

**General Dental Practice  
Inspection (Announced)**  
Betsi Cadwaladr University  
Health Board  
Oasis Dental Care Ewloe

9 April 2015

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## Contents

1.	Introduction .....	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings .....	6
	Patient Experience .....	6
	Delivery of Health and Care Standards .....	9
	Management and Leadership.....	15
	Quality of Environment .....	18
6.	Next Steps .....	20
	Appendix A.....	21

## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Oasis Dental Care Ewloe at Lakeside Business Village, Ewloe, Flintshire within the area served by Betsi Cadwaladr University Health Board on 9 April 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards<sup>1</sup>. Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</sup>. Where appropriate we consider how the practice meets these regulations, as well as any relevant professional standards and guidance.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records

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<sup>1</sup> <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

<sup>2</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>3</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

### 3. Context

Oasis Dental Care Ewloe provides services to patients in the Ewloe area of Flintshire. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board. Oasis Dental Care is a large company that owns a significant number of dental practices across the United Kingdom.

Oasis Dental Care Ewloe is a mixed practice providing both private and NHS dental services. The practice employs a staff team which includes four dentists, one hygienist, one therapist, eight nurses, one receptionist and one full-time practice manager.

A range of general dental and private hygienist services are provided.

## 4. Summary

HIW explored how Oasis Dental Care Ewloe meets the standards of care set out in the Health and Care Standards April 2015.

Patients told us they were satisfied with the service they received from the dental practice and received enough information about their treatment. Patient feedback from HIW questionnaires was very positive and complimentary of the staff at the practice. We identified some updates needed to information provided to patients in the practice information leaflets and website.

Overall, we found care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean, tidy and well-organised. We saw evidence that the decontamination processes at the practice were carried out to a high standard by the nursing staff. We made recommendations regarding some of the instruments used at the practice to reduce the risk of inoculation (sharps) injuries to staff. We also identified improvements needed to patient records.

The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients. Through observations on the day of inspection, the practice was being efficiently run and staff worked effectively together as a team. However, we recommended that all staff, including the dentists, should have annual appraisals to ensure their competency and to identify any training needs.

We found the practice was spacious, modern and appropriately maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users.

## 5. Findings

### *Patient Experience*

**Patients told us they were satisfied with the service they received from the dental practice and received enough information about their treatment. Patient feedback from HIW questionnaires was very positive and complimentary of the staff at the practice. We identified some updates needed to information provided to patients in the practice information leaflets and website.**

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views on the dental services provided. Twenty patient questionnaires were completed. We also spoke to a small number of patients on the day of inspection. All patients said they were satisfied with the care they received at the practice and felt welcomed by staff.

A sample of patient comments included the following:

*“Nice practice with nice staff, well done!”*

*“Friendly and helpful staff.”*

*“The care from this practice is excellent.”*

*“Very competent, professional and friendly staff.”*

*“The dental practice have always been very helpful and accommodated me when I have needed an appointment at short notice for emergency treatment.”*

*“I suffer with gum disease and have been totally looked after by my dentist/hygienist.”*

Over half of the patients said they had not experienced delay in being seen by the dentist. Some patients who experienced delay also said this had not been for long or was not often. All patients said they received enough information about their treatment. We were told that the dentist explained treatment to patients verbally and we were given an example of written treatment information given to patients for more complex procedures, such as root canal.

The majority of patients knew how to access emergency dental services. We saw a sign outside the practice with the emergency contact number and we confirmed there was a contact number provided on the practice’s answer phone message.



The practice had a suggestions box and encouraged patients to provide feedback through their website, as a way of assessing the quality of the service provided. We were also shown examples of previous patient questionnaires that were used prior to the online system. Current patient survey results were displayed on the practice notice board and website. At the time of inspection, survey results indicated a 100% patient satisfaction rate. We discussed with the practice the need to monitor the feedback response rates received through the website, as some patients may not be able to access this. The practice manager agreed to this and also suggested they could also give out paper questionnaires to patients at the practice.

Eight patients told us they were unsure of how to make a complaint, but these patients also said they were satisfied with the service so had not felt the need to complain. We saw there was a complaints policy on the notice board in the waiting area. However, this was missing the contact details for additional organisations that patients could contact in the event they had a complaint, such as the Community Health Council and Betsi Cadwaladr Health Board. We have made a recommendation about updates needed to the complaints policy in Management and Leadership section of this report (page 16).

