

General Dental Practice Inspection Report (Announced)

Risca Dental Practice, Aneurin Bevan
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.



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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 Risca Dental Practice, Aneurin Bevan University Health Board on 15 October 2024.

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. We also spoke to staff working at the service during our inspection. In total, we received 14 responses from patients and six responses from staff at this setting. Some questions were skipped by some respondents, meaning not all questions had responses. 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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patients provided very positive feedback about the care and service provided by the dental practice. All respondents to the HIW questionnaire rated the service as 'good' or 'very good.'

We found that staff worked hard to treat their patients with kindness, dignity, and respect throughout the inspection.

We found the practice accommodated unscheduled emergency treatment by allocating emergency slots into the dentist schedule.

There was a good range of information throughout the practice and patients said they were given enough information to understand the treatment options available along with their risks and benefits.

This is what we recommend the service can improve:

- To ensure patients are aware of how to access the out of hours dental service.

This is what the service did well:

- Good provision of bilingual information and use of appropriate prompts and signage to indicate to patients that treatment could be provided in the medium of Welsh
- Reception and waiting areas are separate, enabling sensitive confidential discussions
- Good adjustments for patients with mobility impairment.

Delivery of Safe and Effective Care

Overall summary:

We saw the dental practice was well maintained, clean and decorated to a good standard. Patient areas were uncluttered and free of hazards.

We found suitable arrangements were in place at the practice to provide patients with safe and effective care and that staff were clear regarding their work roles and responsibilities.

There were suitable up-to-date policies and procedures in place for the safe management of medicines at the practice. Equipment for use in an emergency was readily available and in good order.

Dental records were detailed and easy to follow, although patient language preference was inconsistently recorded.

This is what we recommend the service can improve:

- To resolve issues raised within the fire risk assessment
- Ensure patients preferred choice of language is recorded within the patient records.

This is what the service did well:

- Use of recommended checklists to help prevent wrong tooth extractions
- Well organised designated decontamination room
- Good X-ray compliance with appropriate signage above surgery doors.

Quality of Management and Leadership

Overall summary:

The registered manager was available for staff, and we found an effectively run practice with clear reporting lines for staff. Staff appeared supported in their roles with evidence of regular appraisals. All staff who responded to the HIW questionnaire said they would recommend the practice as a good place to work.

We saw a suitable induction process in place which was signed off by senior management on completion. There was evidence of good compliance with staff professional obligations.

While we identified some improvements were needed, overall, we considered the practice to be well managed.

This is what we recommend the service can improve:

- To ensure all staff feel appropriately trained to carry out their duties.

This is what the service did well:

- Comprehensive policies were readily available to support staff in their work
- A good scheme of audits in place as part of the practice's quality improvement activity
- The practice had partnered with a nearby dental practice to provide emergency treatment cover.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 14 respondents rated the service as 'good' or 'very good.'

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

“Always helpful and staff are polite.”

“Great service, sometimes a bit of a wait but happy with service I received.”

“Always fantastic service here! Friendly staff - always have a good experience at every appointment.”

Person Centred

Health Promotion

We saw relevant healthcare information available in patient waiting areas including smoking cessation guidance and the complaints policy. This consisted of leaflets, a patient information folder and notice boards. We saw information about treatment charges were also on display.

We were told patients would be provided with relevant health promotion advice when seen by the dentists or other dental care professionals working at the practice. Reception would be notified to provide patients with relevant information leaflets on departure.

The names and General Dental Council (GDC) registration numbers for the current dental team were displayed. We saw signage displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with legislation.

Most respondents (13/14) who completed a HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand, and

that staff had provided them with aftercare instructions on how to maintain good oral health. The remaining respondent skipped the question.

Dignified and Respectful Care

During the inspection we found staff were friendly and treated patients with kindness and respect. We saw a practice confidentiality agreement had been signed by all staff members.

We saw doors to surgeries were closed when dentists were seeing patients, promoting patient privacy and dignity. We saw appropriate window coverings were in place in each surgery.

The reception desk was separate to the waiting room. An additional waiting room was located upstairs providing a degree of privacy for patients. We were told confidential discussions and phone calls could be taken either in the upstairs office or in a spare surgery.

