

General Dental Practice Inspection (Announced)

Mount Pleasant Dental Practice

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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 receive good quality healthcare

Our values

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

- Independent**
- Objective**
- Caring**
- Collaborative**
- Authoritative**

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 Mount Pleasant Dental Practice at 36 Mount Pleasant Avenue, Cardiff CF3 5SZ, within Cardiff and Vale University Health Board on the 5 November 2019.

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 Mount Pleasant Dental Practice provided a quality patient experience, with friendly and professional staff, who had a good understanding of their patients' care and treatment needs.

The practice was committed to delivering safe and effective care in a visibly clean and well-maintained environment.

We have made some recommendations in order for the service to be fully compliant with the relevant standards and regulations.

This is what we found the service did well:

- We observed professional and friendly interactions with patients
- A good understanding of their patients' care and treatment needs
- The environment was visibly clean and well-maintained
- Evidence of good management and leadership

This is what we recommend the service could improve:

- To review aspects of fire safety arrangements
- Appropriately documenting weekly emergency drugs checks
- Additional audit activities in order to further quality assure care and treatment
- Ensuring all aspects of patient records are maintained according to the relevant professional standards

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

3. What we found

Background of the service

Mount Pleasant Dental Practice provides services to patients in Llanrumney and surrounding area. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes two registered dentists and four registered dental nurses, two of whom also undertake administrative duties.

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.

Overall we found that Mount Pleasant Dental Practice provided a positive experience for patients at the practice and we found suitable processes in place to support this.

We observed professional and friendly interactions with patients throughout the inspection process, many of the whom had been patients at the practice for a number of years.

Staying healthy

Health promotion protection and improvement

We saw that a good range of written information on preventative care and good oral hygiene for both children and adults was available within the waiting area for patients to read whilst on the premises. This included some bi-lingual material and information on smoking cessation.

Dignified care

We observed a range of staff speaking to patients in person and on the telephone in a polite and professional manner. Staff confirmed that should a patient wish to have a private conversation then this would be carried out in one of the available surgeries. We also observed that surgery doors were closed when patients were receiving treatment in order to protect their privacy and dignity.

The practice had a comprehensive confidentiality and data protection policy in place to protect patient privacy. This covered matters such as protecting patient details, access to records and disclosure to third parties.

We noted that the 9 Principles developed by the General Dental Council (GDC) were on display within the waiting area to ensure patients were aware of the standards of care they should receive from dental professionals.

Patient information

In the sample of patient records that we reviewed, we saw that all patients were provided with general oral health information and that all aspects of treatment planning and treatment options were appropriately recorded.

We saw that a price list for private treatments and charges for NHS dentistry were on display in each waiting room in order to help patients understand the costs associated with their treatment.

The practice had bi-lingual copies of their patient information leaflet available in the reception area for patients to take away and read. A number of practice policies, such as the complaints procedure, were also on display in the reception. This also included the statement of purpose¹ which included all of the information required by the regulations.

We saw that the practice had the names and qualifications for all of the dental team displayed in an area where it could be easily seen by patients, as required by the General Dental Council (GDC).

Communicating effectively

The practice told us that they are unable to provide a fully bi-lingual service to Welsh speaking patients. However, we noted that there was a small range of bi-lingual patient health promotion and practice information material available.

For patients whose first language was neither English nor Welsh, the practice advised us that they would make every effort to find out about a patient's needs, including their language needs, prior to their first appointment.

¹ Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used.

Timely care

During the inspection we observed patients being treated in a timely manner. Staff told us that patients are informed about any delays upon arrival or as soon as possible thereafter.

The registered manager told us that patients who were experiencing severe pain, bleeding or swelling would be seen on a same day basis, and we saw a policy to confirm this.

We saw that details on how patients can access emergency out hours care was displayed on the outside of the practice and we were told that the same information is relayed to patients on the practice's answerphone system. These details included telephone numbers for the local out-of-hours dental service provided by the local health board.

Individual care

Planning care to promote independence

In the sample of patient records that we reviewed, we saw that initial and updated medical histories were recorded appropriately for all patients. This is required by professional guidelines to help a dentist understand potential diseases or identify medication that might impact on a patient's dental treatment.

Through discussions held with staff on the day of inspection, it was positive to note that staff demonstrated a good awareness of the needs of their patient base within the locality and the care and treatment needs of individual patients.