There were practice information leaflets available in the waiting area. However, we noticed that the information leaflets needed to be updated as they referenced compliance and registration with the Care Quality Commission (the health and adult social care regulator in England) and not HIW.

### ***Improvement needed***

***The practice should update the information leaflet with correct information about the regulator and inspectorate for practices in Wales (HIW not Care Quality Commission).***

There is a corporate website which includes details of the practice. At the time of inspection, the website did not have the General Dental Council<sup>4</sup> (GDC) address, or a link to the GDC website as required under the GDC guidelines for advertising. The Oasis Dental Care website included the corporate complaints procedure and some organisations patients may contact in the event they had a complaint. However, it referenced the NHS Commissioning Board (only applicable in England) and not the NHS procedure for complaints known as

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<sup>4</sup> The General Dental Council (GDC) is the organisation which regulates dentists and dental care professionals in the United Kingdom.

'Putting Things Right'<sup>5</sup> for patients in Wales. The website also incorrectly referenced the Care Quality Commission, rather than HIW. It also did not include the Community Health Council and health board details for patients to contact, as referenced in 'Putting Things Right'. Overall, some of the information provided on the website was incorrect and potentially misleading for patients in Wales.

***Improvement needed***

***The practice website must be updated to comply with the General Dental Council guidelines on ethical advertising.***

***Information provided on the corporate website should be updated so that it is applicable for patients in Wales. Where complaint information is provided, the details of organisations patients could contact in the event of a complaint should also be updated to include HIW, the Community Health Council and Betsi Cadwaladr Health Board (as referenced in Putting Things Right).***

We saw in the patient waiting areas that there was minimal health promotion information available to patients, such as on mouth cancer awareness and smoking cessation. Although the dentists we spoke to said they discussed smoking cessation with patients who smoked, NHS stop smoking information cards and leaflets were not available to give to patients who may be considering quitting. One of the criteria for meeting the Health and Care Standards is for smoking cessation to be supported and promoted.

***Improvement needed***

***The practice should provide patients with further health promotion information, including smoking cessation and mouth cancer awareness/prevention.***

We suggested the practice consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages including Welsh. The need for this could be assessed through gaining patient feedback.

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<sup>5</sup> 'Putting Things Right' is the arrangements in place for handling and responding to concerns about care and treatment provided by the NHS in Wales.

## *Delivery of Health and Care Standards*

**Overall, we found care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean, tidy and well-organised. We saw evidence that the decontamination processes at the practice were carried out to a high standard by the nursing staff. We made recommendations regarding some of the instruments used at the practice to reduce the risk of inoculation (sharps) injuries to staff. We also identified improvements needed to patient records.**

### **Clinical facilities**

We looked at the clinical facilities of all five surgeries at the practice and found these contained relevant equipment for the safety of patients and staff. All surgeries were visibly clean, tidy and well-organised. All surfaces were free from clutter to enable effective cleaning. We saw evidence of the daily cleaning regimes carried out by the nurses. We also saw evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use.

We found that in one of the ground floor surgeries, there was a rip in one of the chairs used by the clinical staff which would prevent effective cleaning.

### ***Improvement needed***

***Improvements should be made to the chair used by clinical staff in the ground floor surgery to ensure it can be cleaned effectively to reduce the risk of cross-infection.***

We noticed that the clinical staff were using an older method for the disposal of needles, which had a greater likelihood of inoculation (sharps) injuries to staff. Whilst the staff had not experienced recent injuries in this respect, we advised the practice to progress to the recommended needle safe system, to minimise the risk of sharps injuries and cross-infection to staff. Similarly, we found the practice was using a type of instrument (matrix bands for holding filling material in place) which are difficult to keep clean and also pose a risk of sharps injury to staff. It is recommended by the WHTM 01-05 that these instruments should be replaced by single-use matrix bands. Although we found that the practice kept these instruments suitably clean, we have made a recommendation that they should consider changing to single use matrix bands.

### ***Improvement needed***

***The practice should consider progressing to a safer system for sharps disposal.***

***The practice should consider replacing the matrix bands with single use types, to reduce the risk of cross infection and to protect staff from potential sharps injuries due to the difficulties in using this type of instrument.***

### **Decontamination of instruments**

The practice had two dedicated rooms for the cleaning and sterilisation of dental instruments, one on the first floor and one on the ground floor. We found there were suitable processes in place to prevent patients from cross infection. Both rooms were suitably laid out to allow instruments to be cleaned effectively. There was also a suitable system to ensure that instruments were used within the recommended storage period.

