

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

Briton Ferry Dental Centre,  
Abertawe Bro Morgannwg 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 people in Wales are receiving good care.

## **Our values**

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

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Briton Ferry Dental Centre at 203 Neath Road, Briton Ferry, Neath SA11 2BJ, within Abertawe Bro Morgannwg University Health Board on the 08 October 2018.

Our team, for the inspection comprised of two HIW inspectors 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 Briton Ferry Dental Practice provided a friendly and professional service to their patients.

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

Clinical records were maintained to a good standard, as were staff files and practice information.

This is what we found the service did well:

- There was evidence of strong management and leadership from the practice manager
- All the patients who completed an HIW questionnaire told us they were treated with dignity and respect
- Appropriate arrangements were in place for the safe use of X-ray equipment

This is what we recommend the service could improve:

- The practice must feed back outcomes from their practice questionnaires to patients
- The practice must ensure that appropriate fire safety measures are in place to ensure the safety of staff and patients in line with the Regulatory Reform (Fire Safety) Order 2005
- The practice must ensure that all clinical staff have appropriate up to date training in line with the requirements set out by the General Dental Council.

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

We identified a number of regulatory breaches during this inspection including checking that all staff had the appropriate up to date training and ensuring all surgeries are kept in line with the national guidance, WHTM 01-05<sup>1</sup>. Further details can be found in Appendix C. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered person takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

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<sup>1</sup><http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/WHTM%200105%20Revision%201.pdf>

## 3. What we found

### **Background of the service**

Briton Ferry Dental Centre provides services to patients in the Briton Ferry area of south Wales. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board. The practice is part of the United Dental Group.

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

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



## Quality of patient experience

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

We found the practice was committed to providing a positive experience for their patients. All of the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

The practice provided a good range of oral health promotion and treatment information leaflets for patients, and had effective processes in place for supporting patients to make choices about their oral health.

We noted that the practice had a feedback procedure but we advised the outcome of this should be communicated with patients.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 39 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

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

*"The staff are amazing, the dental practice is clean and friendly and my dentist is amazing"*

*"A very well run, professional service, staff helpful in changing appointments when required"*

*"If it wasn't for the friendly, supportive staff I wouldn't come to a dentist. Even holds my hand; I know I'm an adult, but very anxious"*

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

and complementary with the only suggestions for improvement being to increase the size of the practice and to open on Saturdays.

## **Staying healthy**

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

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

We saw a wide range of information available to patients within the waiting area, covering private and NHS treatments as well as general information around oral health for both adults and children. The practice had a display board demonstrating the amount of sugars in a variety of common drinks. This was a good example of the practice supporting patients to maintain their oral health and hygiene.

## **Dignified care**

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

*“Excellent staff, always smiling and helpful”*

Staff told us that if there was a need to hold a private conversation with a patient, they would take them upstairs to prevent conversations being overheard. We noted that the practice had a privacy, dignity and confidentiality policy.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We noted that the nine Principles as set out by the General Dental Council (GDC)<sup>2</sup> was visible in the reception area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

### **Patient information**

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<sup>2</sup> <https://standards.gdc-uk.org/>

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

The majority of patients that completed a questionnaire said that costs were always made clear to them before they received any treatment.

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

### **Communicating effectively**

All but one of the patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

Whilst written information was available this was predominantly presented in English. Arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'<sup>3</sup>.

### **Timely care**

Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice and provided on the practice's answerphone message. However, just over a quarter of the patients that completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem. The practice may want to consider how it advertises the service so more patients feel confident in knowing how to access out of hours services.

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<sup>3</sup> An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

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

## **Individual care**

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

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

### **People's rights**

A surgery and the waiting area are located on the ground floor and are wheelchair accessible. The patient toilet, however, was not wheelchair accessible.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy and equal opportunities policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

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

The practice had a questionnaire where patients could score the service they had received and leave comments. We suggested that any changes made as a result of the comments should be communicated to patients.

We found there was a complaints policy in place that was compliant with NHS Putting Things Right<sup>4</sup> and the Private Dentistry Regulations.

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<sup>4</sup>[http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166\\_Putting%20Things%20Right\\_a5%20leaflet\\_English\\_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf](http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf)

Improvement needed

The practice must feed back outcomes from the questionnaires to patients.

