

**General Dental Practice  
Inspection (Announced)**  
Aneurin Bevan University  
Health Board, Bargoed  
Dental Centre (My Dentist)

1 December 2015

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## Contents

1.	Introduction .....	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings .....	5
	Quality of the Patient Experience .....	5
	Delivery of Safe and Effective Care.....	8
	Quality of Management and Leadership.....	14
5.	Next Steps .....	16
6.	Methodology.....	17
	Appendix A .....	19

## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Bargoed Dental Centre (My Dentist) at 13 High Street, Bargoed on 1 December 2015.

HIW explored how Bargoed Dental Centre (My Dentist) met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

## 2. Context

Bargoed Dental Centre (My Dentist) provides services to patients in the Bargoed and Caerphilly area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice is owned by Integrated Dental Holdings Limited (IDH), who also own a significant number of other dental practices across the United Kingdom. All IDH owned practices are currently being re-branded as 'My Dentist'.

Bargoed Dental Centre (My Dentist) is a mixed practice providing both private and NHS dental services.

The practice staff team includes five nurses, seven dentists, one hygienist and one practice manager.

A range of NHS and private dental services are provided.

### 3. Summary

The feedback we gained through the HIW patient questionnaire was positive. The practice had systems for regularly seeking and reviewing patient feedback as a way of assessing the quality of the service provided. There was a complaints policy and posters provided by IDH corporate, but improvements were needed to comply with both NHS complaints arrangements and the Private Dentistry Regulations 2011.

We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We looked at a small sample of patient records and we identified a number of areas of improvement, which mainly related to radiographs (x-rays). Because of the number of these improvements, we could not be assured that the dentists at this practice were meeting the requirements of The Ionising Radiation (Medical Exposure) Regulations 2000. We made a recommendation for the practice to address this and to conduct a detailed clinical records audit.

The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients, but we found that some updates were needed. Through observations on the day of inspection, we saw the practice was efficiently run and staff worked effectively together as a team.

## 4. Findings

### *Quality of the Patient Experience*

**The feedback we gained through the HIW patient questionnaire was positive. The practice had systems for regularly seeking and reviewing patient feedback as a way of assessing the quality of the service provided. There was a complaints policy and posters provided by IDH corporate, but improvements were needed to comply with both NHS complaints arrangements and the Private Dentistry Regulations 2011**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Sixteen questionnaires were completed and returned to us. One patient comment included the following:

*“Satisfied with the service and treatment I have received.”*

#### **Dignified care**

We saw evidence to indicate patients were provided with care in a dignified and respectful manner. We found there was an area (office) for staff to have conversations with patients in a private area, away from other patients if required. Feedback from the patients who completed the questionnaires was positive. All patients told us that they were satisfied with the care and treatment they received at the practice and felt welcomed by staff.

#### **Timely care**

The practice tries to ensure that care is provided in a timely way. We were told that there was a flexible appointment system in place whereby patients could book appointments both in advance and on an emergency basis. There were daily slots reserved for emergency patients. The majority of patients told us they did not experience delay in being seen by the dentists.

Nine out of sixteen patients told us they did not know how to access out of hours dental care. We saw a sign outside the entrance of the practice with details of the emergency contact telephone number, so that patients could access emergency dental care when the practice is closed. However, given the comments from patients, the practice should consider whether information about out of hours treatment could be made more visible to patients.

## **Staying healthy**

All patients who completed the questionnaires told us they received sufficient information about their treatment. We also noted there were some health promotion leaflets, including advice about looking after children's teeth and a poster on oral cancer in the reception area.

The practice should also 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. This is because the Health and Care Standards state that people must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs.

## **Individual care**

Access to the practice is generally suitable for wheelchair users and patients with mobility difficulties and there is an accessible toilet for patients to use.

We saw evidence that the practice had systems for seeking patient feedback, through a suggestions box, online and also via a text messaging survey. We were told that the practice manager could access the feedback results and view any comments from patients. We were told that a log was also kept of patient feedback, so that the practice manager could determine whether there were any patterns.

The practice had a procedure in place for all patients to raise concerns (complaints), whether they were private or NHS patients. The complaints policy is provided and updated centrally rather than by the practice. We saw that there were two complaints posters on the notice board in the waiting area, but the timescales for dealing with complaints were inconsistent between these posters. We found that the timescales for dealing with complaints generally complied with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'). However, they did not comply with the timescales of The Private Dentistry Wales 2008 Regulations<sup>1</sup>.

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<sup>1</sup> The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.