The GDC core ethical principles of practice were clearly displayed in the waiting area in both Welsh and English.

All respondents who completed a HIW patient questionnaire felt they were treated with dignity and respect at the practice.

Individualised care

All respondents who completed a HIW patient questionnaire said that they were given enough information to understand the treatment options available and said they were given enough information to understand the risks and benefits associated with those treatment options. Most respondents (12/14) said that the charges were made clear prior to commencing treatment with the remaining respondents saying the question was not applicable in their case.

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment.

One patient who answered the HIW questionnaire commented:

“As a very nervous person of the dentist they cannot do enough to make the experience as positive as it can be.”

Timely

Timely Care

We were told that reception staff inform patients should there be a delay in their appointment time. We were advised that the average waiting time between appointments is between one and two weeks.

We were told emergency appointment slots were planned into the daily dentist schedule for patients who require urgent dental care, although patients would generally have to call between 08:45am and 09:00am to obtain these appointments.

The practice's opening hours were prominently displayed and could be seen from outside the premises. The contact telephone number for patients to use should they require urgent dental care and treatment out of hours was also clearly visible.

All respondents who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one. Whilst most respondents said that they knew how to access the out of hours dental service if they had an urgent dental problem, four respondents said that they did not.

We recommend the registered manager reflects on the issues raised in this feedback to ensure patients are aware of how to access the out of hours dental service.

One patient who answered the HIW questionnaire commented:

“Staff are friendly, helpful and go out of their way to book appointments that are convenient to fit around working hours.”

Equitable

Communication and Language

We found written information displayed in the practice was available in Welsh and English and that translation services were available for patients whose first language was not English. We found information available other formats such as large print and easy read.

We were told there were several Welsh speaking staff at the practice. We saw appropriate ‘Cymraeg’ signage in reception and that staff wore ‘Iaith Gwaith’ visual prompts to indicate to patients that a bilingual service could be provided if desired.

The practice arranges appointments by telephone or in person at reception, ensuring patients without digital access could arrange treatment. There was no online appointment booking facility available. A hearing loop system was in place to assist patients with hearing difficulties.

Rights and Equality

We found dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients.

We saw the practice had an up-to-date equality and diversity policy in place and that all staff had completed equality and diversity, and bullying and harassment in the workplace training.

Most respondents (13/14) who completed the HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice. The remaining respondent skipped this question.

At the entrance we saw a small step into the practice and signs were in place informing patients that a portable ramp was available. There was a bell at an appropriate height for wheelchair users to call for assistance, while inside we saw a section of the reception desk was lowered, again to accommodate wheelchair users.

We saw the reception, waiting area and two surgeries on the ground floor with doorways wide enough to allow wheelchair access to treatment. The ground floor surgeries were fitted with knee-break dental chairs, seating in the waiting area had arms and there were handrails up the stairs to help patients with mobility impairment.

We noted that there was no patient toilet available within the practice although this was not communicated within the patient information leaflet. We raised this with the practice manager who amended the leaflet accordingly during the inspection.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw the dental practice was well maintained with spacious, well lit, air-conditioned treatment rooms. Surgeries were located on both the ground and first floor, with a consistent layout throughout. Internally, the environment was decorated and furnished to a good standard. However, we found the buildings maintenance policy was brief and lacked sufficient detail. We discussed this with the registered manager who supplied an appropriately amended version shortly following the inspection.

Patient areas were uncluttered and free from hazards. We saw there were suitable arrangements for staff to change their clothes and store their personal possessions. We saw a comprehensive up-to-date health and safety policy was in place and an approved health and safety poster was clearly displayed for staff to see. Current employer's and public liability insurance was also displayed.

There was a business continuity policy in place with a list of procedures to be followed should it not be possible to provide the full range of services due to events such as equipment failure, flood, or a system failure. We saw annual gas safety records, five yearly wiring inspection and Portable Appliance Testing (PAT) were all current and in date.

We found the practice had a current fire equipment maintenance contract in place and that all fire extinguishers had been serviced within the last year. All staff at the practice had completed fire safety training and there were a suitable number of trained fire marshals. We saw evidence of weekly checks of fire safety equipment and regular fire drills, and that fire exits were suitably signposted and free from obstructions. A fire risk assessment had been completed recently, which contained several recommendations to be actioned, including additional fire warden training and independent lighting survey.

