatment options were recorded in a similarly consistent manner in the records that we reviewed.

### **People's rights**

The practice had an equal opportunities policy in place which demonstrates a commitment to ensure that everyone has access to fair treatment. In line with the Equality Act 2010, the policy acknowledged the need to deliver services and treatment to all patients regardless of a protected characteristic<sup>2</sup>.

The practice had a new patient policy as required by the regulations which outlined the arrangements for accepting new patients into the practice. This included what patients can expect from the practice, eligibility and access to treatment.

In terms of physical access, the practice has a small car park and ground floor access throughout. A wheelchair ramp was available.

---

<sup>2</sup> The Equality Act 2010 makes it an offence to discriminate against someone because of a protected characteristic. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

## Listening and learning from feedback

We saw evidence to confirm that the practice obtains patient feedback through a range of methods. This included distributing satisfaction questionnaires to patients on an ad-hoc basis and providing a comments box in the reception area. We reviewed a sample of this feedback and found generally positive scores and comments from patients.

The formal procedure for patients to raise a complaint or concern about their care was outlined in a complaints policy which was displayed for patients in the waiting area. The procedure enabled staff to handle any such complaints effectively and in a timely manner and was consistent with the Private Dentistry (Wales) Regulations 2017 and the NHS Putting Things Right<sup>3</sup> process.

---

<sup>3</sup> NHS Wales concerns and complaints process for patients in receipt of NHS care or treatment

## 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 the practice was committed to providing patients with safe and effective care.

We found the practice to be clean and well-maintained, which was underpinned by a range of appropriate policies and procedures.

However we identified a number of areas for improvement in order to fully promote the delivery of safe and effective care.

### Safe care

#### Managing risk and promoting health and safety

Overall, we found suitable arrangements were in place to protect the safety and wellbeing of staff and visitors to the practice. The practice had a range of localised policies and procedures in place to ensure the premises were safe and fit for purpose.

As a result of changes due to the pandemic, we were told that patients are screened for COVID-19 symptoms prior to their appointment over the telephone and again immediately prior to entering the practice.

We found that patients were asked to either wait outside or at the entrance to the practice prior to their appointment to ensure an appropriate patient flow. A 'buddy' dental nurse was also allocated to work outside the surgeries to support this. Floor markings had also been placed in the public areas to encourage social distancing.

We saw that hand gel was available at the entrance to the practice and we were told that patients were asked to provide their own face mask. We observed staff wearing appropriate PPE at all times.

We noted that the practice had not undertaken aerosol generating procedures (AGP's)<sup>4</sup> since the start of the pandemic due to the COVID-19 transmission risk. However, the practice was aware of the expected fallow time requirements and the recommended minimum settle time required when undertaking non-AGP procedures.

All areas of the practice were visibly clean and free from clutter and obvious hazards. We found the surgeries to be well organised, however, we found two composite materials that had expired in August 2020 in surgery one, which we brought to the attention of the principal dentist. We did not consider this to be an immediate patient safety issue, as the composite was stored separately to materials that were in use and the procedures involved in using this material had not been undertaken for the duration of the pandemic. Nevertheless, the practice must ensure that out-of-date stock is both appropriately stored and labelled prior to its disposal.

The building was of a traditional appearance but appeared to be well maintained internally and externally, and we found all areas of the practice to be and in a good state of repair.

We found that appropriate arrangements were in place to adequately protect staff and people visiting the practice in the event of a fire:

- Fire extinguishers throughout the practice had been serviced within the last twelve months and a fire equipment maintenance contract was in place
- A fire risk assessment had been undertaken within the last twelve months
- Fire drills had been undertaken and recorded
- Emergency exits were appropriately signposted
- A valid gas safety certificate was seen.

---

<sup>4</sup> Aerosol generating procedures are defined as any medical or patient care procedure that creates airborne particles, e.g. high speed hand pieces.

However, we found that the practice did not have a member of staff trained in fire safety on site at all times. Also, the practice must ensure that it reviews any actions identified in its fire risk assessment and acts upon these within the timescales specified.

It was positive to see a range of other risk assessments had been undertaken, including a health and safety and a disability access audit. The practice had also undertaken a range of COVID-19 risk assessments and checklists to support the practice and its staff during the pandemic.

A no smoking sign was displayed to remind staff and patients of the smoking free premises legislation. A health and safety poster was also displayed within the practice to inform staff how they can best protect their own health and safety within the workplace.

We found that two members of staff had been trained in first aid, which ensured the availability of first aid trained staff at all times, and a first aid kit was available to ensure that any persons or patient at the practice can be appropriately treated.

We saw that the practice had a localised business continuity policy which detailed the contingencies and responsibilities that were in place to ensure the safe running of the practice in the case of an unexpected emergency.

#### Improvement needed

The practice must ensure that there is at least one fire trained member of staff on-site at all times

The practice must ensure that stock due for disposal is both appropriately stored and labelled

## Infection prevention and control

We found that each surgery had a daily cleaning checklist and we saw that these had been regularly completed. We also found that an enhanced cleaning procedure had been implemented for the surgeries as a result of the pandemic in line with the latest CDO (Wales) guidelines<sup>5</sup>.