We saw that infection policy and procedures were displayed on the walls. We also saw that there were suitable log books completed for the daily testing and maintenance of cleaning equipment. The practice also had a daily log book for other daily checks performed by the nurses. All logbooks had been completed to a high standard. This meant the practice had a good system for ensuring cleaning equipment was working correctly, so that instruments could be cleaned effectively. Manual cleaning was used as standard, prior to sterilising the instruments and we suggested the practice consider installing a washer disinfectant (a recommended type of cleaning equipment) in future, as this would help to reliably clean instruments and minimise the risk of sharps injuries to staff.

There were dedicated hand washing sinks available to help with infection control. The decontamination room on the first floor did not have separate sinks for cleaning dirty instruments and rinsing instruments, but used separate bowls. There were no current plans to install separate sinks. Whilst this arrangement meets the basic criteria required in the Welsh Health Technical Memorandum 01-05<sup>6</sup> (WHTM 01-05) guidelines, the use of two bowls is defined as an interim solution and continual improvement plans should negate the need for bowls,

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<sup>6</sup> The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

replacing with dedicated sinks designed for this purpose. Since the first floor decontamination area had adequate space available, the practice should progress to the recommended standard. We discussed this with the practice and advised them to address this.

We saw that all suitable personal protective equipment was available for conducting decontamination. We saw evidence that staff had completed training on decontamination procedures and infection control. The practice conducted a recent infection control audit, however, we noticed the audit tool used was primarily designed for use in England and we advised the practice use the audit tool developed by Cardiff University, as recommended by the Wales specific WHTM 01-05 guidelines.

### **Waste disposal**

Waste was handled, stored and disposed of appropriately at the practice and a current waste disposal contract was in place.

### **Radiographic (x-ray) equipment**

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing was available. We saw evidence that all qualified clinical staff had conducted appropriate training on ionising radiation. We saw that the radiation protection file, which includes details about the x-ray equipment and procedures for staff to follow, contained all relevant information.

However, we advised the practice that good practice in relation to the local rules, which provide information for staff on the procedures to follow regarding taking x-rays, would be to make these rules specific to each machine and each surgery. The practice manager agreed to include these additional details. We also noticed that the radiation exposure warning sign was missing from the door of one of the upstairs surgeries. The practice manager agreed to correct this.

### ***Improvement needed***

***The practice should ensure all suitable radiation warning signs are in place.***

We noticed there was a type of x-ray equipment (Orthopantomograph – OPG) stored in a ground floor room that was currently being used for storage, but this was out of use and had been for several years. Staff told us that they would like to have it fixed but as this would be costly, there were no current plans to do this. Whilst the machine appeared to be stored safely and had a ‘do not use’ sign and staff confirmed that it could not be turned on accidentally, ideally the

practice should consider either decommissioning the equipment or arranging for this to be fixed.

### **Medical emergency equipment and medication**

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. This equipment was kept in a suitable location and the practice had a suitable system for ensuring that resuscitation equipment and emergency medication was regularly checked to ensure it was safe to use. We saw that there were emergency flow charts on the walls of the surgeries and flow charts for other medical emergencies where included with the emergency medication to advise staff of the procedure to follow in the event of a medical emergency. We saw evidence that staff at the practice had received up-to-date training on how to deal with medical emergencies and there was an appointed first aider.

### **Patient records**

We looked in detail at a sample of 10 patient records. Overall, we found the record keeping was satisfactory, particularly the records for one of the dentists which were of a high standard. However, we identified some improvements needed to patient records. Whilst our findings relate to a small number of records and may not be representative of the majority of notes, the practice should ensure that the areas identified are addressed and are not systemic issues in record keeping.

We saw that recent improvements had been made in the level of detail recorded in patient notes. The dentists we spoke to said that they had conducted a recent peer review audit on their clinical notes, which corresponded with our findings.

We found the practice did not have a suitable system for gaining patient medical histories and ensuring they were updated at each treatment and countersigned by the dentist. Countersigning is good practice and helps to ensure the dentist is aware of the patient's medical history and any implications this may have for their treatment. We saw that no space was provided on the corporate medical history form for dentists to countersign and staff confirmed this was not part of company policy. Whilst countersigning medical histories is not a mandatory requirement, it is required that complete and accurate medical histories are recorded and updated at each treatment. However, in the notes we looked at we found that medical histories were not consistently updated for each course of treatment. We also saw that for one patient, the medical history did not record sufficient detail about their previous history.

