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DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

General Dental Practice Inspection (Announced)

Hywel Dda University Health Board, Charsfield Dental Practice

1 July 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Charsfield Dental Practice, Priory Street, Cardigan SA43 1BU, within the area served by Hywel Dda University Health Board on 1 July 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[1]. 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[2] and the Private Dentistry (Wales) (Amendment) Regulations 2011[3]. 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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[1] http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st

[2] http://www.legislation.gov.uk/wsi/2008/1976/contents/made

[3] 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

Charsfield Dental Practice provides services to patients in the Cardigan region. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board.

Charsfield Dental Practice provides predominantly private with some NHS dental services.

The practice staff team includes, three dentists (one is the principal and owner); two nurses, two receptionists and a practice manager.

A range of services are provided. These include:

- Routine dentistry
- Fillings, crowns and bridges
- Dentures
- Some cosmetic treatments
- Mouthguards.

4. Summary

HIW explored how Charsfield Dental Practice met the standards of care set out in the Health and Care Standards April 2015.

Most patients told us they were satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them verbal information about their treatment. Patients did not receive treatment plans. The practice did not have a system to encourage patient feedback to improve services. The practice did not have a patient information leaflet.

We could not be assured that care and treatment was always planned and delivered in line with relevant standards and requirements in the areas we inspected. We found that there was considerable improvement required in the standards for equipment and maintenance of facilities. We did not see appropriate arrangements for the use of radiographic equipment. Emergency drugs were not stored appropriately and materials used in the treatment of patients were found to be outside of the suggested use by date. We also found treatment materials which are no longer advised for patient use stored in the surgeries. There was a dedicated decontamination room which did not entirely meet with the WHTM 01-05[4] standards and processes within the decontamination system which need to be reviewed.

There was a fairly new practice manager in post who still had a considerable amount of work to undertake to ensure the practice complied with the necessary regulations and best practice guidance. The staff team worked tirelessly to provide a homely environment for patients.

We found areas of improvement were needed to provide secure and safe record storage. The environment was not totally accessible however where possible the building had been adapted to meet patients' needs.

The urgent concerns that arose from this dental inspection were notified to the dental practice and the health board via an immediate action letter. The findings are detailed, along with any other recommendations made, within Appendix A of this inspection report.

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[4]Welsh Health Technical Memorandum 01-05 is the guidance on decontamination of instruments in primary care dental practices and community dental services.

5. Findings

Patient Experience

Most patients told us they were satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them verbal information about their treatment. Patients did not receive treatment plans. The practice did not have a system to encourage patient feedback to improve services. The practice did not have a patient information leaflet.

We sent patient questionnaires to the practice for completion prior to the inspection. However these had not been printed out and given to patients until the morning of the inspection. Only seven patients completed the questionnaires, therefore the comments are limited in number. We also spoke with three patients whilst we were at the practice. The patients had been registered at the practice from seven months to 37 years.

All patients who completed questionnaires told us they were satisfied with the treatment they had received. Everyone stated that they were made to feel welcome by staff. One patient said they had experienced a delay in being seen by the dentist but said it was *"not more than a few minutes*". A sample of patient comments included the following:

"Great service very good dentist"

"Dental staff are brilliant."

When we asked patients about treatment information, most patients said the dental team explained the treatment they needed in enough detail. Patient comments included the following about treatment information;

"Yes [enough detail given] and everyone is approachable."

Six patients knew how to access out of hours services. We checked the practice's telephone to see if information was available on the answerphone and found that there was a clear message with contact details. We saw that the out of hours contact details were also visible outside the practice.

There was a flexible appointment system available and emergency patients could also be seen within this system.

Half of patients indicated on the questionnaires that they did not know how to make a complaint, should the need arise. The other half stated that they would

discuss any issues directly with the dentist. However we saw that the “Putting Things Right” Raising a concern about the NHS 2011 document was displayed in the waiting area. There was no guidance available for private patients who wanted to raise a concern

The practice did not have a system in place to gain the views of patients or to receive feedback on the service provided. We suggested the use of a suggestion box or patient satisfaction questionnaires.