## Delivery of safe and effective care

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

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

Medical records were maintained to a good standard.

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

We recommend the practice ensures that the surgeries are kept in line with WHTM 01-05.

### Safe care

#### Managing risk and promoting health and safety

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

Overall we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. The outside of the building appeared to be well maintained. Inside, the building was light and spacious.

We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety policy, and policies for use of equipment. Policies and risk assessments were readily available to all staff and noted at team meetings. An environmental risk assessment was carried out on the day. We advised this assessment could be expanded to include an action plan and outcomes of the risk assessment.

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

We saw fire extinguishers were available at various locations around the building, and we noted that servicing had been carried out within the last twelve months. We noted that these were not secured to a wall or on a stand, and would recommend that these are secured to prevent injury if they were knocked and fell.

Smoke detectors were also placed throughout the building; however the building did not have a fire alarm system in place. The practice had a risk assessment of fire safety carried out by an external body in 2016, as well as a fire policy and appropriate fire training for staff. We recommended that the fire risk assessment must be reviewed annually to ensure it is still appropriate. In line with the Regulatory Reform (Fire Safety) Order 2005<sup>5</sup>, the practice must ensure that appropriate fire safety measures are taken to ensure the safety of staff and patients.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. Clinical waste was stored in a bin which was broken and could not be locked. This must be locked to ensure clinical waste cannot be accessed by the public.

Under the Control of Substances Hazardous to Health Regulations 2002<sup>6</sup>, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) protocol and a mercury handling policy.

#### Improvement needed

The practice must ensure that appropriate fire safety measures are taken to ensure the safety of staff and patients in line with the Regulatory Reform (Fire Safety) Order 2005.

The practice must ensure that the clinical waste storage is locked.

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<sup>5</sup> <http://www.legislation.gov.uk/ukxi/2005/1541/contents/made>

<sup>6</sup> [http://www.hse.gov.uk/foi/internalops/ocs/200-299/273\\_20/](http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/)

## Infection prevention and control

The practice had a designated room for the cleaning and sterilisation (decontamination) of dental instruments within the surgery, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>7</sup>. The room was visibly clean and tidy. We could not be assured on the day that the log book for the autoclave was updated on a weekly basis. We advised removing or repairing the autoclave that is no longer in use.

We saw evidence that the protocol for checking the sterilisation equipment was available and up to date, and there was an infection control policy and a sharps safety policy for staff, meaning both staff and patients were being sufficiently protected from needle stick injuries and infection. The practice also had a cleaning schedule for staff to follow to ensure all areas were kept clean and tidy.

Staff had access to, and used personal protective equipment (PPE) when undertaking decontamination activities.

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

We noticed that the seal between the floor and wall in the upstairs surgery had shrunk and left the wall exposed. This could inhibit effective cleaning. In order to prevent this, the seal must be repaired between the floor and the wall. We also noticed in the downstairs surgery that the wall cupboards were showing clear signs of wear, tear and damage. This would prohibit thorough cleaning of the surgery, and must be replaced.

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<sup>7</sup> 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.



### Improvement needed

The practice must ensure that the surgeries can be cleaned and are kept in accordance with WHTM 01-05.

The practice must ensure that autoclave cycle information is regularly downloaded and can be easily accessed by staff to ensure effective sterilisation.

The practice must ensure that the seal between the floor and the wall is properly repaired.

### Medicines management

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

The practice had two appointed first aiders, ensuring staff and patients had appropriate access to first aid care in the event of an accident or injury.

The practice had appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>8</sup>. The practice's first aid kit was complete and in date.

When reviewing the surgeries, we noted that there were a small number of needles and dental paste out of date. When we brought this to the attention of staff, these were immediately removed. We recommended that regular checks should be undertaken to ensure all items are in date, and the practice agreed to implement this.

The practice had in place a medication policy.

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<sup>8</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration might want to ad

We were told that all drug-related adverse incidents are recorded via the MHRA Yellow Card<sup>9</sup> scheme.

#### Improvement needed

The practice must ensure regular checks are undertaken on dental supplies and medical equipment to ensure all items are within their use by date, and safe to be used.

#### Safeguarding children and adults at risk

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

At the time of the inspection, all staff had appropriate safeguarding training. A safeguarding lead was also in place.