Although soft tissue (gums) examination was routinely performed, oral cancer screening was not always specifically recorded, nor were any explanations given to patients of the cancer screening. We also found that any discussions around smoking cessation for patients who smoked were not consistently recorded.

The patient recall frequency (how often patients would need to attend appointments) was not always recorded, meaning it was unclear if National Institute for Health and Care Excellence (NICE) guidelines were being followed.

We looked at the notes recorded on patient x-rays and found there were some inconsistencies for when x-rays were taken. For example, it is usual practice to take an x-ray prior to a root canal filling, but in one of the notes we reviewed it was not recorded that an x-ray had been taken. In another record, we found that an x-ray was only taken once a patient was undergoing a tooth extraction, rather than prior to the procedure. This indicated poor treatment planning in this instance.

We also noticed that there was minimal preventative treatments (e.g. fluoride) applied to patients with a high risk of decay and children, which would help protect against further tooth decay. We discussed this with the practice who agreed to review their approach to preventative treatment.

In seven of the records we looked at, we found that patient consent was not recorded. We also found that in one of the records for a child, the guardian providing consent on behalf of the child was not recorded. It is important that discussions with patients in the process of gaining consent should be documented, as it is the discussions that take place with the patient that determine whether the consent is valid. Consent is an on-going process and must be checked to ensure it remains valid at each stage of treatment.

### ***Improvement needed***

***Improvements should be made to patient record keeping and the following should be recorded consistently in patient notes:***

- ***A robust system for obtaining medical histories and updates***
- ***Mouth cancer screening***
- ***Smoking cessation advice***
- ***Recall***
- ***Patient consent.***

***The practice should also consider conducting a review of their approach to taking x-rays (treatment planning) and the application of preventative treatment (fluoride) for adults with a high risk of decay and children.***



## ***Management and Leadership***

**The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients. Through observations on the day of inspection, the practice was being efficiently run and staff worked effectively together as a team. However, we recommended that all staff, including the dentists, should have annual appraisals to ensure their competency and to identify any training needs.**

Oasis Dental Care Ewloe was established in 2006 and is a corporate dental practice owned by Oasis Dental Care. The day-to-day management was the responsibility of an experienced practice manager. We saw the practice was being run efficiently and staff worked effectively together as a team. Staff we spoke to on the day of inspection said they were happy in their roles, understood their responsibilities and felt supported by the practice manager.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place. In general, there was a suitable system to ensure these policies were regularly reviewed and staff were aware of them. Although the vast majority of policies were dated, we found some policies that required review dates and we reminded the practice of the need to include this for all policies, to ensure they were the latest versions. We were told that staff were given policies to sign and updates were given at team meetings.

The principal dentist told us that staff meetings were conducted approximately every one to two months. We saw examples of recent meetings notes which recorded sufficient detail of discussions and actions from the meetings. Staff told us they were encouraged to raise any concerns during these meetings, but would also feel comfortable in raising concerns with the practice manager at any time.

We were told that annual appraisals were conducted for most staff members at the practice. Appraisals are important to ensure the competency of staff and to identify any training needs. However, appraisals and personal development plans had not been conducted for the dentists and we discussed the need for this with the practice.

### ***Improvement needed***

***All staff, including dentists, should have annual appraisals and personal development plans.***

We looked at the clinical governance arrangements in place at the practice to help ensure the quality and safety of care. The dentists we spoke to told us they

conducted peer review audits together, which had recently included record keeping and mouth cancer. The dentists also told us they often had clinical discussions together and benefitted from a second opinion. However, the dentists indicated they were unsure of the formal arrangements for clinical supervision. The practice manager confirmed that the dentists could contact the clinical director with Oasis Dental Care if they needed additional advice and support. We advised the practice to ensure the dentists were fully aware of this.

We looked at staff information at the practice. We confirmed that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance. We were told all staff had employment contracts in place, but they were not looked at on this occasion.

We saw evidence of personal continued professional development (training) completed by staff at the practice, which showed that staff had access to training opportunities relevant to their role. This meant patients could be assured they are treated by staff who have appropriate skills and up-to-date training and who were confident and acquainted with their place of work. Staff files were well-organised and information was easy to locate. All staff had completed training in child and adult protection.

At the time of our inspection, all dentists had a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations for private dentistry. We also found that all other staff members had a DBS check to ensure the suitability of staff for employment.