Improvement needed

The practice must regularly assess patients’ views and act upon them.

Although the patients indicated in the questionnaires that they were informed of the risks, benefits and alternative treatments in order to assist them to make informed decisions about their treatment; this was not confirmed in the patients’ records. This is highlighted in the improvements needed later in this report.

Patients were not provided with a written treatment plan. This was highlighted by the Dental Reference Service when the practice was inspected in 2011. No improvement had been made.

Improvement needed

All patients must receive a treatment plan to take away.

There was a small amount of health promotional material available in the waiting area. We did not see any information on smoking cessation.

Improvement needed

Patients should be given oral health promotion, cancer screening and smoking cessations advice when indicated.

There was no practice information leaflet available to patients to offer a summary of useful information about the practice such as; the names and qualifications of the dentists, what services were offered, opening times, emergency contact details and how to raise a concern-including useful contact details for private and NHS concerns.

Improvement needed

The practice should have a practice information leaflet outlining useful information for the patient.

Delivery of Health and Care Standards

We could not be assured that care and treatment was always planned and delivered in line with relevant standards and requirements in the areas we inspected. We found that considerable improvement was required in the standards for equipment and maintenance of facilities. We did not see appropriate arrangements for the use of radiographic equipment. Emergency drugs were not stored appropriately and materials used in the treatment of patients were found to be outside of the suggested use by date. We also found treatment materials which are no longer advised for patient use stored in the surgeries. There was a dedicated decontamination room which did not entirely meet with the WHTM 01-05[5] standards and processes within the decontamination system which need to be reviewed.

Radiographic Equipment/Documentation

We were not assured that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were not available. We found the following areas required attention;

- Not all staff had attended ionising radiation training (HIW sent an immediate assurance letter about this on 3 July 2015 and received a satisfactory response on 7 July 2015. See Appendix A)
- The practice had not followed all appropriate procedures to inform the Health and Safety Executive (HSE) that they were using radiographic (X-ray) equipment (HIW sent an Immediate Assurance letter about this on 3 July 2015 and received a satisfactory response on 7 July 2015. See Appendix A)
- The practice had not carried out quality assurance audits on the equipment
- We did not see three year certificates of examination for two of the machines, although annual maintenance certificates were seen for all machines. Three year certificates are important as they demonstrate

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[5]Welsh Health Technical Memorandum 01-05 is the guidance on decontamination of instruments in primary care dental practices and community dental services.

that a thorough check has been carried out to ensure the machine is working properly and is safe. Copies of the three year certificates were submitted to HIW which confirmed that all machines had been examined.

Improvement needed
The practice must undertake quality assurance audits prior to using the x-ray equipment.

We looked at the recording of x-rays in patient records and found the following areas required improvement:

- There was no justification for taking x-rays recorded
- There was no reporting on the findings of the x-rays
- There was no grading of the x-rays for audit purposes
- Storage of x-rays was inadequate with loose images in patient record cards.

Improvement needed

The practice needs to audit patients' radiographic records and document the reasons for taking and the findings of all x-rays. The x-rays must also be graded to ensure the quality of the image is recorded for audit purposes. And the x-ray images must be stored safely.

Resuscitation and First Aid

Staff had some knowledge about what to do in the event of a medical emergency however there was not a current resuscitation policy in place to clearly outline each staff member's roles and responsibilities.

Improvement needed

The practice must develop a resuscitation policy which clearly outlines the responsibilities of each member of staff.

