

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

{my}dentist, Family Dental  
Practice, Hywel Dda University  
Health Board

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2018

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2019

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

## **Our purpose**

**To check that people in Wales are receiving good care.**

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **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 {my}dentist, Family Dental Practice at Robert Street, Milford Haven SA73 2DH , within Hywel Dda University Health Board on the 26 November 2018.

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

Overall, we found evidence that the Family Dental Practice provided a friendly and professional service to their patients.

The practice was patient focussed. We saw evidence of strong leadership and the practice had the required policies and procedures in place to support both staff and patients.

The surgeries were maintained to a high standard, as were staff files and information.

This is what we found the service did well:

- There was evidence of strong management and leadership from the registered manager and practice manager
- Patients provided positive feedback that they were happy with the service provided
- Appropriate arrangements were in place to ensure the surgeries were kept to a high standard.

This is what we recommend the service could improve:

- The practice must ensure that dentists are keeping records to an agreed professional standard.

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

## 3. What we found

### **Background of the service**

{my}dentist, Family Dental Practice provides services to patients in the Milford Haven area of west Wales. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

The practice has a staff team which includes one practice manager, two dentists, three dental nurses and a receptionist.

The practice provides a range of NHS and private general dental services.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

We found that the {my}dentist, Family Dental Practice was committed to providing a positive experience for their patients. All the patients who completed the HIW questionnaire rated the service provided by the dental practice as excellent or very good. All patients also told us that they were treated with dignity and respect by staff at the dental practice.

The practice had a range of information to support patients in making effective choices. The practice was also communicating with patients on positive actions that were being made as a result of patient engagement.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 38 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

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

*"I was explained about hygienist appointments and receptionist kindly gave me information and booked me in, very helpful"*

*"Outstanding service by dentist and staff"*

*"Receptionist was extremely efficient in getting my son seen"*

Patients were asked in the questionnaires how the dental practice could improve the service it provides; comments provided by patients included:

*"Open later hours on weekends sometimes"*



*“The building is very difficult to access and the toilet is incredibly difficult. I nearly fell into an office climbing down the steep step. They have put a ramp in but not put a wider level access door, so I cannot get my wheel chair in which means I need to pay £40 for taxi here and back so I can bring my frame”*

*“Appointments can take a few weeks”*

*“Waiting time sometimes long”*

## **Staying healthy**

### **Health promotion protection and improvement**

The majority of patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We saw a wide range of information available to patients within the waiting area, covering private and NHS treatments, as well as general information around oral health for both adults and children. This was a good example of the practice supporting patients to maintain their own oral health and hygiene.

## **Dignified care**

All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. One patient told us:

*“Excellent service, always treated with respect, all dental treatment explained in detail in terms that I understand”*

Staff told us that if there was a need to hold a private conversation with a patient, they would take them to either an empty surgery, or the office. We saw that the practice had a privacy, dignity and confidentiality policy in place.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We noted that the 9 Principles as set out by the General Dental Council (GDC)<sup>1</sup> was available to patients in the reception area. The

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<sup>1</sup> <https://standards.gdc-uk.org/>

principles apply to all members of the dental team and set out what patients can expect from a dental professional.

### **Patient information**

Where applicable, all patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. Patients told us they had received clear information about available treatment options.

Patients also said that the cost of any treatment was always made clear to them before they received any treatment.

We found the patient information leaflet was available to patients upon request, and gave comprehensive information about the practice. We saw posters displaying private treatment costs and NHS treatment fees displayed in the waiting area, as well as a number of leaflets about dental treatments and issues to help patients to make informed decisions about their oral health and treatment options.

### **Communicating effectively**

The majority of patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language. A small number of patients that usually prefer to speak in Welsh told us that they were only sometimes able to speak to staff in their preferred language.

Whilst written information was available this was predominantly presented in English only, and there were no known Welsh speakers. Given that the service operates in Wales, arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'<sup>2</sup>.

### **Timely care**

Almost a quarter of patients that completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental

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<sup>2</sup> An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

problem. Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice and provided on the practice's answerphone message. Given the number of patients who told us they did not know how to access out of hours dental care, the practice should consider how they can improve patient awareness of this service.

The majority of patients that completed a questionnaire told us that it was “very easy” or “fairly easy” to get an appointment when they needed it.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay and allow them to reschedule should they need.

## **Individual care**

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

Where applicable, all of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

During the inspection we noted that treatment options had been recorded on the vast majority of records we reviewed. This provided reassurance that patients were supported to make choices about their treatment options.

### **People's rights**

The practice was accessible for wheelchair users as the surgeries and waiting area were located on the ground floor. There was a step to the patient toilet, and as a result not wheelchair accessible. However, one of the feedback forms received detailed problems that one patient had experienced trying to attend the practice whilst using a wheelchair. Given this comment, the practice may want to consider how they advise on the accessibility of the practice to patients.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy and equal opportunities policy.

### **Listening and learning from feedback**

The practice had a questionnaire where patients could score the service they had received and leave comments. Changes made as a result of this feedback were communicated to patients via posters in the reception area.