The complaints procedure was missing organisations for NHS patients to contact including the local health board, the Community Health Council (who could provide patients with advocacy support) and contact details for the Public Services Ombudsman for Wales. The procedure was also missing the contact details of HIW. The poster also included a misleading reference to 'health service ombudsman' and 'Public Services Ombudsman regulations' and we advised this be clarified or removed.

### ***Improvement needed***

***The following updates should be made to the complaints policy/procedure and posters:***

- ***Complaints posters must display consistent information regarding the timescales for dealing with complaints and the procedure***
- ***Timescales for complaints must comply with the regulations for private dentistry***
- ***Contact details for HIW, local health board and Community Health Council should be included on the complaints policy and posters***
- ***Misleading references to the 'health service ombudsman' and 'Public Services Ombudsman regulations' on the complaints poster should be removed.***

We saw evidence that written complaints were recorded appropriately and logged onto a computer system in accordance with company policy. We were told that verbal and informal complaints were also recorded. Any themes emerging were checked by the practice manager and discussed at practice meetings.

We noticed that there was a sign with the names of the dentists working at the practice. However, in accordance with the General Dental Council (GDC) Standards, the names and registration numbers for all staff (including staff working on Saturdays) should be displayed, so that patients are informed about the professionals involved in their care. We advised the practice to address this.

## *Delivery of Safe and Effective Care*

**We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We looked at a small sample of patient records and we identified a number of areas of improvement, which mainly related to radiographs (x-rays). Because of the number of these improvements, we could not be assured that the dentists at this practice were meeting the requirements of The Ionising Radiation (Medical Exposure) Regulations 2000. We made a recommendation for the practice to address this and to conduct a detailed clinical records audit.**

### **Safe care**

#### *Clinical facilities*

We saw that the testing of portable appliances (PAT) had been undertaken to ensure the safe use of small electrical appliances within the practice. The practice was visibly well maintained and fire extinguishers were placed strategically and had been serviced regularly. We also saw evidence that the practice had suitable arrangements for the disposal of non hazardous and hazardous waste.

The practice had a basement area where the machine to provide compressed air to the surgeries (compressor) was located. We found this basement area was cluttered with boxes and furniture preventing access to the compressor. This meant it would be difficult for staff to perform regular checks on the machine in accordance with manufacturer's guidelines. We discussed this with the practice manager who confirmed that the clutter was due to the recent re-branding work. As the compressor is considered to be a potential source of ignition, we were concerned that the amount of clutter located close to the machine presented a fire hazard. We also saw that the basement had a fire exit, which was partially obstructed by rubbish. There were two fire extinguishers in this area which had not been serviced within the last year.

#### ***Improvement needed***

***The practice must ensure that regular checks of the compressor machine are conducted in accordance with manufacturer's guidelines.***

***The environment in the basement must be addressed to ensure that clutter is removed to reduce the risk of fire and the basement fire exit is unobstructed.***

***Access to the compressor must be cleared.***

***The practice should consult their fire risk assessment regarding the basement area and ensure that any fire extinguishers in this area are regularly serviced.***

#### *Infection control*

We were generally satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. This is because we saw evidence of infection prevention and control measures in place that are based on the Welsh Health Technical Memorandum 01-05<sup>2</sup> (WHTM01-05) guidelines. Examples included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sinks
- Logbooks for checking equipment had been maintained and the equipment used for the cleaning and sterilisation of instruments was in visibly good condition.

We found instruments were stored appropriately and dated. We noticed that the instruments were taken into the surgeries to be wrapped, rather than using the clean area of the decontamination room for best practice. We advised the practice to amend this process.

We talked to staff involved in decontamination and we were told that the practice was very busy and would benefit from a dedicated decontamination nurse to process instruments. We were told that they planned to recruit a dedicated decontamination nurse in the near future.

We saw evidence that WHTM 01-05 infection control audits had been completed, but we advised the practice to sign up to the full audit provided by the Dental Postgraduate Section of the Wales Deanery.

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<sup>2</sup> <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

### *Emergency drugs and resuscitation equipment*

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use in the event of a patient emergency (collapse). The emergency equipment and drugs were kept in a sealed bag in the practice and we were not able to check this. We saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

### *Safeguarding*

There were IDH company safeguarding policies for the protection of children and vulnerable adults. The practice confirmed that clinical staff had received training in the protection of children and vulnerable adults.

We were told there were arrangements in place for staff to raise any concerns. We also saw evidence that the practice undertakes pre-employment checks of any potential members of staff before they join the practice.

