Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Bryn Siriol Dental Practice, Betsi Cadwaladr University Health Board

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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

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 Bryn Siriol Dental Practice, Mold, within Betsi Cadwaladr University Board on 6 December 2022.

Our team for the inspection comprised of a HIW Healthcare 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 Bryn Siriol Dental Practice, Mold was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- The practice had arrangements in place to protect patients' privacy, including dedicated areas for patients to have private conversations with staff
- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity
- Staff continue to record patients' responses to their COVID-19 screening questions and we saw staff guiding patients to the appropriate waiting and surgery rooms whilst at the practice
- One way system still in place
- There was good disabled access to the building with a wheelchair ramp available. Wheelchair users could access all surgeries located on the ground floor, the reception, waiting area and toilet facilities. Patients with mobility issues could access the first floor level by means of a chair lift.

This is what we recommend the service can improve:

- Review and update the complaint procedure
- Implement a central log to capture verbal / informal concerns
- Publish patient feedback analysis.

Delivery of Safe and Effective Care

Overall summary:
We found that Bryn Siriol Dental Practice, Mold was well maintained and well equipped to deliver the services and treatments they are registered to provide. All areas were clean and tidy.

There were satisfactory arrangements in place to ensure that X-ray equipment was used appropriately and safely.

This is what the service did well:

- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment
- Dedicated decontamination room.

This is what we recommend the service can improve:

- Quality assurance audit processes
- Implement quarterly soil testing for the ultrasonic baths
- Medical emergency equipment kit
- Review and update radiation local rules in all surgeries
- Review and update the radiation protection folder.

Quality of Management and Leadership

Overall summary:
We found Bryn Siriol Dental Practice, Mold to have good leadership and clear lines of accountability.

The staff team worked very well together and were committed to providing a high standard of care for their patients.

Staff had access to appropriate training opportunities in order to fulfil their professional obligations.

This is what the service did well:

- We witnessed all staff, clinical and non clinical, working very well together as part of a team.

This is what we recommend the service can improve:

- We looked at a sample of policies and procedures and found that not all policies required by the regulations were in place
- Ensure staff appraisals are undertaken annually
- Implement formal team meetings
- The registered manager should arrange to assess and monitor the quality of service.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection, we invited the practice to hand out questionnaires to patients to obtain their views on the service provided. In total, we received 17 completed questionnaires. All completed questionnaires were from patients who had been a patient at the practice for more than two years. Some of the patients did not answer all of the questions.

Some of the comments provided by patients included:

> *"Excellent service at all times. Mr John Jones is so good at his job, very professional and puts me at ease. His dental nurse is also very pleasant and reassuring and the teamwork between them is very reassuring"*
>
> *"Very confident in treatment provided. Friendly and professional staff"*
>
> *"Excellent, helpful receptionists and dental staff"*
>
> *"Always professional and friendly"*
>
> *"Excellent"*
>
> *"It sends text / email reminders"*

Patients were asked in the questionnaire how the setting could improve the service it provides. Some of the comments provided included:

> *"Its perfect as it is. Everyone friendly and professional"*
>
> *"Nothing that I may have needed"*

Staying Healthy

Health Protection and Improvement
We viewed the changes that had been made to the practice environment in response to COVID-19. To protect against the risk posed by the virus, we saw that the following changes had been made:

- alcohol gel dispensers and facemasks placed at strategic locations throughout the practice
- social distancing signage displayed
- one way system in place
- protective screen installed at reception
- extractor fans installed in surgeries.

Patients told us that, when attending the practice, it was very evident that there were COVID compliant procedures in place.

Staff told us that they continued to record patients' responses to the COVID-19 screening questions, and we saw staff guiding patients to the waiting areas and surgeries.

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

'No Smoking' signs were displayed confirming that the practice adhered to the smoke free premises legislation.

Dignified care

Communicating effectively
There were arrangements in place to protect patients' privacy, including dedicated areas for patients to have private conversations with staff.

All patients stated that they felt that staff at the practice treated them with dignity and respect.

All patients stated that they felt the dental team helped them to understand all of the available treatment options when they needed it.