The practice had suitable arrangements for the recording of accidents and incidents. Suitable arrangements for occupational health support were also in place through the health board. We saw records to show that most clinical staff had received appropriate vaccinations to protect them against blood-borne viruses. However, the record for one of the dentists was unclear and the records for several other staff members indicated that a booster vaccination was required in five years, which had now lapsed.

### ***Improvement needed***

***The practice should ensure that all clinical staff have appropriate vaccinations, including any recommended boosters, to protect against blood-borne viruses.***

We found there were suitable arrangements for recording concerns (complaints). The practice also had a summary sheet providing details of the complaints received. We saw that all complaints received were kept in a paper file and all responses were kept in a folder on the computer. While this was easily accessible to the practice manager, we advised that where possible all

correspondence relating to complaints should be kept together. The practice manager told us that they would soon be moving to an online portal system where complaints would be scanned and responses updated on a central database. Verbal and informal complaints were appropriately captured and information from this showed that patients had raised an issue about the phone lines and reported not being able to get through. The practice manager confirmed this was being investigated.

We found the complaints process generally complied with arrangements in the NHS patient complaints procedure known as 'Putting Things Right' and gave a list of relevant organisations for patients to contact in the event they had a complaint. However, the policy needed to include the contact details of HIW for private patients and the details of the Community Health Council who can provide advocacy support for patients.

***Improvement needed***

***The complaints policy should be updated with the contact details of HIW for private patients and the details of the Community Health Council for NHS patients.***

Given the number of recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

## *Quality of Environment*

**We found the practice was spacious, modern and appropriately maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users.**

The practice is located in a large unit of a Business Park in Ewloe. The practice has five surgeries, two on the ground floor and three on the first floor. There is dedicated car parking and disabled parking bays outside the practice.

Access to the practice is suitable for wheelchair users and door frames throughout the ground floor of the practice were suitably wide to allow access for wheelchairs. There is no lift to the first floor, but wheelchair users could be seen in the large ground floor surgeries. The layout of the practice was very spacious, particularly the ground floor areas with wide corridors and a lowered reception counter, enabling wheelchair users to easily access these areas. A hearing loop was also available to assist patients with hearing aids.

The waiting and reception areas were large and an adequate size for the number of surgeries. A tour of the building confirmed the practice was well maintained internally and externally. The practice was clean, tidy and satisfactorily lit throughout and provided a pleasant environment for patients to receive treatment.

The practice had one unisex accessible patient toilet and one unisex staff toilet. Both toilets were visibly clean and had suitable hand washing facilities for infection control.

There was a sign outside the practice with the opening hours, emergency contact number and names of all dentists. The General Dental Council registration numbers of the dentists were displayed on a poster by the reception area. A price list for both NHS and private treatment was clearly displayed in the waiting area.

In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice. We noticed that the practice name on one certificate needed to be corrected and arrangements for this were made following inspection.

The main fire exit was signposted and fire extinguishers had been appropriately inspected. Detailed examination of other fire protection systems was not part of this inspection; however, it is the responsibility of the practice to ensure that

suitable measures and systems are in place to protect staff and patients in the event of a fire.

We found there were suitable arrangements to prevent unauthorised access to the building and most patient records were stored securely. However, in one of the ground floor surgeries we found a box of manually processed radiographs, including some patient information, kept in an unlocked cupboard. This forms part of the patient record and should be stored securely. Ideally, these should be kept in the same location as other patient records to avoid the risk that these are separated and lost.

***Improvement needed***

***All patient information, including manually processed radiographs, must be kept confidential and securely stored as part of patient records.***

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of improvements identified in this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Oasis Dental Care Ewloe will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Oasis Dental Care Ewloe**

