

General Dental Practice Inspection Report (Announced)

Coach House Dental Care, Betsi
Cadwaladr University Health Board

Inspection date: 07 November 2023

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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.



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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 Coach House Dental Care on 7 November 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 28 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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 Coach House Dental Care was committed to providing a positive experience for patients.

All the patients who completed a HIW questionnaire rated the service provided by the dental practice as good and very good.

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

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 the privacy of patients, 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
- The practice premises was accessible to all.

Delivery of Safe and Effective Care

Overall summary:

We found that Coach House Dental Care was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The practice was very well maintained and well equipped to provide the services and treatments they are registered to deliver. All areas were very clean and free from any visible hazards.

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

The dental team were very knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

This is what the service did well:

- The practice had been finished to a high standard
- Dental surgeries were clean, well equipped and fit for purpose, with well-maintained equipment
- Two dedicated decontamination rooms
- Good quality audits had been completed
- Good safeguarding arrangements in place with three members of staff trained in level 3.

This is what we recommend the service can improve:

- Complete the radiation risk assessments and undertake digital equipment quality assurance checks
- Undertake quarterly X-ray equipment quality assurance audits and complete the Health Education Improvement Wales's (HEIW) quality improvement tool for ionising radiation
- Undertake clinical record keeping audit.

Quality of Management and Leadership

Overall summary:

We found Coach House Dental Care to have very good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the registered manager, who we found to be very committed and dedicated to the role and the practice.

We observed that the staff team worked very well together and were committed to providing a high standard of care for patients.

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

This is what the service did well:

- We saw that all staff, both clinical and non clinical, worked very well together as part of a team
- Very well maintained staff files
- All clinical staff had attended training relevant and were meeting the Continuing Professional Development (CPD) requirements.

This is what we recommend the service can improve:

- Complete the HEIW integrating smoking cessation toolkit and antibiotic prescribing.

3. What we found

Quality of Patient Experience

Patient Feedback

Patients' comments were very positive, and patients rated the service as very good or good.

Some of the comments provided by patients included:

"Excellent dental practice."

"As an ex dental nurse I found the whole practice faultless."

"Completely relaxing, feel in good hands. The dentist is great a pleasure to visit, I trust them."

"This dental practice is very good and I feel well cared for."

"Yes the reception ladies were very helpful and my dentist, a lady and her assistant were very nice, good job there."

"I think they have been excellent throughout all the treatment I have had."

"Fantastic dentist."

We asked what could be done to improve the service. Comments included the following:

"Staff are exceptional only complaint is time you have to wait for an appointment, but are amazing if you have pain they get you in the same day. I am petrified of the dentist, but they are very good and patient, puts me at ease."

Person Centred

Health Promotion

Health promotion material was on display and some of this information was available in English and Welsh. This means patients had access to information which could support them in caring for their own oral hygiene.

We saw 'No Smoking' signs within the practice confirming that the practice adhered to the smoke free premises legislation.

Price lists were also clearly on display in the waiting area and reception.

We saw clear signage that indicated how to contact the practice out of hours.

Dignified and Respectful Care

There were arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff.

All patients who completed a questionnaire 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 options for treatment when they needed it. All patients also told us that things are always explained to them during their appointment in a way they can understand. Patients told us:

"This practice is amazing. All my family attend and we all feel the same. Whatever procedure I have had all information has been given to me. I am confident to ask questions. My Dentist goes above and beyond to ensure I understand. I am a nervous patient. This practice is always clean and welcoming."

"Always professional very caring and considerate. I am a nervous patient and they always put me at ease, they are the best."

"Been coming more for several years and dentist and assistant are very professional and listen to my concerns."

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

We found that the 9 Principles, as set out by the General Dental Council (GDC), was displayed by the staff room.

Individualised care

General information about the practice was available on the website, social media page, was displayed by the main entrance, waiting area and reception.

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

In response to the HIW questionnaire, all patients told us that they were given enough information to understand which treatment options were available, and that their medical history was checked before treatment.

All patients agreed that they were given enough information to understand the risks and benefits of the treatment options and that costs were made clear to them before treatment.

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

Timely Care

We saw that staff made every effort to ensure that dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

Most patients (26/28) who completed the questionnaire said it was very easy or easy to get an appointment when they needed one with the remaining two patients stating it was not very easy.

Many patients (22/28) who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem with the remaining six patients stating they did not know. An emergency number was available should patients require urgent out of hours dental treatment. Contact information was displayed by the main entrance, provided on the practice website, answer phone message and patient information leaflet.