The treatment and services offered by the practice were in accordance with their statement of purpose².

² Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used.

People's rights

The practice had an equal opportunities policy in place which demonstrates a commitment to ensure that everyone has access to fair treatment. In line with the Equality Act 2010, the policy acknowledged the need to deliver services and treatment to all patients regardless of a protected characteristic³.

The practice had a new patient policy as required by the regulations which outlined the arrangements for accepting new patients into the practice. This included what patients can expect from the practice, eligibility and access to treatment.

In terms of physical access, the practice had a small car park in front of the property. For patients with limited or restricted mobility, a ramp was also available at the entrance to the practice. As the practice has two floors, with a surgery on each floor, the registered manager told us that patients would be seen on the ground floor surgery where required. The practice also had a waiting room available on the ground floor.

Listening and learning from feedback

We saw that there was a suggestions box together with paper feedback forms in the waiting area for patients to provide comments about their experience and suggestions for improvement. We also saw examples of completed in-house patient questionnaires which the practice stated that they regularly distribute to a selection of their patients.

We saw evidence to show that feedback collected via these methods was discussed and acted upon during staff meetings. However we would recommend that the practice considers ways to communicate any learning and improvements to its patients, for example through a 'You said, we did' poster. Furthermore, the practice should create and maintain a log of any verbal feedback and comments in order to identify any themes.

³ The Equality Act 2010 makes it an offence to discriminate against someone because of a protected characteristic. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

The formal procedure for patients to raise a complaint or concern about their care was outlined in a complaints policy which was displayed for patients in the waiting area. The procedure enabled staff to handle any such complaints effectively and in a timely manner and was consistent with the Private Dentistry (Wales) Regulations 2017. However, for NHS patients, we would recommend that the practice takes steps to ensure that the NHS Putting Things Right⁴ process is visible to patients in waiting areas and is explicitly mentioned within the practice complaints policy.

The practice manager told us that the practice had not received any formal complaints.

Improvement needed

The practice must ensure that the NHS complaints procedure (Putting Things Right) is visible to patients.

The practice must implement a log to record verbal and informal feedback.

To practice must implement a method for displaying feedback to patients.

⁴ Putting Things Right is the process for managing concerns about care and treatment in NHS Wales

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 the practice was committed to providing patients with safe and effective care.

We found the practice to be clean and well-maintained, which was underpinned by a range of appropriate policies and procedures.

However we identified some areas for improvement in order to fully promote the delivery of safe and effective care.

Safe care

Managing risk and promoting health and safety

Overall, we found suitable arrangements were in place to protect the safety and wellbeing of staff and visitors to the practice. The practice had various policies and procedures in place to ensure the premises were safe and fit for purpose.

The reception and waiting areas were welcoming, tidy and free from obvious hazards. We found the practice overall to be visibly clean.

The building appeared to be well maintained internally and externally and we found all areas of the practice to be modern and in a good state of repair. However, we would advise that a lock is placed on the large cupboard in the ground floor surgery in order to prevent access and to keep materials secure.

We found that appropriate arrangements were in place to adequately protect staff and people visiting the practice in the event of a fire:

- fire extinguishers throughout the practice had been serviced within the last twelve months and a fire equipment maintenance contract was in place
- emergency exits were appropriately signposted
- fire alarm checks were conducted regularly and a log of these checks was maintained
- a valid gas safety certificate was seen.

We noted that whilst a fire risk assessment had been undertaken by the registered manager, we would recommend that this is reviewed and enhanced in order to fully identify any risks applicable to the premises and to show what actions have been taken to mitigate any identified risks.

We also saw evidence to show that the registered manager had undertaken online fire safety training. However, we did not find evidence that this training had been disseminated to the wider team. On the day of the inspection, the registered manager advised that a practice wide fire safety training session for all staff and a review of the risk assessment had been booked for later that month. The practice must provide written confirmation to HIW that these actions have been completed.

A no smoking sign was displayed to remind staff and patients of the smoking free premises legislation. A health and safety poster was also displayed within the practice to inform staff how they can best protect their own health and safety within the workplace.

All clinical staff had been trained in first aid and a first aid kit was available to ensure that any persons or patient at the practice can be appropriately treated.