There was a member of staff appointed as first aider on site and although we were told the relevant training had been completed, the certificate was not available to confirm this. Staff had access to some equipment in the event of medical emergencies (collapse) however this was not complete, was disorganised and was dirty. It was also stored in various places within the

practice i.e. the defibrillator[6] was in the staff room, oxygen/suction and mask was in the downstairs surgery, stored on the floor. It was dirty and was susceptible to cross infection. There was no adult oxygen mask, no eye bath and no blood sugar monitoring device. These are required in accordance with Resuscitation Council (UK) guidelines. The airways which were available were passed the use by date. (HIW sent an Immediate Assurance letter about these concerns on 3 July 2015 and received a satisfactory response on 7 July 2015. See Appendix A). At the time of the inspection all staff had completed resuscitation training within the last year, as recommended by the Resuscitation Council (UK).

Emergency drugs

Emergency drugs were stored securely in each surgery. Although there was a system in place for monitoring the expiry dates of drugs, this did not extend to the administration equipment. We saw that needles and syringes were passed their use by dates. We also found a sugar gel used in diabetic emergencies had been opened and placed back in the drugs box. (HIW sent an Immediate Assurance letter about this on 3 July 2015 and received a satisfactory response on 7 July 2015. See Appendix A). There was no system in place for responding to, and reporting, adverse reactions to drugs. We discussed the use of the yellow card[7] system with the Principal dentist.

Handling, storage and disposal of hazardous and non-hazardous waste

Waste was handled, stored and disposed of appropriately at the practice and a current clinical waste disposal contract was in place. There was a policy and procedure in place for the safe handling of mercury.

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[6] Defibrillators are small machines which deliver a therapeutic dose of electrical energy to the heart in emergency situations.

[7] The **Yellow Card Scheme** is the UK system for collecting information on suspected adverse drug reactions (ADRs) to medicines. The scheme allows the safety of the medicines and vaccines that are on the market to be monitored

Decontamination of instruments and compliance with WHTM 01-05 (revision 1)[1]

The practice had a single dedicated room for the cleaning and sterilisation of dental instruments which did not fully meet with the standards set in the WHTM 01-05 (revision 1) guidance. The following areas need to be addressed;

- The practice needs to undertake the recognised WHTM01-05 audit
- Where possible all autoclaves should have data loggers
- Handpieces need to be bagged and dated after sterilisation
- Trays need to be dated when sterilised or instruments placed within the trays need to be bagged and dated
- It is advised to record both sterilisation and use by dates
- A closed box should be used for transportation of clean instruments from the decontamination room to surgeries
- A system needs to be implemented to avoid mixing impressions when using a central bath to decontaminate
- The practice must ensure that instruments are used within the specified time of processing. (HIW sent an immediate assurance letter about this on 3 July 2015 and received a satisfactory response on 7 July 2015. See Appendix A).

Improvement needed

The practice should revisit the operating procedures used by staff within the decontamination room and ensure it meets with the WHTM 01-05 guidance.

Staff told us that at present they do not flush the dental unit water lines as recommended, to ensure there is no contamination of water.

Improvement needed

The practice must undertake water testing as recommended in the WHTM 01-05 guidance.

We saw that logbooks for cleaning equipment were appropriately maintained. This included standard checks performed at the start and end of each day.

Clinical facilities

We looked at the clinical facilities in each of the surgeries and found them to be clean, well equipped and well organised including relevant equipment for the safety of patients and staff. However we saw that there were exposed wooden drawers to the units in the upstairs surgery which were not suitable to wipe clean for infection control purposes.

Improvement needed

All units in surgeries should be easily cleansable.

There were sufficient numbers of dental instruments and equipment, all in good condition, stored safely within surgeries. We found sufficient supplies of disposable items and protective equipment for patients and staff to wear during treatment session.

We did not see documentation that showed that the compressor (device to supply clean air to power dental hand pieces and various other dental tools) was maintained and inspected in line with requirements. (HIW sent an immediate assurance letter about this on 3 July 2015 and received a satisfactory response on 7 July 2015. See Appendix A).

There were no re-sheathing devices to protect staff from potential needle stick injuries.

