

General Dental Practice Inspection Report (Announced)

Bulkeley Dental Practice, Betsi
Cadwaladr University Health Board

Inspection date: 13 September 2022

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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
Website: www.hiw.org.uk

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did
2. Summary of inspection
3. What we found
 - Quality of Patient Experience
 - Delivery of Safe and Effective Care
 - Quality of Management and Leadership
4. Next steps

Appendix A - Summary of concerns resolved during inspection

Appendix B - Immediate improvement plan

Appendix C - Improvement plan

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Bulkeley Dental Practice, Bangor, Betsi Cadwaladr University Health Board on 13 September 2022.

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

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that Bulkeley Dental Practice was committed to providing a positive experience for their patients. All of the patients who completed a HIW questionnaire rated the service they had been provided as 'very good'.

We found staff were delivering services for their patients in a timely and professional manner. We witnessed staff greeting patients in a friendly manner in person and on the telephone and we noted that patient confidentiality and dignity was always maintained.

We saw that changes had been made to the environment in line with government guidance to enable patients to be treated safely due to the recent COVID-19 pandemic.

The practice should implement improvements as listed below.

This is what we recommend the service can improve:

- Recommence the gathering of patient feedback and then implement a 'you said, we did' information board in response to patient feedback
- Update the relevant policies and procedure to reflect the changes in the dentists at the practice.

This is what the service did well:

- Treating patients in a caring and friendly manner within the surgery that preserved their dignity
- Promoted confidentiality and ensured that sensitive or confidential conversations were treated appropriately and in a private manner
- Providing a positive patient experience at this setting, across most areas, based on feedback responses and comments.

Safe and Effective Care

Overall summary:

We found the arrangements in place for fire safety and associated equipment were appropriate to protect staff and visitors. Additionally, the practice ensured that quality improvement arrangements were in place.

Infection prevention and controls (IPC) measures were good, the practice had sufficient personal protection equipment in place and were aware of the correct procedures to don and doff this equipment.

We made recommendations for patient notes to be improved and to undertake some additional audits which will help to further improve the services the practice provides.

This is what we recommend the service can improve:

- The relevant resuscitation equipment is brought up to date and checked
- Complete safeguarding training for the practice lead up to level three
- Complete patient records in full to evidence the work carried out.

This is what the service did well:

- Appropriate fire safety arrangements were in place
- Maintaining IPC standards
- Provided safe and clinically effective care to patients.

Quality of Management and Leadership

Overall summary:

We saw that the practice was well organised with policies and procedures in place that met the standards and regulations for private dental practices in Wales. Documentation relating to staff information was held safely and securely and contained all the information necessary to ensure that staff were fit to work.

We saw evidence of regular team meetings. These were minuted and available for staff to view. We saw that staff were encouraged to contribute to meeting agendas to aid collaborative working. We saw that appraisals were undertaken annually and staff were encouraged to undertake further relevant training to develop their careers.

Further work needs to take place to improve the governance at the practice.

This is what we recommend the service can improve:

- Keep evidence to show all staff have seen and understood all the relevant policies and procedures
- Ensure that the registration at the practice is kept up to date
- Complete and regularly update the Disclosure and Barring Service checks.

This is what the service did well:

- Practice policies and documentation were up to date and satisfactory
- We witnessed staff working well together as part of a team.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 24 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

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

"Always very helpful nurses and receptionists"

"Very excellent dentist, I am pleased with the service they provided"

Responses and comments indicated a positive patient experience at this setting, across most areas. Areas attracting most positive responses included being treated with dignity and respect, being informed about their options and having treatments/procedures explained in a way they could understand.

Patients were asked in the questionnaire to rate their overall experience of the service. Almost all who answered rated the service as 'very good'.

Patients told us:

"Very good practice, very helpful staff"

"Very clean. Everyone welcoming"

"Caring and efficient every time"

Patients were asked in the questionnaires how the setting could improve the service it provided. Some comments received are shown below:

"Very happy with the service"

"It would be great if my husband could register with this dentist but unfortunately his list is too long"

Staying Healthy

Health Protection and Improvement

We observed the changes that had been made to the environment of the practice in response to COVID-19. To protect against the risk posed by the virus we saw alcohol gel dispensers were placed at strategic locations throughout the practice. We also observed members of the reception team encouraging patients and visitors to use it upon entry to the practice.