**Date of Inspection: 9 April 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
<b>Patient Experience</b>				
7	The practice should update the information leaflet with correct information about the regulator and inspectorate for practices in Wales (HIW not Care Quality Commission). [General Dental Council Standards 1.3.3]	Oasis Health Care are currently updating the patient Leaflets to include HIW information.	PM to follow up	1 Months
8	The practice website must be updated to comply with the General Dental Council guidelines on ethical advertising. Information provided on the corporate website should be updated so that it is applicable for patients in Wales. Where complaint information is provided, the details of organisations patients could contact in the	Oasis Health Care are currently updating the practice website to include the relevant Welsh information.	PM to follow up	2 Months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>event of a complaint should also be updated to include HIW, the Community Health Council and Betsi Cadwaladr University Health Board (as referenced in Putting Things Right).</p> <p>[General Dental Council – Ethical Advertising Guidelines and Standards 5.1.5; NHS Wales ‘Putting Things Right’ procedure; Private Dentistry (Amendment) Regulations 2011 section 15(4a)]</p>			
8	<p>The practice should provide patients with further health promotion information, including smoking cessation and mouth cancer awareness/prevention.</p> <p>[Health and Care Standards 1.1]</p>	<p>Discussed with Clinicians re: information given in surgery.</p> <p>Appropriate Leaflets to be obtained</p>	PM	<p>DONE</p> <p>ASAP</p>
<b>Delivery of Health and Care Standards</b>				
9	<p>Improvements should be made to the chair used by clinical staff in the ground floor surgery to ensure it can be cleaned effectively to reduce the risk of cross-infection.</p> <p>[WHTM 01-05 sections 6.61 and 6.62]</p>	<p>Quote to be obtained for repair to chair.</p> <p>Work to be carried out.</p>	<p>PM</p> <p>PM</p>	<p>2 weeks</p> <p>6 weeks</p>
10	The practice should consider progressing to a	Going forward the practice will move to Safety	Rosie Carter	Ongoing



Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>safer system for sharps disposal.</p> <p>The practice should consider replacing the matrix bands with single use types, to reduce the risk of cross infection and to protect staff from potential sharps injuries due to the difficulties in using this type of instrument.</p> <p>[Health &amp; Safety (Sharp Instruments in Healthcare) Regulations 2013, regulation 5; WHTM 01-05 sections 1.17 and 2.20]</p>	<p>plus syringes.</p> <p>Also the use of disposable Matrix bands will be phased in throughout this year.</p>		
11	<p>The practice should ensure all suitable radiation warning signs are in place.</p> <p>[Ionising Radiations Regulations 1999 - 18 (1) (a) and (ii).]</p>	Sign placed back on the surgery door.	PM	Completed
13-14	<p>Improvements should be made to patient record keeping and the following should be recorded consistently in patient notes:</p> <ul style="list-style-type: none"> <li>• A robust system for obtaining medical histories and updates</li> <li>• Mouth cancer screening</li> <li>• Smoking cessation advice</li> <li>• Recall</li> <li>• Patient consent.</li> </ul>	<p>Review with Clinicians all points made.</p> <p>Medical History protocol already in place and sheets being countersigned as suggested to be reviewed and monitored.</p> <p>Clinicians to undertake regular record card audits to ensure full compliance.</p>	PM Sridevi Narayanan	Ongoing

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>The practice should also consider conducting a review of their approach to taking x-rays (treatment planning) and the application of preventative treatment (fluoride) for adults with a high risk of decay and children.</p> <p>[General Dental Council Standards 4; Health and Care Standards 3.5]</p>			
<b>Management and Leadership</b>				
15	<p>All staff, including dentists, should have annual appraisals and personal development plans.</p> <p>[General Dental Council Standards 6.6.1; Health and Care Standards 7.1]</p>	<p>All staff currently have annual appraisals and personal development plans. To arrange for Clinicians appraisals with Regional Clinical Advisor.</p>	<p>PM to arrange RSCA to carry out</p>	<p>1 Month</p>
16	<p>The practice should ensure that all clinical staff have appropriate vaccinations, including any recommended boosters, to protect against blood-borne viruses.</p> <p>[General Dental Council Standards 1.5.2]</p>	<p>All staff have had recommended vaccination but staff who require recommended boosters to be referred to Occupational Health.</p>	<p>Rosie Carter</p>	<p>2 Months</p>
17	<p>The complaints policy should be updated with the contact details of HIW for private patients and the details of the Community Health Council for NHS patients.</p>	<p>Policy updated with suggested details.</p>	<p>PM</p>	<p>ASAP</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[NHS Wales 'Putting Things Right' procedure; Private Dentistry (Amendment) Regulations 2011 section 15(4a); General Dental Council Standards 5.1.3]			
<b>Quality of Environment</b>				
19	All patient information, including manually processed radiographs, must be kept confidential and securely stored as part of patient records.  [General Dental Council standards 4.1 and 4.2; Health and Care Standards 4.2]	Due to using Digital X-rays now we will ensure that old manual processed radiographs are stored in a lockable cabinet.	PM Rosie Carter	Completed

**Practice Representative:**

**Name (print):** Clair Neale [*Submitted Electronically*]

**Title:** Practice Manager

**Date:** 14/05/2015 [*Submitted Electronically*]