Equitable

Communication and Language

We were told there were two Welsh speaking members of staff working at the practice who identify themselves by wearing the laith Gwaith brand. The laith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers. In addition, some staff working at the practice can also communicate with patients in Polish and Lithuanian.

We were also told that, if required, staff could access a translation service to help them communicate with patients whose first language is not English.

The practice had a range of patient information available, including a patient information leaflet and complaints policy. All information was available in English, with some information available in Welsh. Staff informed us that they could make the information available in alternative formats if requested.

All patients who completed a questionnaire told us their preferred language was English. However, we recommended the practice contact the local health board for advice and support to implement the 'Active Offer' in accordance with Welsh language standards¹.

The registered manager is required to provide HIW with details of the action taken to seek suitable advice and support to implement the 'Active Offer'.

Rights and Equality

There was 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 and one patient preferred not to say.

Most patients (26/28) who completed the questionnaire confirmed the premises was accessible and one patient told us the practice was partially accessible and one patient was not sure. We found there was good access to the building with ample car parking spaces. Wheelchair users and patients with mobility issues could access the reception, waiting area, toilet facility and three surgeries located on the ground floor.

¹ <https://www.gov.wales/welsh-language-primary-care#31537>

Delivery of Safe and Effective Care

Safe

Risk Management

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

The building appeared to be very well maintained internally and externally. We saw that all areas were very clean, tidy and free from obvious hazards.

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 a range of policies and procedures, as well as 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.

Infection, Prevention, Control (IPC) and Decontamination

The practice had two dedicated areas for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05.

Both facilities were very clean, well organised, well equipped and uncluttered.

The decontamination arrangements were good. 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 secure.

We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

We saw evidence that 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 recognised this as good practice due to the comprehensive scope of the audit. The infection control audit had been completed and we saw evidence that the resulting improvement plan had been actioned.

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.

Each surgery had a cleaning checklist, and we saw that these had been regularly completed.

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.

All patients who completed the questionnaire told us that infection prevention and control measures were being followed. One patient told us:

“Very careful here.”

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. However, we found that the IPC lead had not been named within the policy. The registered manager immediately updated the policy during the inspection.

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. We advised the registered manager to consider securing the sharps boxes (hazardous waste) close to the location where medical sharps are used, to prevent any spillages. We received evidence immediately following the inspection to show that all sharps' boxes had been secured to the wall.

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. However, we advised the registered manager to arrange for a pharmaceutical waste bin for unused / expired medicines and emergency drugs to be added to

their waste contract, which the registered manager immediately arranged during the inspection.

Medicines Management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training. The practice had four trained first aiders.

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 an effective system in place to check the emergency drugs and equipment to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

We saw that prescription pads were being stored securely.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff demonstrated their knowledge of the procedures to follow in the event of a medical emergency or if they had to report a medication related incident.

Safeguarding of Children and Adults

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. However, we noted that one member of staff was due to renew their training but was currently on long term sickness. We were assured by the registered manager that plans were in place for the staff member to receive training on their return. Two clinicians and the registered manager had been trained in safeguarding level 3. The registered manager and principal dentist were both nominated as safeguarding leads. Staff were able to discuss with us, in detail, the policies and procedures and also various scenarios.

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

We saw that the practice had a whistleblowing policy in place.

The registered manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and / or undertaking

Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a DBS check in place.

Management of Medical Devices and Equipment

We viewed the clinical facilities and found that they contained relevant equipment. The surgeries were very well organised, clean and tidy and had been finished to a good standard.

We saw that there was a Radiation Protection folder in place. We found that all X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment. However, we found no radiation risk assessments or digital equipment quality assurance checks had been completed. We advised the registered manager to complete the Radiation Protection folder online with their Radiation Protection Adviser (RPA). The online version of the Radiation Protection folder includes a full suite of radiation risk assessments and digital equipment quality assurance checks that the practice can use.

The registered manager must ensure radiation risk assessments and digital equipment quality assurance checks are completed.

We saw evidence of up-to-date ionising radiation training for all clinical staff.

We found that the practice had not undertaken any quarterly X-ray equipment quality assurance audit, nor have they used the HEIW's quality Improvement Tool for Ionising Radiation.

The registered manager must ensure the practice undertakes quarterly X-ray equipment quality assurance audits and completes the HEIW's quality Improvement Tool for Ionising Radiation.

Effective

Effective Care

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.