Improvement needed

The practice must have needle re-sheathing devices to protect staff from potential needle stick injuries.

We saw that the practice used liquid mercury therefore we advised the storage of a mercury spillage kit in this surgery. However we did see evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use.

We saw dental materials which were not within the suggested expiry dates stored in cupboards in each surgery   Specifically, materials used in the surgery for treatment (fillings etc) were well beyond the expiry dates. We also found Caustinerf and Cresophene [creams used in dental treatment which are no longer suggested for use] in the cupboards although the dentists assured us that these were no longer being used. (HIW sent an immediate assurance letter about this on 3 July 2015 and received a satisfactory response on 7 July 2015. See Appendix A).

Patient records

We looked in detail at a sample of patient records. The standard of record keeping needed attention in the following areas;

- We found that although patients' medical histories were updated at every visit they were not countersigned by the dentists. A countersignature records that the dentist has read and understood the information in the medical history. (HIW sent an immediate assurance letter on 3 July 2015 and received a satisfactory response on 7 July 2015. See Appendix A).
- The records did not show clear documentation of treatment options discussed or the treatment required for patients
- When local anaesthetic was used there was no record of the batch number, amount given or where the anaesthetic was administered
- Patients' social histories were not currently being recorded. This would highlight potential oral health risks and would enable early intervention
- There were no treatment plans recorded or given to patients
- There was no evidence of patient consent to treatment
- Basic Periodontal Examinations[8] were not seen in all dental records
- Dentists were not recalling patients in line with recognised guidance
- Staff were also writing in records and not signing therefore it was unclear who had made the recording.

Improvement needed

The practice needs to audit patients' records to improve record keeping in the highlighted areas.

The practice was not involved in a clinical audit programme with a neighbouring practice. This is when one practice visits another practice to audit their records and clinical treatment to identify improvements that can be made.

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[8] The **Basic Periodontal Examination** is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need

Management and Leadership

There was a fairly new practice manager in post who still had a considerable amount of work to undertake to ensure the practice complied with the necessary regulations and best practice guidance. The staff team worked tirelessly to provide a homely environment for patients.

The practice offered predominantly private dental treatment with a small amount of NHS treatment (mainly children). There was a practice manager who oversaw the day to day running of the practice. Individuals had dedicated roles and worked seamlessly as a team.

The dentists and dental nurses were registered with the General Dental Council (GDC). Dentists had contracts however no other staff members had contracts of employment.

Improvement needed

All staff should have contracts of employment.

We saw that the dentists' certificate confirming registration with HIW was on display at the practice, as required through the Private Dentistry (Wales) Regulations 2008.

At the time of our inspection, the dentists did not have Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the regulations for private dentistry. We discussed this with the dentists who agreed to ensure that they updated their DBS check in order to comply with current regulations. It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. We also discussed this with the practice manager and found that staff did not receive any DBS checks prior to commencing employment.

There were no current Hepatitis B immunity records for all clinical staff. This meant that we could not be assured that appropriate steps had been taken to protect staff and patients against blood borne viruses. The practice manager told us that the practice was not aware of the occupational health service offered by the health board but would look into it as a matter of urgency. (HIW sent an immediate assurance letter about this on 3 July 2015 and received a satisfactory response on 7 July 2015. See Appendix A).

Dentists had individual indemnity policies however it was unclear whether the dental nurses had personal indemnity policies or cover under the principal dentist's policy.

Improvement needed

All clinical staff must have current personal indemnity cover or be adequately covered under the principal dentist's policy.

We found evidence of continued professional development completed by clinical staff. Staff told us they had training opportunities relevant to their role. There was no induction file which should contain relevant information for staff new in post.

Improvement needed

The practice must have an induction programme for new employees.

There were formal recorded staff meetings which were held monthly. The records showed us examples of lessons learned and also relevant sharing of information, such as changes in policy or procedures.