We found there was a complaints policy in place that was compliant with NHS Putting Things Right<sup>3</sup> and the Private Dentistry Regulations. The complaints log was comprehensive and showed a contemporaneous account of proceedings.

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<sup>3</sup>[http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166\\_Putting%20Things%20Right\\_a5%20leaflet\\_English\\_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf](http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf)

## Delivery of safe and effective care

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

Overall, we found evidence that patients were provided with safe and effective dental care.

The environment was maintained to a good standard.

We found that the clinical facilities were well equipped, and there were arrangements in place for the safe treatment of patients.

The practice must ensure that patient records are maintained in accordance with agreed professional guidelines.

### Safe care

#### Managing risk and promoting health and safety

There were no major concerns given by patients over the cleanliness of the dental practice; the vast majority of patients that completed a HIW questionnaire felt that, in their opinion, the dental practice was “very clean”.

Overall we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. The outside of the building appeared to be well maintained, however there was noticeable mess in front of the practice garage. Although the mess was not from the practice, and there was evidence that the practice had contacted the council previously we advised that they should continue to report this mess to protect both their staff and patients. Inside, the building was light, tidy and spacious.

We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety policy and emergency contingency policy. Policies and risk assessments were readily available to all staff online. There was an environmental risk assessment in place to help protect both staff and patients.

We saw that new policies were discussed at team meetings and then signed and agreed to by staff. This meant that staff are kept up to date with policies and procedures in place to help support them in their roles.

We saw fire extinguishers were available at various locations around the building, and we noted that servicing had been carried out within the last twelve months to help ensure they remained safe to use. The practice had a fire safety risk assessment in place as well as a fire policy. There were also appropriately trained members of staff within the practice. At the time of the inspection the practice had not received the latest certificate following their recent fire equipment maintenance visit. The practice provided this at a later date.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. Clinical waste was stored appropriately.

Under the Control of Substances Hazardous to Health Regulations 2002<sup>4</sup>, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) protocol and a mercury handling policy.

### **Infection prevention and control**

The cleaning and sterilisation (decontamination) of dental instruments was undertaken in a specialist decontamination room. We saw evidence that the protocol for checking the sterilisation equipment was available and up to date, and there was an infection control policy and a sharps safety policy for staff, meaning both staff and patients were being sufficiently protected from needle stick injuries and infection.

There were daily sterilisation checks in place and the autoclave<sup>5</sup> had comprehensive records of testing. The service and maintenance checks for the autoclave were up to date.

The surgeries were visibly clean and tidy and the practice had a daily cleaning schedule for staff to follow to ensure all were kept in line with the Welsh Health Technical Memorandum (WHTM) 01-05<sup>6</sup>.

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<sup>4</sup> [http://www.hse.gov.uk/foi/internalops/ocs/200-299/273\\_20/](http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/)

<sup>5</sup> Autoclaves are used in medical applications to perform sterilization of equipment.

Staff had access to, and used personal protective equipment (PPE) when undertaking decontamination activities, and there was a dedicated lead nurse for decontamination within the practice.

We saw evidence that all staff had up to date infection control training. We also saw evidence that the practice had carried out regular infection control audits in accordance with WHTM 01-05.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all members of clinical staff.

### **Medicines management**

The practice had procedures in place to deal with patient emergencies, including a resuscitation and medical emergency procedure. All staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

The practice had appointed first aiders, ensuring staff and patients had appropriate access to first aid care in the event of an accident or injury. We advised that the practice may wish to provide first aid training to all staff, to ensure sufficient cover should the appointed first aider be unavailable.

The practice had appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>7</sup>. The practice's first aid kit was complete and in date. The practice had comprehensive policies and procedures in place which had been agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines.

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<sup>6</sup> [www.wales.nhs.uk/sites3/documents/254/WHTM 01-05 Revision 1.pdf](http://www.wales.nhs.uk/sites3/documents/254/WHTM_01-05_Revision_1.pdf)

<sup>7</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration might want to ad

We were told that all drug-related adverse incidents are recorded via the MHRA Yellow Card<sup>8</sup> scheme.

### **Safeguarding children and adults at risk**

We saw that the practice had comprehensive policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies.

All staff had received appropriate training in safeguarding of both children and vulnerable adults. We suggested that the safeguarding lead for the practice consider attending a higher level of safeguarding training to ensure they have the appropriate skills and understanding of safeguarding issues to act as a lead.

### **Medical devices, equipment and diagnostic systems**

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment (X-ray) was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We noted that the local rules<sup>9</sup> were displayed in the surgeries.

In accordance with the requirements of the General Dental Council<sup>10</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>11</sup> all clinical staff had completed the required training.

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<sup>8</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

<sup>9</sup> Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/474136/Laser\\_guidance\\_Oct\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

<sup>10</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>



There was evidence of regular radiography audits to ensure appropriate and safe use of radiography equipment.

## **Effective care**

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

We saw evidence that the practice had in place a number of clinical audits to help support the provision of a safe and effective service.