The registered manager must make suitable arrangements to resolve issues raised within the fire risk assessment and provide HIW with evidence when complete.

Infection Prevention and Control (IPC) and Decontamination

We saw the waiting room and surgeries were visibly clean and suitably furnished to enable effective cleaning. Appropriate hand hygiene facilities were available in each surgery and in the toilets. We saw a cleaning schedule was in place to support

effective cleaning routines and that personal protective equipment (PPE) was readily available. There was an up-to-date policy in relation to infection prevention and control, and decontamination. However, we viewed the policy for management of respiratory transmitted infections and considered that it required updating to make it more relevant. We discussed this with the registered manager who supplied an appropriately amended version shortly following the inspection.

There was a well organised decontamination room with a suitable system to safely transport used instruments between the surgeries and decontamination room. Appropriate arrangements were described and demonstrated for the decontamination of reusable dental instruments. We saw evidence of regular maintenance and periodic checks of the decontamination equipment. We found that the latest infection prevention and control (IPC) audit was conducted within the last year.

We saw a current contract was in place to safely transfer waste from the practice. We saw clinical waste produced by the practice was stored in appropriate containers in a secure, external area while awaiting collection. Laundry facilities were available at the practice and were in accordance the Welsh Health Technical Memorandum (WHTM) 01-04. Suitable arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH).

We confirmed all staff working at the practice had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed.

All respondents who completed the HIW patient questionnaire felt the setting was very clean and most felt infection and prevention control measures were being followed.

Medicines Management

We saw an appropriate medicines management policy was in place and that medicines were being stored securely and in accordance with the manufacturer's instructions. There were suitable processes in place for disposal of out-of-date medicines and emergency drugs. We saw that any medicines administered were recorded in the patient notes.

We were told adverse incidents involving medicines would be reported using the Yellow Card scheme. We saw signs displayed to prompt patients to inform the practice of any changes in their medical history.

We saw an up-to-date written policy was in place for responding to a medical emergency at the practice and was based on current national resuscitation

guidelines. This could be made available to patients on request. We found staff working at the practice had completed resuscitation training within the last year and saw evidence of this within the sample of staff files we reviewed.

We inspected equipment and medicines for use in the event of an emergency at the practice. A suitable system was in place for checking stocks and identifying when medicines and equipment need to be replaced. We confirmed all medicines were in date.

We saw evidence that oxygen cylinders had required service maintenance checks and that staff had completed basic training in their use. However, staff had not completed BOC specific oxygen training in accordance with recent Welsh Health Circular WHC (2024) 036 PSN 041. We raised this with the practice manager who stated that they had not received this circular from the local health board. It was arranged for staff to complete this training and certificates of completion were supplied to HIW shortly following the inspection.

The first aid kit was found to be in order. We found an appropriate numbers of appointed first aiders to ensure there was cover in the event of sickness and holidays.

Management of Medical Devices and Equipment

We found the dental surgeries were suitably equipped to provide safe and effective dental treatment. Equipment appeared clean and in good condition.

The required documentation was available to show safe arrangements were in place for the safe use of the X-ray equipment and that appropriate signage was above all surgeries. We also saw documentation showing the equipment had been subject to the required maintenance and testing, and that a radiation risk assessment was in place.

We found clinical evaluations and justifications for each X-ray exposure were noted in patient records and that a quality assurance programme was in place in relation to X-rays covering dose levels and image quality. We saw that radiography audits had been completed.

We confirmed all staff who were involved in the use of X-rays had completed relevant training and saw evidence of this within the sample of staff files we reviewed.

Safeguarding of Children and Adults

We saw suitable up-to-date policy was in place in relation to safeguarding and the practice had access to the latest All-Wales Safeguarding guidelines. The practice

had an appointed dedicated safeguarding lead with the relevant local safeguarding team contact details available in each surgery and staff room for easy access in the event of a concern.

We saw all staff were appropriately trained and knowledgeable about child and adult protection and knew who to contact in event of a concern.