### *Radiographic equipment*

We saw documentation to indicate that x-ray machines had been regularly serviced and maintained to ensure they were safe for use. In addition to this, we were also able to confirm that all staff involved in taking radiographs had completed training to meet standards for personnel who carry out these procedures. This is in accordance with the requirements of the General Dental Council<sup>3</sup> and Ionising Radiation (Medical Exposure) Regulations 2000. We noticed that the training for one of the dentists was soon due to expire and we advised that update training was conducted as soon as practically possible.

We saw that quality assurance audits for x-ray image quality were conducted. The practice processed x-rays manually and conducted checks of the chemicals to help with image clarity. We found the checks to monitor the quality of x-ray films were not being carried out effectively (by using a reference x-ray film to compare), meaning it would be difficult to see a drop in quality. We discussed this with the practice and advised them to address this.

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<sup>3</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

We looked at the local rules within the surgeries, which detail the safe operation of the x-ray equipment. We found that each of the dentists were specifically named on these local rules as being entitled to use the machine, however, this did not include the dentists working at the practice on Saturdays.

### ***Improvement needed***

***The local rules should be updated to either state the roles of individuals entitled to use the x-ray machine or include the names of the two dentists working at the practice on Saturdays.***

### **Patient Records**

We looked in detail at a small sample of patient records across a sample of dentists at the practice. Overall, we found that the records needed improvement and lacked sufficient detail. We also found that the notes for one dentist were in particular need of improvement. We identified a number of areas of improvement, which mainly related to radiographs (x-rays).

- Some x-rays were missing within patient files, meaning that additional x-rays may need to be taken unnecessarily
- We found one instance where the full reporting from an x-ray (showing a wisdom tooth under the gum line) had not been recorded in the notes, meaning that in future, another x-ray may be taken unnecessarily
- Justification for why x-rays were required and clinical findings from x-rays (what the x-rays showed) were not always recorded. This is a requirement of the Ionising Radiation (Medical Exposure) Regulations 2000
- We saw some x-rays were of poor diagnostic quality due to positioning errors of the x-ray. This was identified as a training issue on the use of the x-ray machine that needed to be addressed
- We saw some x-rays that were of a lower quality than their grading indicated, meaning they had been graded incorrectly. Accurate grading is an important part of quality assurance and to help minimise the number of x-rays that a patient is exposed to
- Verbal medical history checks at treatment appointments following the initial examination were not always recorded

- We saw one instance where a patient's risk of periodontal disease was stated as low, but because the patient was a smoker, this indicates they had a higher risk
- Records of treatment provided were sometimes unclear and incomplete, meaning that it was difficult to determine what treatment had been provided
- We saw one instance of inaccurate social history, where the dentist had provided a patient with smoking cessation advice, but the records indicated that the patient was a non-smoker.

It is a requirement of Ionising Radiation (Medical Exposure) Regulations 2000 that patient exposure to radiation must be minimised. Based the number of areas of improvement identified above, we could not be assured that the dentists at this practice were meeting this requirement.

***Improvement needed***

***All dentists at the practice must make improvements to the way radiographs are taken and recorded to ensure compliance with IR(ME)R.***

***In addition to the above, the following improvements should be made to patient notes, including the consistent and correct recording of:***

- ***Updates to medical histories***
- ***Risk of periodontal disease***
- ***Treatment provided***
- ***Social history.***

Given the improvements needed to patient records, we recommended that the dentists conduct a clinical records audit together in order to share learning and best practice.

***Improvement needed***

***The dentists at the practice should conduct a clinical records audit and share learning from this.***

We also found that there were filing cabinets with paper patient records in an empty surgery that were not locked. This meant there was the potential for unauthorised access to patient information.

***Improvement needed***

***The practice must ensure the security of paper patient records stored within the practice.***

**Effective care**

Patients benefit from a practice that seeks to continuously improve the service provided. We found evidence that various audits were conducted at the practice, but these audits were primarily conducted by the practice manager. We discussed the findings from the clinical records audits conducted and found these had not previously picked up the issues we identified in our random sample.

We were told that the dentists had access to a clinical director through IDH to provide clinical support. However, there were no formal arrangements for peer review or for staff to conduct audits together. We advised the practice that learning from peer review and audits helps to ensure the quality of care provided.