All patients who completed the questionnaire told us that things are always explained to them during their appointment in a way they can understand.

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way. Doors to surgeries were kept closed during treatments.

We were told that Welsh speaking staff were employed at the practice. Staff told us that they would endeavour to provide information to patients in their preferred language and/or format and that they had access to a translation service.

We found that the 9 Principles, as set out by the General Dental Council (GDC), was displayed in the waiting area. The 9 Principles apply to all members of the dental team and set out what patients should expect from a dental professional.

Patient information
General information about the practice was available on its website and was displayed in the reception and waiting areas.

The practice has a patient information leaflet which contained all the information required by the regulations.

We found that there were various posters and information sheets displayed, providing patients with a range of information about the dental practice.

We noted that information on the cost of dental treatments was available in the waiting areas.

We found that treatment planning and options were recorded within the sample of patient records viewed. This meant that patients were provided with information which enabled them to make an informed decision about their treatment.

Timely care

Timely access
Twelve patients who completed the questionnaire confirmed that it was easy to get an appointment when they needed one and five told us that it was fairly easy.

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

Twelve patients who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem. An

emergency number was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, provided on the practice website, answer phone message, and patient information leaflet.

Individual care

Planning care to promote independence
We reviewed the records of 10 patients and found that they were detailed and of a satisfactory standard. We saw evidence of treatment options being recorded and consent to treatment obtained from each patient.

All patients who completed the questionnaire confirmed that the clinical team enquire about their medical history before undertaking any treatment.

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

People's rights
We noted that the practice had an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service. One patient made the following comment:

"Absolutely not"

There was good disabled access to the building with a wheelchair ramp available. The clinical facilities are located on ground and first floor levels. Wheelchair users could access all surgeries located on the ground floor, the reception, waiting area and toilet facilities. Patients with mobility issues could access the first floor level by means of a chair lift.

Listening and learning from feedback
We saw that there was a complaints policy in place. The procedures for making a complaint, or how to raise a concern, were clearly displayed in the waiting area. However, we found that the procedure did not contain:

- Contact details of HIW as the regulatory authority
- HIW signposted as a route for patients to make a complaint

- Reference to the NHS Putting Things Right procedure
- Sources of support and advocacy.

The registered manager must arrange for the complaint procedure to be updated and ensure it is in line with the regulations and the NHS Putting Things Right (PTR) procedure.

We saw that there were systems in place to record, monitor and respond to complaints.

We were told that informal concerns were dealt with immediately. However no records were maintained. We recommend that any verbal or informal concerns are captured and monitored in a central log in order for any themes to be identified. The registered manager should implement a central log to capture any verbal or informal concerns.

We discussed the mechanism for actively seeking patient feedback, which is done by providing patients with questionnaires. A comments / suggestion box was also available in the waiting areas. Feedback analysis is prepared by the registered manager and discussed with the dental team. We recommend that the registered manager displays / publishes the feedback analysis in order to demonstrate to patients that comments have been captured and acted upon to enhance learning and service improvement.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety
Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building appeared to be well maintained internally and externally. During a tour of the building, we saw that all areas were clean and tidy. However, we found bleach stored in a room without a door which was accessible to patients. Bleach exposure can cause health issues such as irritation in the eyes, mouth, lungs and skin. This was brought to the attention of the registered manager who immediately removed the bleach.

There were no concerns expressed by patients over the cleanliness of the dental practice. All patients who completed the questionnaire felt that the dental practice was very clean.

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly clean.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training.

Emergency exits were visible and a Health and Safety poster was displayed.

The practice had various risk assessments in place, such as, fire, environmental and health and safety. All risk assessments were current and regularly reviewed.

We were assured that the premises were fit for purpose and we saw ample documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered.

There was a resuscitation policy in place and all staff had received cardiopulmonary resuscitation (CPR)/emergency resuscitation training.

Infection prevention and control (IPC)
Dedicated facilities were available for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. The facilities were clean, organised, well equipped and uncluttered.