There was a system in place for formal appraisals, which were undertaken monthly. Appraisals are an important way of formally supporting staff to reflect on their work and identify support and professional development needs.

Child and Adult Protection

We found that not all staff had completed training in child or vulnerable adult protection. A child protection policy was in place but did not include local contact details should the staff need to make referrals. There was no adult protection policy in place. This will also require contact details for safe and timely referrals should they be needed.

Improvement needed

All staff must receive training in child and vulnerable adult protection.

The practice must have policies and procedures in place to deal with identified protection issues.

Complaints

We did not see a complaints procedure available covering the arrangements for private or NHS patients. There is a need for two individual complaint procedures outlining the separate timescales and contact agencies.

Improvement needed

The complaints policy for private patients must comply with the requirements of the Private Dentistry (Wales) regulations 2008 (Regulation 15) and the NHS policy must be in line with the "Putting Things Right 2011" document.

Complaints were held centrally, separate to patient records. Verbal comments and concerns were not being recorded when we arrived but by the end of the visit the practice had initiated a book to record all verbal / informal comments. This will enable trends to be highlighted at an early stage.

Staff told us they were comfortable in raising concerns with the practice manager. There was a whistleblowing policy in place which staff could use to formally raise and escalate concerns.

Policies and Procedures

Overall, we found the practice had a range of relevant policies and procedures available. There were some policies and procedures which needed developing such as the privacy and dignity policy (in line with the GDC guidance) while others needed reviewing and updating to ensure staff are working to the most up to date information.

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 areas of improvement were needed to provide secure and safe record storage. The environment was not totally accessible however where possible the building had been adapted to meet patient's needs.

The practice was located in the centre of Cardigan town. The practice was set over three floors. It was not easily accessible to patients with mobility difficulties. There were currently three working surgeries; two on the ground floor and one on the first floor. The second floor had the staff room and storage. There was no private parking area at the premises but there was ample street parking and a car park nearby.

We found the practice to be adequately maintained internally, with appropriate lighting, heating and ventilation. Externally the practice was well maintained.

There was useful patient information on display both externally and internally. There was clear signage outside the practice with the names and qualifications of the dentists, opening times and emergency numbers for the practice. Price lists were displayed on the reception desk.

There were separate staff and patient toilets, which were visibly clean and contained suitable hand washing facilities to prevent cross infection.

The waiting area was a suitable size for the number of surgeries and contained reading materials and a small amount of health promotional posters.

The fire exits were signposted and fire extinguishers had undergone recent inspection. Appropriate security measures were in place to prevent unauthorised access to the building.

The practice did not hold computerised patient records therefore all patient information was on paper documents. These were stored behind the reception desk. We asked if there was restricted entry or locked storage for the records. We were told that this was highlighted in the 2011 inspection but had not been addressed. HIW sent an immediate assurance letter on 3 July 2015. We received a satisfactory response on 8 July 2015. (See Appendix A).

We did not see a board displaying the names of the staff team, their designation and where appropriate the GDC number.

Improvement needed

There should be a board visible to the public which identifies all members of the staff team, their role and their GDC number.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the findings as outlined 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 Charsfield Dental Practice 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: Charsfield Dental Practice

Date of Inspection: 1 July 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
Page 7	The practice must regularly assess patients' views and act upon them. [Health and Care Standards 6.3; General Dental Council (GDC) 2.1].	Suggestion box being installed in waiting room.	D M Rees	Done
Page 7	All patients must receive a treatment plan to take away. [Health and Care Standards 3.2, 4.1, 4.2, 5.1; GDC 2.2.1, 2.3.6, 2.3.7, 2.3.8].	Now being provided.	D M Rees	Immediate
Page 7	Patients should be given oral health promotion, cancer screening and smoking	Leaflets ordered and discussed with patients as appropriate.	D M Rees	1/12