The practice had arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

We found evidence throughout the course of the day that most professional, regulatory and statutory guidance, such as NICE guidelines<sup>12</sup>, were given due considerations and followed where appropriate.

During the day we found that some aspects of endodontic treatments<sup>13</sup> and the use of rubber dam<sup>14</sup> did not meet professional guidelines. We discussed our concerns with the registered manager on the day. A number of steps were put in place to ensure that the dentist received urgent support in relation to these matters, and we were reassured that a sufficient training programme had been put in place by the end of the day.

### **Quality improvement, research and innovation**

We were told that the practice was using tools developed by the corporate centre of the MyDentist group designed to support quality improvement

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<sup>11</sup> [http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf)

1. <sup>12</sup> <https://www.nice.org.uk/.../oral-and-dental-health>

<sup>13</sup> Endodontic treatments are root canal treatments carried out on a tooth or teeth

<sup>14</sup> Rubber dam is a device considered essential to treatments such as endodontics, in pan professional guidelines. It is placed to prevent contamination by saliva, leakage of irrigants and inhalation and/or swallowing of instruments and materials used in the process.

processes. We suggested the practice may also want to consider tools such as Welsh Deanery Maturity Matrix Dentistry practice development tool<sup>15</sup>.

### Information governance and communications technology

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. The practice had also had a records management policy. Electronic records were regularly backed up to protect patient information and prevent loss.

### Record keeping

We reviewed a sample of patient records. We found that generally the records were of a good standard, however we found in a number of cases there were omissions in recording, namely in the following areas:

- Evidence in relation to endodontic treatments
- Evidence of appropriate irrigants for root canal treatments
- Evidence of appropriate use of rubber dam
- Recall information as per NICE guidelines.

### Improvement needed

The practice must ensure patient records are completed in keeping with agreed professional standards for record keeping.

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<sup>15</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We found evidence of good management and leadership in the practice.

The practice had a comprehensive range of relevant policies and procedures in place that were reviewed annually and we saw evidence that they had been read by all staff.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

We found that all staff had received the necessary training for their roles and responsibilities.

## Governance, leadership and accountability

{my}dentist, Family Dental Practice is part of the {my}dentist group of dental practices in England and Wales. The role of responsible individual<sup>16</sup> is held by a senior officer based in the Group head office.

The practice manager is the registered manager who also provides day to day management with the support of an area manager. We found the practice to have good leadership and staff understood their roles and responsibilities.

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<sup>16</sup> “responsible individual” means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice;

We found there was a wide range of policies and procedures in place to ensure the safety of both staff and patients. The Statement of Purpose and Patient Information Leaflet contained all the relevant information required by the regulations.

The registered manager confirmed that she was aware of her duties regarding notifications, including serious injury to patients and absence or changes to the registered manager that must be sent to HIW<sup>17</sup>.

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We saw the practice's public liability insurance certificate was displayed in the reception area.

## **Staff and resources**

### **Workforce**

The practice had a number of human resources related policies and procedures in place including a recruitment policy. Staff also completed regular appraisals and all had personal development plans for the upcoming year. We also saw evidence that all staff had contracts of employment.

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

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<sup>17</sup> Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

We were told that the practice holds meetings regularly. We saw minutes relating to these meetings and staff unable to attend were updated by the practice manager.

The Regulations for Private Dentistry 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 all staff.

## 4. 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.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

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

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			



## Appendix B – Immediate improvement plan

**Service:** {my}dentist, Family Dental Practice

**Date of inspection:** 26 November 2018

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 areas of non-compliance were identified during 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:** {my}dentist, Family Dental Practice

**Date of inspection:** 26 November 2018

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>Quality of the patient experience</b>				
	1.1 Health promotion, protection and improvement;			
	4.1 Dignified Care;			
	4.2 Patient Information,			
	3.2 Communicating			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	effectively;			
	5.1 Timely access;			
	6.1 Planning Care to promote independence;			
	6.2 Peoples rights;			
	6.3 Listening and Learning from feedback,			
<b>Delivery of safe and effective care</b>				
	2.1 Managing risk and promoting health and safety;			
	2.4 Infection Prevention and Control (IPC) and Decontamination,			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	2.6 Medicines Management;			
	2.7 Safeguarding children and adults at risk;			
	2.9 Medical devices, equipment and diagnostic systems;			
	3.1 Safe and Clinically Effective care;			
	3.3 Quality Improvement, Research and Innovation;			
	3.4 Information Governance and Communications			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must ensure patient records are completed in keeping with professional standards for record keeping.	Technology;  3.5 Record keeping; Private Dentistry Regulations 2017 Section 20	Contact made with clinical director of Mydentist and confirmed dentists will be attending recording keeping course in February. Date to be confirmed. HIW will be notified when action is completed. Completion date 28 <sup>th</sup> February	Jasmine Williams-Registered Manager	28 <sup>th</sup> February 2019
<b>Quality of management and leadership</b>				
	Governance, Leadership and Accountability;			
	7.1 Workforce;			

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): Jasmine Williams**

**Job role: Registered Practice Manager**

**Date: 28/01/2019**