There were leaflets available for patients on how to improve both their dental and general health. However, this information was mainly in English.

Staff told us that they were still recording patients' responses to their COVID-19 screening questions and we saw staff guiding patients to the surgery whilst at the practice.

We saw signs within the practice displaying 'No Smoking' which confirmed the practice adhered to the smoke free premises legislation.

All patients who had completed a questionnaire said that the dental team had talked to them about how to keep their mouth and teeth healthy.

Dignified care

Communicating effectively

We witnessed the dental team treating the patients in a dignified and respectful manner. Staff were professional and friendly in their approach. We saw that doors to surgeries were kept closed when in use. We were told that private or sensitive conversations would be held within a spare surgery. The phone on reception was a mobile phone so that phone conversations could also be conducted in this room. We also noticed that the number of patients in the waiting room was limited to the next patient to receive treatment. We were told that up until two weeks prior to the inspection the door to the practice was locked and patients had to ring to access the premises.

All patients that answered the question indicated that the staff at the practice treated them with dignity and respect. All bar one patient indicated the dental team helped them to understand all available options when they need treatment and that things were always explained to them during their appointment in a way they could understand.

Members of staff were able to communicate in Welsh or understood sufficient Welsh to speak to patients. Staff were observed to be speaking Welsh to a number of patients during the day of the inspection.

There were a number of bilingual posters on display in the practice. Regarding the Welsh language active offer, eight of the patients stated that their preferred language was Welsh. Of these, four told us that they were actively offered the opportunity to speak Welsh, three said 'sometimes' and one said 'no'. Seven said they felt comfortable using the Welsh language within the environment regardless of whether they were asked about their language preference. Five said healthcare information was available in their preferred language, one said it was not.

Patient information

The name of the practice was visible from the outside. Opening hours and a telephone number were also displayed in the windows, along with details of how to seek out of hours care. This included one evening when the surgery was opened until 7pm on one day of the week to accommodate patients who could not attend during normal hours.

We saw patient information available in the waiting areas, this included the patient information leaflet and how to look after your dental health. However, this information was only available in English. Price lists were displayed along with information on the practice team on the notice board in the reception.

Timely care

Timely access

We were told that the receptionist would inform the patients about waiting times and any reasons for delays. Patients could also easily access emergency appointments as two time slots were kept for patients needing to see the dentists in an emergency. The practice aimed to provide dental care in a timely manner and we observed this during our inspection. All appointments currently needed to be made via telephone.

All patients said they could arrange an appointment when they need one. All bar one patient, who answered, indicated they know how to access the 'out of hours' dental service if they had an urgent dental problem.

At the time of the inspection, we observed some restrictions due to COVID-19 still in place, with only patients with pre-arranged appointments entering the practice.

Individual care

Planning care to promote independence

Patients were asked to complete information electronically, including medical history and a COVID-19 questionnaire before attending for an appointment. Patients who were unable to complete this information were telephoned before the appointment and asked the COVID-19 screening questions. Staff would complete the information on a clinipad at the practice for patients without internet access.

The majority of patients said the dental team enquired about their medical history before undertaking any treatment. All patients who answered the questionnaire said they were involved as much as they wanted to be in decisions about their treatment.

People's rights

The practice had a Bullying and Harassment Policy and an Equal Opportunities policy in place to uphold staff and patients' rights. These policies had been recently reviewed and updated. However, this policy together with several other policies still referred to the dentist who had left the premises and needed to be updated to reflect this change.

There was a surgery situated on the ground floor of the building. There was a small, raised lip outside the practice and a ramp was available for any patient that needed to use this. There was a further ramp with a grab rail to the ground floor surgery, inside the practice. There was also a disabled toilet outside this surgery. The dental chairs were designed to allow easy access for patients who may need to transfer from a wheelchair. Pop up notes would appear on the patient record to indicate any specific need. Staff also described instances where staff would accompany patients to the nearest bus stop if they needed assistance.