We saw that the practice uses Local Safety Standards for Invasive Procedures (LocSSIP's) to prevent the wrong site tooth extraction. In addition to the procedure, we advised the registered manager that a LocSSIP's flow chart is placed in every surgery. We received notification immediately following the inspection confirming that a LocSSIP's flow chart had been placed in all surgeries.

Patient Records

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

All 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. However, some gaps were identified such as not all Basic Periodontal Examination (BPE) were recorded (3/10), no risk assessment recorded on cavities, perio, tooth wear and oral cancer (2/10) and no justification for taking an X-ray (4/6) and no clinical finding recorded (2/6).

We discussed our findings with the registered manager, and we advised the practice to have a greater oversight of record keeping. We recommend that the practice undertakes an annual record keeping audit.

The practice is required to undertake a record keeping audit and provide HIW with a copy of the audit and resulting action plan.

Efficient

Efficient

We found that the facilities were appropriate for dental services to be provided and there were processes in place for the efficient operation of the practice.

All staff we spoke with told us the facilities at the practice were suitable for them to carry out their duties and the environment was appropriate to ensure patients received the care they require.

We were told that referrals to other healthcare professionals were made electronically, which enabled efficient information sharing. We were also told that practice staff would follow up any referrals considered urgent, such as suspected oral cancer, to ensure patients are given a timely appointment.

Wherever possible, patients requiring urgent care and treatment were seen at the practice within normal opening hours to avoid patients having to attend urgent care or out of hours services.

Quality of Management and Leadership

Leadership

Governance and Leadership

We found the practice to have very good leadership and clear lines of accountability in place.

The day to day management of the practice was the responsibility of the registered manager who we found to be very committed and dedicated to the role. Staff told us that they were confident in raising any issues or concerns directly with the registered manager and the principal dentist and felt very well supported in their roles. Staff spoke very highly of both the Registered Manager and the Principal Dentist. Staff told us that, during Covid-19 pandemic, staff received excellent support from the management team and staff felt very safe working at the practice.

Staff were very clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients, supported by a range of policies and procedures.

All policies and procedures contained an issue and/or review date ensuring that they were reviewed regularly and that practices were up to date.

There were appropriate arrangements for the sharing of information through practice wide team meetings. A breadth of relevant topics was covered during these meetings and minutes maintained. In addition, we also found that staff received regular newsletters.

All clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had current public liability insurance cover.

Workforce

Skilled and Enabled Workforce

All staff working at the practice had a contract of employment. We also saw that there was an induction programme in place, which covered training and relevant policies and procedures. We saw evidence that staff appraisals were also undertaken. It was positive to note that appraisals were up-to-date and comprehensive.

Staff files contained all the necessary information to confirm their on-going suitability for their roles. Training certificates were retained on file as required. 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 they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

Culture

People Engagement, Feedback and Learning

There was a written complaints procedure in place. This was available to all patients in the waiting area. Details were also included within the patient information leaflet and statement of purpose. However, we found that the procedure did not include details of advocacy support. We immediately received notification and evidence following the inspection to show that the complaint procedure had been updated.

We discussed the mechanism for actively seeking patient feedback, which is done by means of a comment box and questionnaires in the waiting room. Patients are also able to give feedback via social media. However, we were informed by the registered manager that they have not received any feedback from patients recently. We advised the registered manager to consider relocating the questionnaires and the comment box to a more prominent position at the practice. We also recommend that the registered manager implements a suitable system to show patients the action taken in response to their feedback.

The registered manager should consider relocating the patient questionnaires and comment box to a more prominent position at the practice and implement a suitable system to show patients the action taken in response to their feedback.

We saw the practice had a Duty of Candour policy in place, which contained details of staff roles and responsibilities as recommended by The Duty of Quality Statutory Guidance (2023). All staff who we spoke with told us they knew and understood their responsibilities under the Duty of Candour. Staff told us they had received and discussed the national guidance at a team meeting but had not undertaken any training. We recommended to the registered manager that all staff receive Duty of Candour training. We immediately received notification and evidence following the inspection to show that all staff had received Duty of Candour training.

Information

Information Governance and Digital Technology

Suitable communication systems were in place to support the operation of the practice.

The storage of patient information was appropriate, ensuring the safety and security of personal data. 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.