We saw that the practice had a comprehensive business continuity and disaster recovery policy as required by the regulations which detailed the contingencies in place to ensure the safe running of the practice in the case of an emergency.

Improvement needed

The practice must provide written confirmation that fire safety training has been undertaken.

The practice must provide written confirmation that the fire safety risk assessment has been reviewed.

Infection prevention and control

We found evidence that suitable infection and control measures were in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum

(WHTM) 01-05⁵. The dedicated decontamination room was modern and visibly clean, following a dirty to clean decontamination route. Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections.

We saw that the autoclave⁶ recorded its cycles appropriately. We saw evidence of a log book that confirmed staff had been undertaking appropriate daily and weekly checks to ensure that serialisation equipment was functioning correctly and had been meeting validation requirements. This also included evidence of a valid maintenance inspection certificate.

We saw that staff were appropriately transporting clean and used instruments between the surgeries and the decontamination room in secure boxes to help prevent cross-contamination. We also noted that the practice had appropriate methods and tools available to ensure the correct pre-sterilisation of instruments as part of the overall decontamination process.

During an inspection of the surgeries, we noted that wrapped sterilised dental equipment was consistently date stamped and stored within an acceptable time frame. However, in both surgeries, we saw that a sharps bin was stored on a shelf above an open shelf containing a small number of clean instrument trays. Due to the potential cross-infection risk when placing items into the sharps bin, we recommended to the lead dental nurse and registered manager that the sharps bins should be moved to a more appropriate location.

In relation to the surgeries, we would further recommend that dirty and clean areas are clearly signposted to further reduce cross-infection risks.

We saw that a contract was in place with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste and that clinical waste was stored securely on the exterior of the premises. We also saw evidence that the practice had a mercury spillage kit available.

⁵ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

⁶ A medical autoclave is a device that uses steam to sterilize equipment and other objects

We looked at staff records and found an acceptable Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Staff and patient toilet and changing facilities were available on the first floor of the practice. We saw that the toilet had appropriate feminine hygiene facilities were available and that there was sufficient space for staff to store personal items within the practice.

Improvement needed

The sharps bins must be moved to a more appropriate location.

The practice must ensure that clean and dirty areas of the surgeries are clearly signposted.

Medicines management

We saw evidence that the practice had emergency drugs and emergency resuscitation equipment available that met the Resuscitation Council (UK) standards⁷ and that these items were stored appropriately. We also saw a valid service maintenance certificate of the practice's oxygen cylinder.

We saw that the practice had been undertaking regular checks of the emergency drugs and equipment. However, the practice must ensure that these checks are carried out on a weekly basis at all times.

The practice had a policy in place for resuscitation and managing medical emergencies in line with national guidelines for resuscitation. We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

Staff were aware of the need to report any adverse reactions to medicines or medical devices experienced by patients to the Medicines and Healthcare

⁷ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

products Regulatory Agency (MHRA) via the Yellow Card Scheme⁸ to help the MHRA ensure healthcare products are acceptably safe for patients and those that use them.

Prescription pads were stored securely a record of prescriptions were appropriately recorded by the practice.

Improvement needed

The practice must ensure that, at the minimum, weekly checks of the emergency drugs and emergency kit are undertaken.

Safeguarding children and adults at risk

The practice had an up-to-date safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. The policy included contact details for staff to appropriately report any concerns to the relevant local safeguarding agencies.

The safeguarding lead for the practice was the registered manager who had oversight of safeguarding matters. The practice manager confirmed that knowledge of safeguarding issues is disseminated through induction and on-going training. We saw evidence that all clinical and non-clinical staff were formally trained to an appropriate level.

A link to the All Wales Child Protection Procedures 2008, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales, was referenced in the practice's safeguarding policy.

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the practice and found that the dental equipment in the dental surgeries was modern and well maintained.

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

We looked at the arrangements in place for the safe use of radiographic (X-ray) equipment and found that the practice was meeting the guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. This is because:

- Staff had received up-to-date ionising radiation training
- a radiation policy was in place and local rules⁹ were displayed by the X-ray equipment to set out the working procedures that ensure radiation exposure to staff is restricted
- x-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment.