We were told that all patients would be routinely asked how they would prefer to be addressed and would be treated in a fair and equitable manner irrespective of any protected characteristics. This was confirmed by the responses to the questionnaire with almost all patients indicating that they felt they could access the right healthcare at the right time (regardless of any protected characteristic).

Listening and learning from feedback

Prior to COVID-19, staff told us that there was a box used to collect comments and answers to a questionnaire relating to the service at the practice. The practice should re-introduce this collection of feedback along with a "you said, we did" board to inform patients of the results of the feedback.

The practice displayed a copy of their complaints' procedure in the waiting room, which had the appropriate contents relating to timescales and escalation of complaints. We were provided with a complaints log that was kept up to date and within a dedicated folder. We saw evidence of detailed actions and responses taken to resolve patient concerns.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

The surgeries, decontamination room and reception area were of a good standard. However, there were areas of the building that would benefit from a deep clean and painting in the non-patient facing areas. These included the general storage areas on the first floor and second floor as well as a rest room on the second floor.

We saw that the practice had displayed a valid employer's liability insurance certificate in the reception area. We found that the practice had in place a dedicated health and safety folder with policies to ensure the health and safety of staff, patients and visitors to the practice. A health and safety poster was also displayed. However, the practice needed to complete a full environmental risk assessment.

The practice had a valid fire risk assessment, policies and procedures in place and fire drills and equipment tests were carried out and logged regularly. We noted that all staff had undertaken recent fire training. We saw sufficient fire extinguishers of the correct type located throughout the practice and these had been regularly serviced. We saw that fire exits were signposted.

We saw that staff had use of a small kitchen area on the second floor of the building.

The dental equipment in use promoted safe and effective care such as loupes and safer syringes. There was also a business continuity plan in place for the practice.

Infection prevention and control (IPC)

There were appropriate arrangements in place to ensure a good standard of infection control. These included appropriate infection control policies and procedures. Additionally, there was an effective cleaning schedule in place that supported effective cleaning routines.

Personal protective equipment (PPE) was accessible and changed appropriately, Staff were able to describe the use of this PPE. The principal dentist was the designated infection control lead.

There were two fabric chairs in the first-floor surgery, which was only used for fluoride application. There was also some minor rusting to the joints and seams of

the cupboards in this surgery. The surgeries in general, were of a good standard, well-spaced and uncluttered, with some signs of wear and tear.

There was a dedicated decontamination room and we observed reusable devices being decontaminated prior to their next use. There were appropriate signs and policies displayed in this room. We saw evidence of the records of test on the autoclave and ultrasonic bath. The practice should review the use of the magnification lamp to identify debris on instruments pre-sterilisation. Staff were also unsure as to whether the vacuum or non-vacuum cycle was used in decontaminations. There was also some misunderstanding evident regarding the wrapping of instruments processed in these cycles. We also noted that the temperature records recorded for the water sentinel outlets in the practice showed all recordings in 2022, where the temperature was below the recommended 50 degrees Celsius required. The legionella assessment at the practice required that these readings needed to be above 50 degrees Celsius.

All patients who responded said that the setting was clean and that COVID-19 compliant procedures were evident.

Medicines management

We found the practice had procedures in place to deal with emergencies. A medical emergencies policy was in place that included the administration, handling and dispensing of medicines to patients. We were told that the defibrillator battery was not operational and whilst a new one had been ordered it had not been received. As a result, a new defibrillator was ordered and arrived on the day of the inspection.

We saw the emergency drugs were being stored in a location that could be accessed easily by staff. We noted that the emergency drugs and equipment were all in date. However, the fridge temperature checks required for the glucagon pen were not recorded. Additionally, oxygen face masks were not available in all sizes for the self-inflating bag as recommended by the Resuscitation Council.

We saw prescription pads being kept securely. Staff told us of the correct procedures they would take if there was an emergency or had to report an untoward drug related incident.

Safeguarding children and safeguarding adults at risk

We saw that all staff had up to date training in adult and child safeguarding, level two. The safeguarding procedure on file recommended that the safeguarding lead be trained to level three. The owner, who was also the principal dentist, was the safeguard lead. The owner was aware of capacity and patient choice and had close links with the local safeguarding board. The practice had a safeguarding policy in

place. The document included details of the local safeguarding team. Staff were aware of the safeguarding policy and relevant procedures and told us any concerns would be reported to the safeguarding lead.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. We were told that staff were adequately trained to use the equipment. The clinical equipment was considered to be safe and appropriately maintained.