We found the decontamination arrangements to be satisfactory. Staff demonstrated the decontamination process and we found that:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- There was ample personal protective equipment (PPE) to protect staff against injury and/or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were sturdy and with lids.

The procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

Infection control audits had been completed using recognised audit tools, including the Health Education and Improvement Wales audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognise this as good practice due to the comprehensive scope of the audit. However, we noted that handwashing sinks contained plugs and overflows. This presented a risk of cross infection. This risk was not highlighted within the WHTM 01-05 audit that had recently been completed. The practice should consider replacing the handwashing sinks or arrange for the plugs to be removed and the overflow sealed. The registered manager should also arrange for the handwashing sinks to be highlighted in the WHTM 01-05 audit and resulting action plan.

There was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was in place to record the autoclave start and end of the day safety checks. We saw that weekly protein testing and quarterly foil testing were undertaken on the ultrasonic baths. However, no soil tests are carried out. We recommend that the practice implements quarterly soil testing for the ultrasonic baths.

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

The practice had appropriate arrangements in place to deal with sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

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

We found that the cleaning equipment could be better organised to allow the mop heads to dry out. The registered manager should rearrange the cleaning cupboard and ensure that mops are placed above their matching buckets. We were informed by the registered manager that plans were already in place for the room to be refurbished and a fire door installed.

Medicines management
There were procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training. The practice had two dedicated first aiders. However, both first aiders were due to renew their training. The registered manager must ensure that first aid training is renewed.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. There was a system in place to check the emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, we found that a size 3 clear mask for the Ambu bag had expired. The registered manager immediately arranged for a replacement mask to be delivered the following day. The registered manager must ensure that equipment expiry dates are also checked and logged on a weekly basis.

Prescription pads were stored securely.

Safeguarding children and safeguarding adults at risk
There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults. A member of staff was nominated as safeguarding lead with responsibility for ensuring that the safeguarding policy was adhered to and could provide advice and guidance to staff on safeguarding issues.

Staff told us that they felt able to raise any work related concerns directly with the registered manager and were very confident that concerns would be acted upon.

At the time of our inspection, not all hygienists, dental nurses and administrative staff had received a DBS check. We confirmed that all dentists had a valid DBS check in place. The registered manager must provide HIW with evidence that all staff have received a DBS check relevant to their role.

We confirmed that all clinical staff were registered with the General Dental Council.

Medical devices, equipment and diagnostic systems
We viewed the clinical facilities and found that they contained relevant equipment. The surgeries were very well organised, clean and tidy.

All radiological equipment was well maintained and in good working order. We saw evidence that arrangements were in place for the safe use of radiographic (X-ray) equipment. We were verbally assured that all staff had received training to ensure they can safely use the equipment. However, this training was not documented. The registered manager should ensure all training is recorded for new members of staff. We saw evidence of up-to-date ionising radiation training for all clinical staff.

Copy of the radiation local rules were on display in every surgery. However, the local rules were out of date as they referred to the old Ionising Radiation Regulations 1999. The registered manager must arrange for the radiation local rules to be reviewed and updated in each surgery.

We saw that the practice had a radiation protection folder in place. However, we found that the identification of referrer, practitioner and operator section (entitlement of duty holder) had not been completed. The registered manager must ensure that the radiation protection folder is fully completed.

No quality assurance audits for the x-ray equipment have been carried out. The registered manager should arrange for regular quality assurance audits to be completed.

We found that step-wedge testing was used for all wet films, but testing was not carried out on digital film. The registered manager should arrange for the step-wedge testing to be completed on the digital system as this would identify any damage on the phosphor plates.

The registered manager confirmed that the practice had not used the Health Education and Improvement Wales (HEIW) Quality Improvement Tool for Ionising Radiation, or other quality assurance tools. The registered manager should arrange to use the HEIW Improvement tool.

Effective care

Safe and clinically effective care

We saw that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and in policies and procedures.