Effective care

Safe and clinically effective care

We were pleased to see evidence that the practice had undertaken a range of audits in order to quality assure the care that they provide to patients. These audits included: WHTM 01-05 infection control, CAPRO antibiotic prescribing, radiography and record-keeping. We would recommend that the practice undertakes a smoking cessation audit, including training clinical staff in Brief Intervention in Smoking Cessation.¹⁰

It was also positive to note that the practice had undertaken the Health Education and Improvement (HEIW) Wales Maturity Matrix Dentistry¹¹ practice development tool, which encourages the dental practice team to work together

⁹ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

¹⁰ Brief intervention is a method of discussing smoking and quitting in a positive, non-confrontational way to encourage smokers to think about giving up and enable them to access specialist support when they are ready (Public Health Wales).

¹¹ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

to identify key areas for improvement based on professional guidelines and on legislative requirements.

Due to the number of quality improvement activities being undertaken by practice, we would recommend that the practice implements a formalised policy / procedure for clinical audit; this is also required by the regulations.

We saw evidence of a consent policy which outlined how the practice assesses patient consent and capacity for treatment.

Improvement needed

The practice should undertake a smoking cessation audit and all clinical staff should attend the Brief Intervention in Smoking Cessation training course.

The practice should implement a policy / procedure for clinical audit activities.

Information governance and communications technology

The practice had a data protection and security policy in place that set out procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulation (GDPR).

Patient records were electronically stored on password protected computers. Copies of the electronic records are regularly backed-up and stored off site so that the original data can be accessed if required.

Record keeping

Overall, we found record keeping to be of a high standard in the sample of patient records that we reviewed, which supports the practice to deliver quality patient care. This is because the patient records we reviewed:

- included written notes which were clear and well-written
- recorded at all times justifications and clinical findings of radiographs
- included evidence of excellent oral health promotion advice
- included well documented soft tissue examinations

We recommend that the practice ensures that all dentists record the following matters in patient notes:

- risk assessments to be recorded based on caries, periodontal disease, tooth wear and oral cancer in order to determine recall interval
- linked to the above, the recording of recalls, based upon NICE guidelines
- smoking cessation advice offered to all patients, where relevant.

Improvement needed

The practice must ensure that all aspects of record keeping are maintained according to the appropriate professional guidelines.

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 which was evidenced through regular staff meetings and annual staff appraisals.

Staff appeared to work well together and had access to the appropriate training opportunities in order to fulfil their roles and responsibilities.

Governance, leadership and accountability

Mount Pleasant Dental Surgery is owned by the principal dentist who is the responsible individual and registered manager. The practice is supported by a wider team of clinical and non-clinical staff.

We found the practice to have good leadership and clear lines of accountability. We observed staff working well together, evidenced by their interaction with patients and their co-operation and demeanour throughout the inspection process.

We found a wide range of policies and procedures were in place to ensure the safety of both staff and patients. We saw that policies had been regularly reviewed in line with the regulations and that staff had been made aware of these during their induction process. However, we would recommend that the practice adopts a consistent mechanism to ensure that all staff have indicated their awareness of policies and procedures.

All clinical staff were registered to practice with the General Dental Council in order to practice and had appropriate indemnity insurance cover in place. We noted that certificates were on display evidencing that the practice had public liability insurance.

Improvement needed

The practice must adopt a consistent mechanism to ensure that all staff have indicated their awareness of the practice's policies and procedures.

Staff and resources

Workforce

Overall, we found suitable governance arrangements in place at the practice. Staff had a contract of employment and a job description setting out their roles and responsibilities and we saw that these were retained on staff files. New members of staff are provided with an induction and a probationary period.

We saw evidence that all staff receive appraisals on a minimum of an annual basis and that staff had attended training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements.

Both formal and informal practice meetings are held regularly to allow staff to identify lessons learned and provide an opportunity for staff to raise any issues they may have. Minutes of each meeting are taken and sent to all staff to ensure any absent members of staff are aware of what was discussed.

We were told that the practice manages to maintain an appropriate number of qualified staff working at the practice at all times without having to use temporary locum dental nurses.

A recruitment policy was in place that set out the process to follow to recruit potential new members of staff and described appropriate pre-employment checks the practice would undertake to ensure new staff are suitably qualified and protected to work with patients.

The regulations 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 both clinical and non-clinical staff to help ensure the safety of patients and staff.

The practice had multiple whistleblowing (speaking-up) policies which provided a mechanism for staff to raise any concerns about working practices which may affect patient care. The policy had clear signposting for raising concerns both

internally and externally, including the local health board. We would recommend that the practice adopts a single clear policy position and includes HIW as an external point of contact.