We found the dental instruments were in good condition and sufficient in number. The dentist was aware of the arrangements to promptly deal with any device or system failure.

We reviewed the arrangements in place for the safe use of radiographic equipment and found the required documentation and information was available and up to date. There were appropriate policies in place in the radiation protection file and online. There were safe arrangements in place relating to the environment, maintenance and testing of X-ray equipment.

We saw training certificates demonstrating that the dentist had up to date ionising radiation training.

There was evidence that quality assurance monitoring activities were taking place in respect of written procedures, protocols and equipment, including a radiation risk assessment.

Effective care

Safe and clinically effective care

There were satisfactory arrangements in place for the acceptance, assessment, diagnosis, and treatment of patients. This was outlined within the practice statement of purpose and patient information leaflet that was compliant with the Private Dentistry (Wales) Regulations 2017.

We saw evidence that staff would obtain and follow professional guidance and advice when necessary and would use this to update practice policies. The practice used local safety standards for invasive procedures (LocSSIPs) checklists.

Quality improvement, research and innovation

The practice had completed the Welsh Health Technical Memorandum (WHTM) 01-05 audit and there was evidence that they were working through the issues. We also saw evidence of other audits such as the audit of antibiotic prescribing and of

radiographs. However, the practice had not completed the relevant report in accordance with regulation 16 (3) of the Private Dentistry (Wales) Regulations 2017, relating to assessing and monitoring the quality of service provision including annual returns.

We were also told that the practice had recently started to complete the British Dental Association Good Practice quality assurance programme.

Information governance and communications technology

Patient dental records were stored electronically and securely. Access to dental records was via a password protected system and this followed an appropriate records management policy.

The practice managed and protected information in compliance with the General Data Protection Regulations 2016. We saw that staff personal folders were held securely within a locked metal filing cabinet.

Record keeping

We reviewed ten sets of patient records and concluded that these were generally being kept to a good standard. The notes were clear, legible, and generally good quality. The records reviewed showed that there was sufficient information of the patients' dental history, reason for attendance, treatment information, consent and recall information.

The above information was maintained on different screens on the patient record. Whilst in most cases this was satisfactory, for some patient records information was missed due to changing screens, such as recording the justification and evaluation of radiographs. Additionally, whilst issues with the extra and intra-oral examinations were recorded, they were not recorded if nothing was noted. Instances were noted where smoking cessation advice was not offered to every smoker as well as not recording cancer screening. We believe that the dentist discusses the relevant issues with the patient, but this is not always recorded as having been done. Audits had not been carried out on clinical records and this must be implemented to further identify any inconsistencies and to show improvements from audit to audit.

There were also two instances where the recorded dosage and duration of antibiotics prescribed was not documented, in addition to the clinical need for the medicine.

The practice had a consent policy that was adhered to.

Quality of Management and Leadership

Governance, Leadership and Accountability

The principal dentist, in addition to being the owner of the practice was also the registered manager and had overall responsibility for the management of the practice. At the time of our visit, the principal dentist was the only dentist at the practice, there were two qualified dental nurses who worked part time and a receptionist. One of the dental nurses had completed a fluoride application course and was providing fluoride varnish applications as part of a structured dental health programme to children.

All qualified members of staff were GDC registered and providing care that was within their scope of practice and according to the conditions of registration as set out by HIW.

Leadership, provided by the registered manager, was clear and the practice appeared efficient and well-run with a focus on providing quality patient care. We witnessed the team working well together, with effective communication and mutual respect.

The practice had a range of policies and procedures that were relevant to the practice. These were readily available to all staff, all in date, but only some of these had a signature list attached to show that the staff had read and understood these procedures. There was a list of due dates for policies and procedures maintained in reception that showed when policies and procedures were due to be reviewed.