Effective

Effective Care

We found there was sufficient trained staff in place at the practice to provide patients with safe and effective care. Staff were clear regarding their work roles and responsibilities at the practice and we were assured that regulatory and statutory guidance was being followed when treatment was provided.

We saw the practice used recommended checklists to minimise the risk of wrong tooth extraction and that relevant professional advice was available to staff if required.

Patient Records

We saw a suitable system was in place to help ensure patient records were safely managed and stored securely. We were told records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017.

We reviewed the dental records of ten patients, and overall, we considered these to be very good. Each record had suitable patient identifiers with the reason for attendance including the symptoms recorded. All records reviewed contained the previous dental history and indicated that medical history was checked at each consultation. The records also showed evidence of treatment planning including options available, and that informed consent was obtained from patients prior to each treatment.

However, we identified two records where patient language choice was not recorded, which could inhibit effective and individualised patient care.

The registered manager must ensure patients preferred choice of language and action taken to address any language needs are recorded within the patient records.

Efficient

Efficient

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians for the services provided. We considered there was excellent levels of communication between the team to ensure referrals were monitored and dealt with promptly.

We found the facilities and premises appropriate for the services delivered and that clinical sessions were used efficiently with urgent dental care being accommodated around routine pre-booked appointments. A short notice list was in operation to enable staff to back-fill cancelled appointments.

Quality of Management and Leadership

Leadership

Governance and Leadership

The practice is owned by the registered manager, who along with the practice manager, are responsible for the day-to-day management of the practice. We found the practice was well led with clear lines of reporting described.

There were suitable arrangements for sharing relevant information and urgent healthcare safety notices with the staff team including regular structured team meetings and practice WhatsApp groups. We saw minutes of meetings were recorded and shared with staff who were absent to ensure they were kept up to date with work related matters. We discussed implementing a system to document confirmation that staff had read these.

We found a good range of well written, version controlled policies available to staff to support them in their roles. The practice maintained a register of policies and procedures that was signed by staff to confirm they had had read and understood the contents. Appropriate processes were in place to notify staff of any updates.

The practice had an up-to-date statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. These provided useful information for patients about the services offered at the practice. Both documents had been reviewed within the last 12 months.

All staff who completed the HIW questionnaire said that they would recommend the practice as a good place to work and agreed that their current working pattern allowed for a good work-life balance. Most staff (5/6) agreed that they had fair and equal access to workplace opportunities, and felt the workplace was supportive of equality and diversity. The remaining respondent skipped these questions.

Workforce

Skilled and Enabled Workforce

The practice team comprises of five dentists, one hygienist and six dental nurses. We considered the number and skill mix of staff was appropriate to deliver the dental services provided.

All staff who answered the HIW questionnaire said there were enough staff to allow them to do their job properly and that they were able to meet the conflicting demands of their time at work. All staff also agreed that there was an appropriate skill mix at the practice.

A practice whistleblowing policy was available for staff to guide them should the need arise. On the day of our visit, we found that the practice manager and registered manager to be open and approachable to their staff and there was a good team spirit among the staff.

The practice had an up-to-date recruitment policy which set out all the information and documentation that must be available in respect of staff working at the dental practice. We saw an induction process was in place that helped ensure new staff were aware of the practice's policies, procedures and that they understood their roles and responsibilities. We saw the topics were signed off by senior managers once completed.

We reviewed the files of staff working at the practice. We saw all staff had a valid Disclosure and Barring Service (DBS) certificate, evidence of indemnity insurance, and where relevant, current registration with the General Dental Council (GDC). Evidence of Hepatitis B immunisations and other health screening records were present for all staff. We were told that compliance with workforce obligations and training were monitored by the practice management team.

We saw evidence of annual staff appraisals and that staff had attended training on a range of topics relevant to their roles within the practice.

Most staff (5/6) who responded to the HIW questionnaire agreed that they had appropriate training to undertake their role, whilst the other respondent felt they were partially trained but did not elaborate on this point.

We recommend the registered manager reflects on this feedback to ensure all staff feel adequately trained to carry out their duties at the dental practice.

Culture

People Engagement, Feedback and Learning

Various arrangements were described for seeking feedback from patients about their experiences of using the practice including an annual patient survey. A suggestions box was available to enable patients without digital access to provide feedback anonymously.