We suggested that the safeguarding lead for the practice consider attending a higher level of safeguarding training to ensure they have the appropriate skills and understanding of safeguarding issues to act as a lead.

#### Medical devices, equipment and diagnostic systems

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

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We noted that the local rules<sup>10</sup> were displayed in the surgeries.

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<sup>9</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

<sup>10</sup> Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs.

In accordance with the requirements of the General Dental Council<sup>11</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>12</sup> all but one dental nurse had completed the required training. We were satisfied during the course of the inspection that training had been booked.

#### Improvement needed

The practice must ensure that all clinical staff have appropriate up to date training in relation to IR(ME)R skills and knowledge.

### Effective care

#### Safe and clinically effective care

We saw evidence that the practice had in place a number of clinical audits. We noted audits such as antibiotic prescribing and smoking cessation had not been carried out and we would advise that the practice should expand their audits to ensure they are meeting with best practice in a wide range of areas.

#### Improvement needed

The practice should undertake a broad range of audits, to ensure they are meeting with best practice

#### Quality improvement, research and innovation

We were told that the dentists do not have a process for discussing clinical and practice issues with one another. We suggested that a process of peer reviews should be put in place for dentists and dental nurses to support and enhance their skills.

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/474136/Laser\\_guidance\\_Oct\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

<sup>11</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>12</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)

We were told that the practice was not using tools such as the Welsh Deanery Maturity Matrix Dentistry practice development tool<sup>13</sup>. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work, and we would advise that this is considered.

#### Improvement needed

The practice should develop a system of peer reviews for staff.

The practice should give consideration to using practice development tools.

#### Information governance and communications technology

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

#### Record keeping

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

- Social history including alcohol and tobacco use
- Smoking cessation advice
- Reason for attendance
- Extra oral and intra oral examination
- Cancer screening
- Referral information
- Radiograph justification and clinical findings

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<sup>13</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

- Antibiotic prescribing information

We noted that there was no consent policy in place, and this must be implemented.

#### Improvement needed

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

The practice must implement a consent to treatment policy.

## 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.*

The practice manager was responsible for the day to day management of three practices, and we found evidence of good leadership and lines of accountability for staff at this site.

The practice had in place a comprehensive range of relevant policies and procedures that were reviewed annually.

There were robust management procedures in place to support staff, with regular appraisals and support to complete their Continuing Professional Development requirements, as well as opportunities to progress.

### **Governance, leadership and accountability**

Briton Ferry Dental Centre is part of a group of dental practices, which come under United Dental. The daily running of the practice is undertaken by the practice manager.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. The Statement of Purpose and Patient Information Leaflet contains all the relevant information required by the regulations.

The registered manager confirmed that she was aware of her duties regarding notifications, including serious injury to patients and absence or changes to the registered manager that must be sent to HIW<sup>14</sup>.

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

## **Staff and resources**

### **Workforce**

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

With the exception of training referred to earlier in this report, we saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements

We were told that the practice holds meetings regularly. We saw minutes relating to these meetings and staff unable to attend were updated by the practice manager. The practice may wish to consider asking staff to sign the minutes to show that they have read and understood them.

The Regulations for Private Dentistry require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and

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<sup>14</sup> Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for all members of staff, but we did not see evidence of the certificate for one staff member. The practice must ensure that appropriate security checks are undertaken regularly to ensure staff are safe to practice.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all but one member of clinical staff. Since the inspection we have seen proof of immunity, but the practice must ensure that all clinical staff are protected from the risk of Hepatitis B.

#### Improvement needed

The practice must ensure that all staff are sufficiently protected from Hepatitis B, either through immunity or from completion of actions arising from a risk assessment.

The practice must ensure that staff have had appropriate security checks to ensure they are safe to practice.