Overall responsibility for submission of notifications to HIW of incidents was the responsibility of the principal dentist. They demonstrated knowledge of these requirements and we were assured that prompt and timely reporting of incidents would occur. There were two dentists registered separately at the address with HIW. Prior to the inspection one of the dentists registered at the address had left the business and the address. Whilst the remaining dentist, now the principal dentist had informed HIW of the move and that they were no longer on the statement of purpose, the second dentist was still registered at the address with HIW. The principal dentist must complete the relevant paperwork to remove the second dentist from the registration at the premises.

Evidence was kept on file of regular monthly team meetings and we were provided with examples of minutes from these meetings. The minutes demonstrated that issues and actions raised were appropriate and proactive. Meeting minutes were kept in a folder that was accessible to all staff.

Workforce

There was a procedure for the recruiting of new staff on file along and evidence of policies and procedures in place to support new members of staff.

Staff informed us that agency staff had not been used for some considerable time. Should they be needed, the relevant checks would be carried out by the dental agency and confirmation provided to the registered manager.

We saw evidence of staff files that held details of hepatitis B immunisation status, DBS checks and copies of qualification certificates. During a check of the staff records it was noted that one member of staff did not have a DBS check on file, although we were told that one existed for their other temporary employment. They had also been employed for a number of years at the dentist. The other DBS checks were all dated 2018. We also saw evidence of the appraisals undertaken on an annual basis which were seen within staff files. These appraisals included discussion of training requirements and continued professional development.

There were new contracts on file dated 2016, but these had not been signed by staff. There were also older signed contracts on file for all staff.

Mandatory training certificates were reviewed for all staff and overall compliance was good. All members of staff had undertaken recent basic life support training. There was a monthly register of events in the future held that included when staff were due to complete the relevant training as well as when policies and procedures were due to be reviewed.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

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: Bulkeley Dental Practice

Date of inspection: 13 September 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
There were no immediate assurance issues.				

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: Bulkeley Dental Practice

Date of inspection: 13 September 2022

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
The registered managers must ensure that there are leaflets available for patients in Welsh on how to improve both their dental and general health. This must include the patient information leaflet.	The Private Dentistry (Wales) Regulations (PDR) 2017, regulation 13 (1) and 13 (9) (a). Standard 4.2 Patient Information, Regulation.	The practice information leaflet has been sent for translation into Welsh Key messages on how to keep patients dentally fit are now also available in English and Welsh	Leigh Williams	Completed
The registered manager must ensure that information is available in a range of formats (eg easy-read,	PDR 2017, regulation 13(1)(a)	Information is now available in large print and easy read format	Leigh Williams	Completed

large print) to ensure those patients with communication difficulties are able to access the information.	Standard 4.2 Patient Information			
The registered manager must ensure that the relevant policies are updated to reflect the name of the one dentist at the premises.	PDR 2017 regulation 26 Standard Governance, leadership and accountability	All policies have the outgoing dentist name removed and have just the one dentist named	Leigh Williams	Completed
The registered manager must recommence the gathering and assessment of patient feedback in order to look for key themes, trends, areas for improvement and cases of good practice. Once this is done the registered manager must implement a 'you said, we did' display within an area accessible to patients to encourage suggestions from patients to further improve the practice.	PDR 2017, regulation 16 (1)(a) & (2)(b)(ii) (d)(ii) Standard 6.3 Listening & learning from feedback	Re introduced the feedback questionnaires will implement the 'you said we did' display when sufficient responses received. Questionnaires available now and will review and implement the 'we did' section by end of this year or sooner if sufficient responses	Janice Evans	31 December 2022

<p>The registered manager must ensure that a full environment risk assessment is completed and regularly updated when actions are completed.</p>	<p>PDR 2017, regulation 22 Standard 2.1 Managing Risk and Promoting Health and Safety</p>	<p>Risk assessment planned by an external company to provide an Comprehensive risk assessment. Following this any improvements will be made</p>	<p>Leigh Williams</p>	<p>The assessment is booked for the 8 December 2022</p>
<p>The registered manager must ensure that the temperature of the water sentinel outlets in the practice is increased to provide water above the recommended 50 degrees Celsius required.</p>	<p>PDR 2017, regulation 22 Standard 2.1 Managing Risk and Promoting Health and Safety</p>	<p>We have phoned a plumber who will come out and have a look at getting the water temperature >55 degree Celsius</p>	<p>Leigh Williams</p>	<p>Plumber will attend week beginning 7th NOV and hope to have problem solved within 2 months</p>
<p>The registered manager must ensure that the decontamination process is completed in the correct order. This needs to include the bagging of instruments in the autoclave.</p>	<p>PDR 2017 regulation 13 (3) (b)</p>	<p>Staff training has been done to correct the order of processing of instruments</p>	<p>Leigh Williams</p>	<p>Completed</p>