The acting lead nurse demonstrated a very good knowledge of IPC protocols and procedures. The practice may wish to consider additional role specific IPC training in support of individual and practice development.

We found evidence that suitable infection and control measures were in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05<sup>6</sup>.

The dedicated decontamination room was small but visibly clean, following a dirty to clean decontamination route. Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections.

However, we noted that the worktop sealant in the decontamination room and in one of the surgeries required replacing in certain parts. The practice must ensure that this is replaced in order to enable effective cleaning.

We saw evidence to confirm that the autoclave<sup>7</sup> recorded its cycles appropriately and that staff had been undertaking appropriate daily and weekly checks to ensure that sterilisation equipment was functioning correctly and meeting

---

<sup>5</sup> Standard Operating Procedure for the Dental Management of Non-COVID-19 Patients in Wales

<sup>6</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

<sup>7</sup> A medical autoclave is a device that uses steam to sterilize equipment and other objects

validation requirements. This also included evidence of a valid maintenance inspection certificate.

We saw that staff had access to secure boxes to transport clean and used instruments between the surgeries and the decontamination room to help prevent cross-contamination. We also noted that the practice had appropriate methods and tools available to complete a manual pre-sterilisation of instruments as part of the overall decontamination process.

We saw that a contract was in place with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste and that clinical waste was stored securely. We also found that the practice had a mercury spillage kit available.

We looked at staff records and found an acceptable Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Staff and patient toilet and changing facilities were available at the practice. We saw that the toilet had appropriate feminine hygiene facilities available and that there was sufficient space for staff to change and store personal items within the practice. Due to the pandemic, the practice told us that they were advising staff to wash uniforms at home, but told us they were considering installing a washing machine within the practice.

#### Improvement needed

The practice must ensure that the decontamination room and surgeries are fully sealed to enable effective cleaning.

#### Medicines management

We confirmed that the practice had emergency drugs and emergency resuscitation equipment available that met the Resuscitation Council (UK)



standards<sup>8</sup> and that these items were stored appropriately. We also saw a valid service maintenance certificate of the practice's oxygen cylinder.

We saw that the practice had been undertaking regular weekly checks of the emergency drugs and equipment and that these checks had been appropriately logged.

The practice had a policy in place for resuscitation and managing medical emergencies in line with national guidelines for resuscitation.

We saw evidence that all but one clinical staff members had received up to date emergency cardiopulmonary resuscitation (CPR) training. However, we confirmed that CPR trained staff were on the premises at all times. A number of training certificates were also due for renewal in the month following the inspection and the practice was advised to book suitable training in good time.

Staff were aware of the need to report any adverse reactions to medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme<sup>9</sup> to help the MHRA ensure healthcare products are acceptably safe for patients and those that use them.

We saw that prescription pads were signed in and out on a daily basis and that stored securely when not in use. We also confirmed that expired emergency drugs had been provided to and signed for by the local pharmacy to ensure the secure disposal.

#### Improvement needed

The practice must ensure that all clinical staff complete CPR training on annual basis and that upcoming training is scheduled.

---

<sup>8</sup> <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

<sup>9</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

## Safeguarding children and adults at risk

The practice had an up-to-date safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. The policy included contact details for staff to appropriately report any concerns to the relevant local safeguarding agencies.

The safeguarding lead for the practice was the registered manager who had oversight of safeguarding matters. We saw evidence that all clinical staff were formally trained to an appropriate level and that staff had been advised to download and familiarise themselves with latest All Wales Safeguarding Procedures (2019).

## Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the practice and found that the dental equipment in the dental surgeries was well maintained.

We looked at the arrangements in place for the safe use of radiographic (X-ray) equipment and found that the practice was meeting the guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. This is because:

- Clinical staff had received up-to-date ionising radiation training
- A radiation policy was in place and local rules<sup>10</sup> were displayed by the X-ray equipment to set out the working procedures that ensure radiation exposure to staff is restricted
- X-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment.

---

<sup>10</sup> Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

- Image quality audits of x-rays had been completed as part of the practice's quality assurance mechanism in order to identify any possible issues with the taking of x-rays.

## **Effective care**

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

We were pleased to see evidence that the practice had undertaken a range of clinical audits in order to quality assure the care that they provide to patients. These included: radiographic, record keeping and smoking cessation audits. All audits had been undertaken at regular intervals and we saw that, where necessary, improvements had been made as a result.

We noted that an infection prevention control audit had been completed by the practice. However, this audit made reference to the Health Technical Memorandum (HTM) throughout. We would advise the practice to complete the Health Education and Improvement Wales (HEIW) audit tool to ensure that any Wales specific measures in the Wales Health Technical Memorandum (WHTM) are taken into account in any future audits.

In support of quality improvement, the practice told us that they undertake peer review with another practice in the area.

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

The practice had a data protection and security policy in place that set out procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulation (GDPR).

Patient records were electronically stored on password protected computers. Copies of the electronic records are regularly backed-up and stored off site so that the original data can be accessed if required.