We were told that feedback is regularly reviewed and discussed at team meetings. The practice informed patients of action taken as a result of feedback by displaying 'You said, we did' notices within the waiting area.

We saw a dedicated complaints notice board in the waiting area with the practice complaints procedures displayed. This indicated which staff member was appointed to handle complaints, and included details of other organisations that patients could approach for help and support. We saw NHS Putting Things Right guidance was available both in Welsh and English and in alternative formats such as easy read.

We saw a complaints file used to log and manage complaints and found the resolution process to be documented throughout. We reviewed several complaints and found the practice procedure to have been adhered to, although we did discuss that the file could possibly be better organised to aid any review process.

We saw the practice had a suitable Duty of Candour policy which provided clear guidance for staff in the event of an incident. All staff had completed Duty of Candour training and demonstrated a good understanding when questioned. We were told that there have been no incidents where the Duty of Candour process has been required.

Information

Information Governance and Digital Technology

We found a significant event reporting protocol displayed in the staff room with an 'Events' folder managed by the practice manager. The Duty of Candour process and yellow card scheme were also available depending on the incident. We were told that these would be discussed at team meetings and communicated appropriately to the relevant NHS contacts.

This information along with audit results would inform improvement plans as part of the annual returns process.

Learning, Improvement and Research

Quality Improvement Activities

We found a good scheme of audits in place as part of the practice's quality improvement activity. We were provided with examples including clinical waste, clinical records, and disability access.

We were also told the practice had completed antimicrobial prescribing and smoking cessation audits via the Health Education and Improvement Wales (HEIW) toolkit.

Whole Systems Approach

Partnership Working and Development

Suitable arrangements were described for engagement between the practice and other primary care providers promoting the wellbeing of patients by ensuring better co-ordinated healthcare within the community. This included a partnership with another local dental practice to provide cover for emergency treatment.

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
There were no immediate concerns resolved during our inspection.			

Appendix B - Immediate improvement plan

Service: Risca Dental Practice

Date of inspection: 15 October 2024

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 non-compliance concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Risca Dental Practice

Date of inspection: 15 October 2024

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
Whilst most respondents said that they knew how to access the out of hours dental service if they had an urgent dental problem, four respondents said that they did not.	We recommend the registered manager reflects on the issues raised in this feedback to ensure patients are aware of how to access the out of hours dental service.	Quality Standard - Timely	<p>We have reviewed your comment.</p> <p>Patients can currently find this information via</p> <ol style="list-style-type: none"> 1) practice information leaflet 2) by telephoning into the practice-this information is on the answer message 3) visiting the practice-the information is available on the patient 	Gemma Rowlands (practice manager) and Elizabeth Hancock (practice principal)	Completed 3/12/2024

			<p>information board outside of the practice</p> <p>4) by asking a member of the dental team</p> <p>We have created an information poster with this information in large print and displayed in the waiting room</p>		
<p>A fire risk assessment had been completed recently, which contained several recommendations to be actioned.</p>	<p>The registered manager must make suitable arrangements to resolve issues raised within the fire risk assessment and provide HIW with evidence when complete.</p>	<p>Regulation 22(4)</p>	<p>We received the fire risk action plan on the day of HIW inspection (was advised verbally on day risk assessment was carried out)</p> <p>The action plan was reviewed by Gemma Rowlands and Elizabeth Hancock</p> <p>Points raised:</p> <p>1) Display clear and effective signage of any potential</p>		

			<p>hazardous substances stored on site; We have addressed this risk by displaying in our windows that medical gases are stored on site and adding a 'oxygen' sticker to the medical emergencies' cupboard</p>	Gemma Rowlands (practice manager)	Completed 11/10/2024
			<p>2) Additional fire protection measures are recommended for dangerous substances: We have addressed this risk by displaying In our windows that medical gases are stored on site and adding a oxygen sticker to the medical</p>	Gemma Rowlands (practice manager)	Completed 11/10/2024