<p>The registered manager must ensure that the new defibrillator is brought into use, with regular documented checks.</p>	<p>PDR 2017 regulation 31 (b) Standard 2.9 Medical Devices, Equipment and Diagnostic Systems</p>	<p>New defibrillator now in use and included in our in practice CPR training</p>	<p>Leigh Williams</p>	<p>Completed</p>
<p>The registered manager must ensure that the fridge temperature checks required for the glucagon pen are recorded on a daily basis.</p>	<p>PDR 2017 regulation 31 (b) Standard 2.9 Medical Devices, Equipment and Diagnostic Systems</p>	<p>Checks now carried out daily</p>	<p>Leigh Williams</p>	<p>Completed</p>
<p>The registered manager must ensure that the range of oxygen face masks are available in all sizes as recommended by the Resuscitation Council.</p>	<p>PDR 2017 regulation 31 (b) Standard 2.9 Medical Devices, Equipment and Diagnostic Systems</p>	<p>All masks sizes are now available</p>	<p>Leigh Williams</p>	<p>Completed</p>

<p>The registered manager must ensure that the designated safeguarding lead complete safeguarding training to level three.</p>	<p>PDR regulation 14(b,e)</p> <p>Standard 2.7 Safeguarding children and adults at risk</p>	<p>The DSL has completed the level three training</p>	<p>Leigh Williams</p>	<p>Completed</p>
<p>The registered manager must ensure that the patient records are completed in full including:</p> <ul style="list-style-type: none"> • The justification and evaluation of radiographs • Issues with the extra and intra-oral examinations are recorded • Offer and recorded smoking cessation advice where appropriate • Recording cancer screening. 	<p>PDR regulation 14(b and e) and regulation 20 (1)(a)(i)(ii)</p> <p>Standard 3.5 Record keeping</p>	<p>There will be improvements made to the record keeping and this will be monitored with regular audits.</p>	<p>Leigh Williams</p>	<p>Completed /on going</p>
<p>The registered manager must review their programme of audits and include an audit of record keeping.</p>	<p>PDR 2017 regulation 16 (1) (a)</p>	<p>A programme of audits has been put in place to include record keeping</p>	<p>Leigh Williams</p>	<p>Completed</p>

	Standard 3.3 Quality improvement, research & innovation			
The registered manager must ensure that there is evidence to show all staff have seen and understood all the relevant policies and procedures. Evidence of this must be kept on file and updated when changes are made to the policies and procedures.	PDR 2017 regulation 17 Standard Governance, leadership and accountability	All policies and procedures have been reviewed with all staff members and this is recorded	Leigh Williams	Completed
The registered manager must complete the relevant paperwork to remove the second dentist from the registration at the premises.	PDR 2017 regulation 26 Standard Governance, leadership and accountability	The second dentist has been removed from all paperwork	Leigh Williams	Completed
The registered manager must ensure that enhanced DBS checks for child and adult workforce are carried out regularly for all staff	PDR Schedule 3 Part 1	An application has been started for the one staff member without a DBS check although	Leigh Williams	Started, should be completed within 6 weeks

with direct patient contact. These must then be held on file.	Standard 7.1 Workforce	she does have a BDS for bank work at the local NHS hospital. The remaining staff will have DBS checks regularly (Every 3 years) and sign up for the update service .		
The registered provider must complete a regulation 16 (3) report and ensure the report includes all the areas required by the regulation. A copy also needs to be sent to HIW.	PDR regulation 16 (3) Standard Governance, leadership and accountability	Report has been produced	Leigh Williams	Completed

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): Leigh Williams
Job role: Registered manager / Dentist
Date: 31 October 2022