## 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, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

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

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

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

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

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

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

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

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

## Appendix B – Immediate improvement plan

**Service:** Briton Ferry Dental Centre

**Date of inspection:** 08/10/2018

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No areas of non-compliance were found during this inspection				

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

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Briton Ferry Dental Centre

**Date of inspection:** 08/10/2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
	1.1 Health promotion, protection and improvement;			
	4.1 Dignified Care;			
	4.2 Patient Information,			
	3.2 Communicating			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	effectively;			
	5.1 Timely access;			
	6.1 Planning Care to promote independence;			
	6.2 Peoples rights;			
The practice must feed back outcomes from the questionnaires to patients.	6.3 Listening and Learning from feedback, Private Dentistry Regulations 16	When Feedback forms are reviewed and discussed in practice meeting. We will then put notices up in waiting areas for patients to see they are being listened to.	Kelly Brayley	Immediately Done
Delivery of safe and effective care				
The practice must ensure that appropriate fire safety measures are taken to ensure the safety of staff and patients in line with the Regulatory Reform (Fire Safety) Order 2005.	2.1 Managing risk and promoting health and safety; Private Dentistry	Fire Risk assessments to be updated annually, Fire Extinguishers are to attached to the wall or put on stands.	Chris Willswood Kelly Brayley	Completed Immediately

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must ensure that the clinical waste storage is locked.	Regulations 22(4)	New Clinical waste storage shed ordered and lock replaced.		Shed being delivered 19.11.2018
<p>The practice must ensure that the surgeries can be cleaned and are kept in accordance with WHTM 01-05.</p> <p>The practice must ensure that autoclave cycle information is regularly downloaded and can be easily accessed by staff to ensure effective sterilisation.</p> <p>The practice must ensure that the seals between the floor and the wall is properly sealed.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05	<p>The Little bit of dust that was found on top of the air conditioning unit has now been removed.</p> <p>Ground floor cabinetry being replaced.</p> <p>Data from memory cards has now been changed from monthly to weekly following recommendation from inspection.</p> <p>Seals between floor and wall to be replaced</p>	<p>Kelly Brayley</p> <p>Jessica Mead (Head Nurse)</p>	<p>Air con unit – immediately</p> <p>Cabinets Replaced 13.11.18</p> <p>Data downloaded immediately.</p> <p>Completed 18.11.2018.</p>
The practice must ensure regular checks are undertaken on dental supplies and medical equipment to ensure all items are within their use by date and safe to be used.	2.6 Medicines Management; Private Dentistry Regulations 13	The one item was immediately removed, Check sheets have now been introduced.	<p>Kelly Brayley</p> <p>Jessica Mead (Head Nurse)</p>	Immediately
	2.7 Safeguarding children and			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	adults at risk;			
The practice must ensure that all clinical staff have appropriate up to date training in relation to IR(ME)R skills and knowledge.	2.9 Medical devices, equipment and diagnostic systems; Private Dentistry Regulations 17(3)	One member of staff didn't have IR(ME)R certificate, within IR(ME)R regulations the training is every 5 years, Member of staff still within 5 years of qualifying course booked for Feb 2019 – proof shown on the day of inspection	Kelly Brayley	Course will attended Feb 19
The practice should undertake a broad range of audits, to ensure they are meeting with best practice.	3.1 Safe and Clinically Effective care; Private Dentistry Regulations 8(1)	Proof of audits shown on the day	Chris Wills-wood	Done
The practice should develop a system of peer reviews for staff.  The practice should give consideration to using practice development tools.	3.3 Quality Improvement, Research and Innovation;	Dentists have 3 monthly meetings with other dentists as part of a peer reviewing programme  Practice will complete Matrix Maturity system.	Chris Wills- Wood	Done  Within 3 Months



Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	3.4 Information Governance and Communications Technology;			
<p>The practice must ensure patient records are completed in keeping with professional standards for record keeping.</p> <p>The practice must implement a consent to treatment policy.</p>	3.5 Record keeping; Private Dentistry Regulations 20(2)	Patient consent policy introduced	Chris Wills-Wood	Immediate
Quality of management and leadership				
	Governance, Leadership and Accountability;			
<p>The practice must ensure that all staff are sufficiently protected from Hepatitis B, either through immunity or from completion of actions arising from a risk assessment.</p> <p>The practice must ensure that staff have had appropriate security checks to ensure they are</p>	7.1 Workforce; Private Dentistry Regulations 18(2)	All staff Hep B levels were available, One member of staff levels from a doctor were not on headed paper, resent levels from GP on headed paper after the inspection.	Kelly Brayley Lowri Jenkins (HR Lead)	completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
safe to practice.		All staff had DBS checks on DBS certificate not available on day, letter from shared services saying that DBS was sent out, re- sent for new DBS form		

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): Kelly Brayley**

**Job role: Practice Manager**

**Date: 16/11/2018**