### **Record keeping**

Overall, we found record keeping to be of a good standard in the sample of patient records that we reviewed, which supports the practice to deliver quality patient care. This is because the patient records we reviewed:

- Included initial and updated patient medical and social histories
- Included evidence of oral hygiene and health promotion advice
- Included well documented soft tissue examinations

- Contained evidence of appropriate treatment planning and options.

However, we found that, in some records pertaining to one member of the dental team, improvement could be made to the remote prescribing of antibiotics in line with the latest guidelines<sup>11</sup>. This is because the records did not contain clear justification and a provisional diagnosis at all times.

#### Improvement needed

The practice must ensure that records are maintained in line with the latest professional guidelines at all times.

---

<sup>11</sup> [High level principles for good practice in remote consultations and prescribing](#) (2020)

## 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 from the registered manager which was evidenced through regular staff meetings and annual staff appraisals.

Staff appeared to work well together and had access to the appropriate training in order to fulfil their roles.

## Governance, leadership and accountability

Grosvenor Dental Surgery is owned by the principal dentist, who is the responsible individual and the registered manager. The practice is supported by a team of clinical and non-clinical staff.

We found the practice to have good leadership and clear lines of accountability. We observed the staff working well together, evidenced by their demeanour throughout the inspection process.

The practice had a wide range of localised policies and procedures to ensure the safety of both staff and patients. We saw that policies had been regularly reviewed in line with the regulations and that staff had been made aware of these during their induction process.

A number of these policies and procedures had been established in response to the pandemic and for use of non-aerosol generating procedures (non AGP's). The practice is advised to carefully review and, where appropriate, consolidate policies and procedures when AGP's re-commence.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We noted that certificates were on display evidencing that the practice had public liability insurance.

## Staff and resources

### Workforce

Overall, we found suitable governance arrangements in place at the practice. Staff had a contract of employment and a job description setting out their roles and responsibilities and we saw that these were retained on staff files. We were told that members of staff are provided with an induction and a probationary period.

We saw evidence that all staff receive appraisals on a minimum of an annual basis and that staff had completed training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements.

Both formal and informal practice meetings are held regularly to allow staff to identify lessons learned and provide an opportunity for staff to raise any issues they may have. Minutes of each meeting are taken and recorded in a book for staff to view.

It was positive to see that the team had recently undertaken the Maturity Matrix Dentistry (MMD) practice development tool, which enables the team to consider best practice and how to meet legislative requirements.

We were told that the practice manages to maintain an appropriate number of qualified staff working at the practice at all times without having to use temporary locum dental nurses.

A recruitment policy was in place that set out the process to follow to recruit potential new members of staff and described appropriate pre-employment checks the practice would undertake to ensure new staff are suitably qualified and protected to work with patients.

The regulations require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for both clinical and non-clinical staff to help ensure the safety of patients and staff.

The practice had a whistleblowing (speaking-up) policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care.

We saw that the practice had an inoculation injury policy in place and a sharps injuries protocol to follow in the event of a needlestick injury.

### 3. 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.

## 4. 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 2017](#), 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			

## Appendix B – Immediate improvement plan

**Service:**

**Date of inspection:**

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
No immediate non-compliance issues identified				

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:** Grosvenor Dental Surgery

**Date of inspection:** 22<sup>nd</sup> September 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	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
The practice must ensure that there is at least one fire trained member of staff on-site at all times	s 22(4) The Private Dentistry (Wales) Regulations 2017	Please find included in attachments Fire Marshall Certs for FFiona James and Sam Heaward	Sam Heaward	Immediate
The practice must ensure that stock due for disposal is both appropriately stored and labelled	s 13(2)	Weekly and daily surgery checks signed off by lead nurse or PM. We have created a simple SOP for disposal of expired stock which has been reviewed and discussed via staff meeting. A list of expired stock is now being compiled and expired products are removed from	Sam Heaward	Immediate

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		surgery and labelled/placed in an 'out of date/use box'		
The practice must ensure that the decontamination room and surgery worktops are appropriately sealed to enable effective cleaning.	s 22(2)	Areas re-sealed. Attached is invoice as proof of compliance. Regular infection control audit to monitor	Sam Heaward	Immediate
The practice must ensure that all clinical staff complete CPR training on annual basis and that upcoming training is scheduled.	s 17(1) a	CPR certificates in date at time of inspection. Under continued dialogue via email with BCUHB to re-book. They are still not currently able to give us a date for resuming face to face due to Covid. Staff undertaking Isopharm training online in the interim. Staff have been asked to complete this by 15/11/20.  Attached email correspondence about booking CPR	Sam Heaward	Face to face CPR ASAP, online training 15/11/20
The practice must ensure that records are maintained in line with the latest professional guidelines at all times.	s 20	A dentist was identified as needing refreshing on prescribing record keeping during your audit. This dentist has now completed CPD on Maintaining the	Sam  Heaward	Immediate

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		integrity of your prescribing records. Attached is CPD cert		

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 Dr Raj Jotangia**

**Name (print): Dr Raj Jotangia**

**Job role: Dentist**

**Date: 29/10/20**