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	cessations advice when indicated. [Health and Care Standards 1.1, 3.1, 4.2, 4.2, 5.1; GDC 1.4.2].			
Page 7	The practice should have a practice information leaflet outlining useful information for the patient. [Welsh Government NHS Dental Contract].	Done	D M Rees	Done
	Delivery of Health and Care Standards			
Page 8	All dentists must have a current Ionising Radiation training certificate (within the last 5 years). [Ionising and Radiation (Medical Equipment) Regulations (IRMER 2000].	All current. D.M. Rees 26.1.2012 Penelope Finch 30.1.2015 Neil Rattenbury 13.1.2011 Copies Faxed.	D.Rees	Done
Page 8	The practice must have a copy of the letter notifying the Health and Safety Executive of their intention to work with radiation. [Health and Care Standards 2.9; Ionising Radiation Regulations 1999 (IRR99) Reg 6].	Letter sent. Copy enclosed.	D.Rees	Done
Page 9	The practice must undertake quality	QA assurance test, object checks have been	N Rattenbury	1/12

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	assurance audits prior to using the x-ray equipment. Health and Care Standards 2.9; IRR99; IRMER 2000].	done regularly . Grading of films done regularly (book kept above developer. QA audit of these processes being done by.		
Page 9	The practice needs to audit patients' radiographic records and document the reasons for taking and the findings of all x-rays. The x-rays must also be graded to ensure the quality of the image is recorded for audit purposes. And the x-ray images must be stored safely. [Health and Care Standards 3.3, 3.5; General Dental Council (GDC) Standard 4].	X-Rays are graded, separate book stored above developer, with patient details and grading. Now recording justification of all x-rays and findings.		
Page 9	The practice must develop a resuscitation policy which clearly outlines the responsibilities of each member of staff. [Health and Care Standards 5.1; GDC 6.2.6, 6.6.6].	Done	W.Reed	
Page 10	The practice must have emergency equipment which is within the suggested	Expiry dates have been checked and new equipment ordered as appropriate.	D.Rees	Done

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	expiry dates and must be of suitable cleanliness for use. [Health and Care Standards 2.9; Health and Safety (First Aid) Regulations 1981].			
Page 10	The practice should hold drugs in accordance with local requirements. These drugs must be within the suggested expiry dates. [Health and Care Standards 2.6].	Expiry dates have been checked – we have condensed and centralized the emergency equipment and drugs which will be stored in a secure cabinet.	D.Rees	3/52 (Three weeks).
Page 11	The practice should revisit the operating procedures used by staff within the decontamination room and ensure it meets with the WHTM 01-05 guidance. In particular, the practice should address the following: • The practice needs to undertake the recognised WHTM01-05 audit • Where possible all autoclaves should have data loggers • Handpieces need to be bagged and	Done Annually. Latest audit was in paperwork submitted to inspectors, done Jan 2015 Working towards this as soon as practical. Done	W.Reed	

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	dated after sterilisation • Trays need to be dated when sterilised or instruments placed within the trays need to be bagged and dated • It is advised to record both sterilisation and use by dates • A closed box should be used for transportation of clean instruments from the decontamination room to surgeries • A system needs to be implemented to avoid mixing impressions when using a central bath to decontaminate	Done Done Done Done		
Page 11	The practice must ensure that instruments are used within the specified time of processing. [WHTM 01-05 Section 24k].	Treatment tray are now being dated.	D.Rees	Done.
Page 11	The practice must undertake water testing as	We have a Legionella testing certificate.		