Quality improvement, research and innovation

We found little evidence to demonstrate that the practice, as a whole, was seeking to continuously improve the service provided. We only saw evidence that an infection control audit and a radiographic grading audit had been completed. The registered manager should implement a more robust, annual programme of clinical audits. We recommend that the practice consider utilising the HEIW website and the Clinical Audit Peer Review (CAPRO) funded improvement toolkits to improve their audit processes.

The registered manager told us that peer review between clinical staff had been undertaken and that these meetings were documented.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all paper records were kept secure and electronic files were being backed up regularly. Access to computer screens was secure and discreet. A data protection policy was in place to inform staff about what was required of them.

Record keeping

A sample of 10 patient records were reviewed. Overall, there was evidence that staff were keeping good clinical records, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

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

Quality of Management and Leadership

Governance, Leadership and Accountability
The day-to-day management of the practice was the responsibility of the registered manager who is also the practice manager.

Staff told us that they were confident in raising any issues or concerns directly with the registered manager and felt well supported in their roles. Many of the staff had worked together for some time and there was a good rapport amongst them.

We found that staff were very clear and knowledgeable about their roles and responsibilities. All staff were committed to providing a high standard of care for patients and this was supported by a range of policies and procedures. However, we found that the following policies were not in place:

- Building maintenance
- Business continuity
- Medicines
- Clinical audit
- Consent
- Premises are fit for purpose
- Risk management
- Recruitment, induction, retention of employees; employment conditions and training requirements.

The registered manager must ensure that all policies and procedures listed in the regulations are in place and a system developed to ensure that these are reviewed every three years and signed by staff to evidence that they have read and understood them.

The statement of purpose contained all the information required by the regulations.

All clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place.

The practice also had public liability insurance and the certificate was on display.

Workforce
All staff had a contract of employment. We were told that all staff had received an induction, which covered training and relevant policies and procedures. However, the induction programme was not documented. The registered manager must ensure that staff induction programme is recorded and records kept on staff individual files.

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

The registered manager confirmed that staff have not received an appraisal. The registered manager must ensure all staff receive an annual appraisal.

We were told that regular meetings are taking place between the Partners, and we saw detailed records of the meetings were being kept on file. However, meetings were not between the clinical and non-clinical staff. The registered manager must ensure that regular formal team meetings take place and records kept on file.

The registered manager told us that they had not formally assessed and monitored the quality of service provision as required by The Private Dentistry (Wales) Regulations 2017. The registered manager must arrange to assess and monitor the quality of service and provide HIW with a copy of the subsequent report.

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
Bleach stored in a room without a door which was accessible to patients.	Bleach exposure can cause irritation in the eyes, mouth, lings and on skin presenting a serious risk of harm.	Escalated to registered manager	Bleach was immediately removed and located in a secure area.
Size 3 clear mask for the ambu bag had expired.	Inability to effectively deliver assisted ventilation to patients requiring resuscitation. This presents a serious risk of harm.	Escalated to registered manager	Registered manager immediately ordered a replacement mask for next day delivery.

Appendix B - Immediate improvement plan

Service: Bryn Siriol Dental Practice

Date of inspection: 6 December 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
No immediate assurance issues were identified on this inspection.				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Bryn Siriol Dental Practice

Date of inspection: 6 December 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 manager must arrange for the complaint procedure to be updated and ensure it is in line with the regulations and the NHS Putting Things Right (PTR) procedure.	NHS PTR PDR 16	New complaint procedure is currently being written ensuring it is in line with the Putting Things Right procedure and to also include Advocacy	Wendy Jones	To be completed by 27.02.2023
The registered manager should implement a central log to capture any verbal or informal concerns.	PDR 16	A log book is now in use for any informal concerns this will be audited on a regular basis	Wendy Jones	**Improvement Completed**
The registered manager should arrange to display / publish patient feedback analysis.	PDR 16	Patient feedback forms will be audited every 6 months and	Wendy Jones	**Improvement Completed**