We saw that the practice had an inoculation injury policy in place, including a sharps injuries protocol to follow in the event of a needlestick injury. The practice told us that occupational health is available to them through a local hospital..

Improvement needed

The practice must implement a single whistleblowing policy / procedure and ensure that HIW is included as an external contact.

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 2017](#), 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
In both surgeries, a sharps bin was stored on a shelf above an open shelf containing a small number of clean instrument trays.	This meant that there was a potential cross-infection risk to patients.	We raised this with the principal dentist (Registered Manager) and lead dental nurse.	The principal dentist (registered manager) and lead dental nurse agreed to relocate the sharps bins.

Appendix B – Immediate improvement plan

Service: Mount Pleasant Dental Practice

Date of inspection:

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				

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: Mount Pleasant Dental Practice

Date of inspection: 05 November 2019

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
Quality of the patient experience				
<p>The practice must ensure that the NHS complaints procedure (Putting Things Right) is visible to patients.</p> <p>The practice must implement a log to record verbal and informal feedback.</p> <p>To practice must implement a method for displaying feedback to patients.</p>	<p>Health and Care Standards</p> <p>6.3 Listening and Learning from feedback,</p>	<p>Putting things right policy is available to patients. A log book has been introduced and any feedback to patients will be available to patients on noticeboard</p>	<p>Edvard Akbas</p>	<p>02/12/19</p>
Delivery of safe and effective care				

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The practice must provide written confirmation that fire safety training has been undertaken.</p> <p>The practice must provide written confirmation that the fire safety risk assessment has been reviewed.</p>	<p>2.1 Managing risk and promoting Fireshealth and safety;</p> <p>The Private Dentistry (Wales) Regulations 2017</p> <p>s 22(4) (c)</p> <p>s 22(4) (f)</p>	<p>Fire safety course was undertaken at the practice with the fire safety company Scott FPS ltd</p>	<p>Edvard Akbas</p>	<p>26/11/19</p>
<p>The sharps bins must be moved to a more appropriate location.</p> <p>The practice must ensure that clean and dirty areas of the surgeries are clearly signposted</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination,</p> <p>s 22;</p> <p>WHTM 01-05</p>	<p>Sharps bin moved to safe area</p>	<p>Kelly Kinson</p>	<p>6/11/19</p>
<p>The practice must ensure that, at the minimum, weekly checks of the emergency drugs and emergency kit is undertaken.</p>	<p>2.6 Medicines Management;</p> <p>s 31</p>	<p>Weekly checks logbook introduced</p>	<p>Kelly Kinson</p>	<p>6/11/19</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The practice should undertake a smoking cessation audit, including attending Brief Intervention in Smoking Cessation training for clinical staff.</p> <p>The practice should implement a policy / procedure for clinical audit activities</p>	<p>3.1 Safe and Clinically Effective care; s 16 s 8(1) (n)</p>	<p>Staff booked on a smoke cessation course in 2010. We will commence an audit on smoke cessation in February 2020</p>	<p>Edvard Akbas</p>	<p>2020</p>
<p>The practice must ensure that all aspects of record keeping are maintained according to the appropriate professional guidelines.</p>	<p>3.5 Record keeping; s 20(1) (a)(i)</p>	<p>We have gone through guidelines as a practice and will perform an audit on how well we are following guidelines and will implement changes where necessary.</p>	<p>Edvard Akbas</p>	<p>January 2020</p>
<p>Quality of management and leadership</p>				
<p>The practice must adopt a consistent mechanism to ensure that all staff have indicated their awareness of the practice's policies and procedures.</p>	<p>Governance, Leadership and Accountability;</p>	<p>We have set up a policy to prompt staff to go through policies and make sure they are aware of how to implement them</p>	<p>Edvard Akbas</p>	<p>3/12/19</p>
<p>The practice must implement a single whistleblowing policy / procedure and ensure that HIW is included as an external contact.</p>	<p>7.1 Workforce;</p>	<p>Single whistleblowing policy to introduced and HIW will be the external contact</p>	<p>Edvarc Akbas</p>	<p>19/12/19</p>

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): **Edvard Akbas**
Job role: **Principal Dentist**
Date: **08/12/19**