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	recommended in the WHTM 01-05 guidance. [WHTM 01-05 section 19.8].	Legionella Safe water Solutions.		
Page 12	All units in surgeries should be easily cleansable. [Health and Care Standards 2.9; GDC 1.5; Workplace (Health, Safety and Welfare) Regulations 1992].	New cabinets being installed	D M Rees	2/12
Page 12	The practice must have evidence of regular checks and the scheme of maintenance inspection certificate for the compressor. [Pressure Systems and Transportable Gas Container Regulations 1989; Pressure Systems Safety Regulations 2000].	Copies of certificates x2 enclosed.	D.Rees	Done.
Page 12	The practice must have needle re-sheathing devices to protect staff from potential needle stick injuries. [Health and Care Standards 2.9; GDC 1.5; Personal Protective Equipment at Work Regulations 1992].	Done		

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 12	The practice must ensure all dental materials are within the suggested expiry dates. Specifically materials used in the surgery for treatment (of fillings etc) were well beyond the expiry dates. We also found Caustinerf and Cresophene in the cupboards. [Health and Care Standards 3.1; GDC 1.5.1].	All out of date materials have been removed and expiry dates checked.	D.Rees	Done.
Page 13	The practice must make and keep, complete and accurate patient medical histories. There should be a mechanism of recording that a dentist has read the information contained within the patient medical history, such as a countersignature. {GDC 4.1.1, 4.1.2].	New medical history sheets being used to allow countersignature to be used.	D.Rees.	Done.
Page 13	The practice needs to audit patients' records to improve record keeping in the highlighted areas; • The records did not show clear documentation of treatment options discussed or the treatment required for patients	Being updated as patients attend. Now being done.	D M Rees	6/12

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	• When local anaesthetic was used there was no record of the batch number, amount given or where the anaesthetic was administered • Patients' social histories were not currently being recorded. This would highlight potential oral health risks and would enable early intervention • There were no treatment plans recorded or given to patients • There was no evidence of patient consent to treatment • Basic Periodontal Examinations[9] were not seen in all dental records • Dentists were not recalling patients in line with recognised guidance • Staff were also writing in records and not signing therefore it was unclear who had made the recording.	Already done. Book for each surgery records batch numbers of anaesthetic being used at specific periods. Now being recorded on patients notes. Now being done. Now being done. Now being done. We have a very high caries area with significant decay rates. Recall intervals are varied from 4-6/12 to 18/12. Now being done.		

[9] The **Basic Periodontal Examination** is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standards 3.3.3, 5.4.2; GDC 4.1.1, 4.1.5].			
	Management and Leadership			
Page 14	All staff should have contracts of employment. [Health and Care Standards 7.1].	Now being completed	W Reed	1/12
Page 14	All staff must be able to demonstrate that they have received the necessary Hepatitis B vaccinations. [GDC 1.5.2].	All staff contacting their GMP to request updated checks on hepatitis B.	D.Rees	As soon as the GMP is able to see them.
Page 15	All clinical staff must have current personal indemnity cover or be adequately covered under the principle dentists' policy. [Health and Care Standards 7.1; GDC 1.8].	Being arranged with DDU.	W Reed	1/12
Page 15	The practice must have an induction programme for new employees [Health and Care Standards 7.1; GDC 6.6.1}.	Now being done	W Reed	1/12

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 15	All staff must receive training in child and vulnerable adult protection. The practice must have policies and procedures in place to deal with identified protection issues. [Health and Care Standards 2.7; GDC 4.3.3, 8.5].	In house training arranged for 30th September.	W Reed	1/12
Page 16	The complaints policy for private patients must comply with the requirements of the Private Dentistry (Wales) regulations 2008 (Regulation 15) and the NHS policy must be in line with the "Putting Things Right 2011" document. [Putting Things Right NHS 2011; The Private Dentistry (Wales) Regulations 2008 sec 15].	Been done.	W Reed	
	Quality of Environment			
Page 17	Patient records must be stored securely and kept confidentially. [Health and Care Standards 3.4, 3.5; GDC 4.5].	Arrangements made with builder to install roller-shutter at reception desk (lockable).	D.Rees	4/52 (Four weeks).

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 17	There should be a board visible to the public which identifies all members of the staff team, their role and their GDC number. [GDC 6.6.10].	Done		

Practice Representative:

Name (print): **Dr D M Rees**

Title: **Principal Dentist**

Date: **07.09.2015**