			<p><i>emergencies cupboard</i></p> <p>3) Ensure all fire doors are labelled ‘fire door-keep closed’ on both sides: <i>We have invested in stickers and they have been applied to every fire door</i></p> <p>4) Ensure all fire doors are fitted to cupboard, stores or plant rooms are labelled ‘fire door-keep locked: <i>we have invested in stickers and they have been applied to the fire doors that apply</i></p> <p>5) An independent survey should be carried out to</p>	<p>Gemma Rowlands (practice manager)</p> <p>Gemma Rowlands (practice manager)</p>	<p>Completed 11/10/2024</p> <p>Completed 3/12/2024</p>
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			<p>ensure the emergency escape lighting meets the BS5266 standard: <i>We have discussed this with our risk assessment provider- as the practice does not operate at night. We have torches available on each floor and in our fire evacuation bag and all emergency exit signage is glow in the dark. The risk assessment provider was happy with the emergency lighting provided but we were advised we may wish to consider reviewing this is our practice opening hours were</i></p>	<p>Gemma Rowlands (practice manager)</p>	<p>Completed 3/12/2024</p>
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			<p><i>increased to later times.</i></p> <p>6) Recommended additional fire safety signage to be installed: we have ensured that out 'PEEP protocol' is displayed for patients and staff and has been added to our patient information folder</p>	Gemma Rowlands (practice manager)	Completed 11/10/2024
			<p>7) Ensure appropriate number of staff have been trained to act as fire wardens: All nurses have now completed online fire warden training to allow cover for any sickness/holiday periods that the fire warden/</p>	Gemma Rowlands (practice manager)	Completed 15/10/2024

			<p><i>deputy may be away from the practice</i></p> <p>8) All staff expected to use fire extinguishers should be provided with adequate training: All staff have completed an online fire education training course. This includes the use of firefighting equipment.</p> <p>We are awaiting correspondence with regards to a ‘train the trainer’ course to enable us to ensure all staff are adequately trained at induction and ongoing throughout the year</p>	<p>Gemma Rowlands (practice manager)</p>	<p>15/10/2024</p>
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			<p>9) Carbon monoxide detectors/alarms are required to be fitted in rooms containing a fuel burning appliance such as a gas boiler in line with BS EN 50291: A carbon monoxide detector/ alarm has been fitted as advised 18/10/2024</p>	<p>Gemma Rowlands (practice manager)</p>	<p><i>Fitted on 18/10/2024</i></p>
<p>We identified two records where patient language choice was not recorded, which could inhibit effective and individualised patient care.</p>	<p>The registered manager must ensure patients preferred choice of language and action taken to address any language needs are recorded within the patient records.</p>	<p>Regulation 13(1)(a)</p>	<p>As a practice we aim to collect as much data including language preference for each patient. This preference is usually logged on the patient's main screen and occasionally written into patient notes/ pop up and patients are asked when completing a paper</p>	<p>Gemma Rowlands (practice manager) and Elizabeth Hancock (practice principal)</p>	<p>Completed 3/12/2024</p>

			<p>medical history form. This is not a question asked by our portal software.</p> <p>We have discussed this as a team and we have taken the following action:</p> <ol style="list-style-type: none"> 1) We have amended our template notes so that we ask and record at every course of treatment the patient's language preference. 		
<p>One staff member who responded to the HIW questionnaire felt that they were only partially trained to undertake their role, but did not elaborate on this point.</p>	<p>We recommend the registered manager reflects on this feedback to ensure all staff feel adequately trained to carry out their duties at the dental practice.</p>	<p>Regulation 13(2)(b)</p>	<p>We have discussed with all team members- no one can recall ticking this box.</p> <p>All team members are fully qualified for their role apart from one nurse in training- due to undertake her exam December 12th 2024.</p>	<p>Gemma Rowlands (practice manager) and Elizabeth Hancock (practice principal)</p>	<p>Completed 3/12/2024</p>

			<p>We have offered further training to all staff if they feel it's needed.</p> <p>The practice also pays for and annual subscription to an online platform for courses appropriate to the role of the person and team members are encouraged to undertake courses/CPD to further their knowledge/skills i.e. fluoride varnish application for nurses.</p>		
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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): Gemma Rowlands and Dr Elizabeth Hancock

Job role: Practice manager and Practice Principal

Date: 11/12/2024