		feedback will be displayed in the waiting areas.		
The practice must arrange to replace the handwashing sinks or arrange for the plugs to be removed and the overflow sealed. The registered manager must ensure that the issue with handwashing sinks is highlighted in the infection control audit.	WHTM 01-05	Plumber has been contacted to act on this process to have the overflows sealed on the sinks that are required to. This will be added to the Infection control audit by the Infection control lead	Wendy Jones	To be completed by 01.05.2023
The registered manager must implement quarterly soil testing for the ultrasonic baths.	WHTM 01-05	Soil tests have been purchased and meeting will be held to inform staff on how and when these are to be used	Wendy Jones	**Improvement Completed**
The registered manager should rearrange the cleaning cupboard and ensure mops are placed above their matching buckets.	Standard 2.1	The renovations are now complete mops now have an area to hang over colour coded buckets.	Wendy Jones	**Improvement Completed**
The registered manager must ensure first aid training is renewed.	PDR 31	Both first aiders have now completed their requalification course 1st aid at work	Wendy Jones	**Improvement Completed**

The registered manager must ensure that expiry date for the emergency equipment is logged and checked on a weekly basis.	PDR 31	A new log/ reference sheet for all emergency equipment is now used for the weekly checks	Wendy Jones	**Improvement Completed**
The registered manager must provide HIW with evidence that all staff have received a valid DBS check relevant to their role.	PDR 18	All staff that required DBS have completed application these are currently being processed.	Wendy Jones	Sent off and awaiting processing
The registered manager should ensure all equipment training is recorded for new members of staff during their induction process.	Standard 2.9	An induction policy and procedure are now included in the new starter process including equipment training and records are kept.	Wendy Jones	**Improvement Completed**
The registered manager must ensure that the radiation protection folder is fully completed.	IR(ME)R 2017	We are currently uploading the folder to online digital file	Wendy Jones	To be completed by 01.05.2023
The registered manager must arrange for the radiation local rules to be reviewed and updated in each surgery.	IR(ME)R 2017	New up to date local rules are currently being written	Wendy Jones	To be completed by 01.04.2023
The registered manager should arrange quarterly radiographic quality assurance audits.	IR(ME)R 2017	We are now using a spreadsheet for the recording of the quarterly checks	Wendy Jones	**Improvement Completed**

The registered manager should arrange for the step-wedge testing to be completed on the digital system.	WHTM 01-05	We are now incorporating a digital step-wedge test alongside the current wet film test.	Wendy Jones	**Improvement Completed**
The registered manager should implement a more robust audit process and ensure that an annual programme of clinical audits is put in place. We recommend that the practice consider utilising the HEIW website and the Clinical Audit Peer Review (CAPRO) funded improvement toolkits to improve their audit processes.	Standard 3.3 PDR 16	The Practice will make enquires in relation the HEIW Clinical Audit Peer review and the BDA best practice system for quality improvements and auditing.	Wendy Jones	To be completed by 01.05.2023
The registered manager must ensure that all policies and procedures listed in the regulations are in place and a system developed to ensure these to be reviewed every three years and signed by staff to evidence that these have been read and understood.	PDR 8	We are working on the policies to ensure all that should be in place are. A Spreadsheet will be used for easy visualisation of when policies need updating. When meetings are held policies will be discussed with the team to ensure they are understood and signatures will be sought for	Wendy Jones	To be completed by 01.05.2023

		evidence that they have been understood		
The registered manager must ensure staff induction programme is recorded and records kept on staff individual files.	PDR 17	An induction policy and procedure are now included in the new starter process and records will be kept on personnel files.	Wendy Jones	**Improvement Completed**
The registered manager must ensure all staff receives an annual appraisal.	PDR 17	Appraisal templates have been sourced we plan to complete these in the next 3 months	Wendy Jones	To be completed by 01.05.2023
The registered manager must ensure that regular formal team meetings are taking place and records kept on file.		Measures have now been put in place to hold regular formal meetings with the team and minutes of the meetings kept on file	Wendy Jones	First meeting planned for 27.02.2023
The registered manager must arrange to assess and monitor the quality of service at the practice and provide HIW with a copy of the subsequent report.	PDR 16	Quality of service will be carried out and reported back to HIW	Wendy Jones	To be completed by 01.04.2023

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): Wendy Jones

Job role: Practice and Registered Manager

Date: 10/02/2023