Learning, Improvement and Research

Quality Improvement Activities

It was very evident that staff at the practice were seeking to continuously improve the service provided. We were provided with examples of various audits which were conducted as part of the practice's quality improvement activity. These included audits of X-rays, infection prevention and control and decontamination (compliance with WHTM 01-05), cleaning and disability access audits. However, we found that the practice had not undertaken any smoking cessation audits. We recommended that the practice completes the Health Education and Improvement Wales (HEIW) integrating smoking cessation toolkit and antibiotic prescribing audit.

The registered manager should arrange for the HEIW integrating smoking cessation toolkit and antibiotic prescribing audit to be completed.

We found the dental team to be proactive, knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

Whole Systems Approach

Partnership Working and Development

The registered manager described the arrangements in place for engagement with other services.

We were told that an electronic system was used to refer patients, including those who require an urgent referral, to secondary healthcare services. We were also told that pharmacists would contact the practice to discuss and clarify prescriptions issued by dentists.

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 summarises 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: Coach House Dental Care

Date of inspection: 07 November 2023

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate improvement plan was required for 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: Coach House Dental Care

Date of inspection: 07 November 2023

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
Our findings show that patients preferred language choice was English. However, patients would have to ask for the service through the medium of Welsh.	The registered manager is required to provide HIW with details of the action taken to seek suitable advice and support from the Health Board to implement the 'Active Offer'.	Quality Standard - Equitable	Reception staff are now actively greeting all patients in Welsh and patient's preferred language is recorded on their notes.	Emma Hampshire	Done
			We have introduced separate English and Welsh language patient information folders in our waiting rooms.	Emma Hampshire	Done
			'Helo Blod' have been contacted to translate additional material such	Emma Hampshire	

			as patient extraction advice sheets into Welsh		
Our findings show that the practice has not completed the radiation risk assessment or completed the digital equipment quality assurance checks.	The registered manager must ensure radiation risk assessments and digital equipment quality assurance checks are completed.	Quality Standard - Safe IR(ME)R 2017	Radiation Risk Assessments were completed immediately following our inspection. Digital equipment QA checks will be carried out in the next 4 weeks	Emma Hampshire Roger Handley / Emma Hampshire	Done 31/01/2024
Our findings show that the practice has not undertaken any quarterly X-ray equipment quality assurance audits or completed the HEIW's Quality Improvement Tool for Ionising Radiation.	The registered manager must ensure the practice undertakes quarterly X-ray equipment quality assurance audits and completes the HEIW's quality Improvement Tool for Ionising Radiation.	Quality Standard - Safe IR(ME)R 2017	An Audit of Radiograph Quality has been carried out and a system put in place to complete every 3 months. We have completed HEIW's Quality Improvement Tool for Ionising Radiation	Emma Hampshire Emma Hampshire	Done Done

<p>Several gaps were identified in patients' clinical records which could have an impact on patient care.</p>	<p>The registered manager is required to undertake a record keeping audit and provide HIW with a copy of the audit and resulting action plan.</p>	<p>Quality Standard - Effective PDR 20</p>	<p>A Clinical Audit will be carried out asap and we will provide HIW with a copy and action plan</p>	<p>Emma Hampshire</p>	<p>31/01/2024</p>
<p>Our finding show that patient feedback analysis is not published and therefore patients are unaware of what action has been taken by the practice.</p>	<p>The registered manager should consider relocating the patient questionnaires and comment box to a more prominent position at the practice and implement a suitable system to show patients the action taken in response to their feedback.</p>	<p>Enabler - Learning, improvement and research PDR 16</p>	<p>We have moved our 'Patient Questionnaires and Comments' box from the waiting room and placed it by the reception desk.</p>	<p>Emma Hampshire</p>	<p>Done</p>
			<p>We now have a 'you said, we listened' poster in each waiting room to inform patients of changes we have made following their requests.</p>	<p>Emma Hampshire</p>	<p>Done</p>
<p>Our findings show that the practice has not completed the CAPRO of antibiotic prescribing or the smoking cessation audits.</p>	<p>The registered manager should arrange for the HEIW integrating smoking cessation toolkit and antibiotic prescribing audit to be completed.</p>	<p>Enabler - Learning, improvement and research PDR 16</p>	<p>We have registered with HEIW to complete both audits. We aim to achieve this by 31/03/2024</p>	<p>Emma Hampshire</p>	<p>31/03/2024</p>

			The team have refreshed their knowledge regarding Brief Intervention in readiness to complete the smoking cessation audit	Emma Hampshire	Done
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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): Emma Hampshire

Job role: Practice Manager

Date: 05/01/2024