***Improvement needed***

***The practice should formalise quality assurance arrangements, including peer review and collaborative audits, as a way of increasing learning, share best practice and helping to ensure the quality of the care provided.***

## *Quality of Management and Leadership*

**The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients, but we found that some updates were needed. Through observations on the day of inspection, we saw the practice was efficiently run and staff worked effectively together as a team.**

The practice is owned by a corporate provider known as IDH Group. All IDH dental practices are currently going through re-branding to become 'My Dentist'. The day to day management of the practice is the responsibility of the practice manager who works at the practice two to three days a week, in addition to managing another practice. We were told that a lead nurse also assists with management duties and there is an area manager available.

We were told that staff meetings were held monthly and these were recorded. We were also told that regular informal meetings took place. Overall, we were satisfied there was effective management at this practice.

We saw an example of records to show that staff were able to access training relevant to their role and for their continuing professional development (CPD). All staff had access to a selection of online training provided through IDH. We were told that all new staff had a mandatory induction programme as part of company policy.

We were told that the practice manager had conducted six monthly appraisals for nursing staff. The practice manager would also address any issues with the dentists, but formal appraisals were not conducted for the dentists. Appraisals are important to help individuals to develop and maintain competencies and identify any training needs. We advised that this is something that could be conducted for the dentists by a clinical lead.

### ***Improvement needed***

***All staff, including dentists, should have regular appraisals as a way of ensuring the continued quality of the care provided.***

The practice confirmed that all relevant staff were registered with the GDC. In accordance with the private dentistry regulations, the dentists providing private treatment were registered with HIW and their registration certificates were available within the practice. We saw that one dentist needed to update their certificate and arrangements for this were provided on the day of inspection. We were told that there were two dentists who worked at the practice on Saturdays on a fixed term contract, but they did not have HIW registration certificates displayed. The practice agreed to address this.



At the time of our inspection, not all dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the regulations for private dentistry. We were told that updated certificates had been requested and we saw evidence of this.

The practice confirmed that there were records relating to Hepatitis B immunisation status for all clinical staff working at the practice. We saw a sample of records to confirm this.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place. Policies and procedures were provided and updated centrally by the corporate organisation and were not the individual responsibility of the practice.

We looked at the arrangements within the policies for the protection of patient's privacy, dignity and confidentiality and found that details about how patient's dignity would be protected were missing. We also found that the infection control policy needed to be updated as this referenced the English guidelines rather than the Welsh specific WHTM 01-05 guidelines.

***Improvement needed***

***Arrangements for the protection of patient's dignity and privacy should be detailed in a policy.***

***The infection control policy should be updated with the correct guidelines for Wales (WHTM 01-05).***

## 5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Bargoed Dental Centre (My Dentist) will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



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>4</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>5</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

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<sup>4</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>5</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

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
- 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.

**Appendix A**

**General Dental Practice: Improvement Plan**

**Practice: Bargoed Dental Centre (My Dentist)**

**Date of Inspection: 1 December 2015**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
7	<p>The following updates should be made to the complaints policy/procedure and posters:</p> <ul style="list-style-type: none"> <li>Complaints posters must display consistent information regarding the timescales for dealing with complaints and the procedure</li> <li>Timescales for complaints must comply with the regulations for private</li> </ul>	<p>Health and Care Standards 6.3; Private Dentistry (Wales) Regulations section 15(4a); General Dental Council standards 5</p>	<p>The Patient Support Team are currently reviewing the complaints poster to meet all guidelines. A new version will be sent to all practices.</p> <p>In the meantime the practice will be provided with an alternative poster to display until the new one is available</p>	<p>Mike Mckessy Patient Support manager</p> <p>Practice Manager / regulatory Officer</p>	<p>31<sup>st</sup> January 2016</p> <p>13<sup>th</sup> January 2016</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>dentistry</p> <ul style="list-style-type: none"> <li>Contact details for HIW, local health board and Community Health Council should be included on the complaints policy and posters</li> <li>Misleading references to the 'health service ombudsman' and 'Public Services Ombudsman regulations' on the complaints poster should be removed.</li> </ul>				
<b>Delivery of Safe and Effective Care</b>					
8-9	<p>The practice must ensure that regular checks of the compressor machine are conducted in accordance with manufacturer's guidelines.</p> <p>The environment in the basement must be addressed to ensure that clutter is removed to reduce the risk of fire and the basement fire exit is</p>	<p>Private Dentistry (Wales) Regulations section 14 (3); Health and Care Standards 2.1 and 2.9</p>	<p>The practice Manager has been in touch with the Installers of the compressor and is awaiting an updated daily checklist which will be implemented once available.</p> <p>Daily surgery checklists indicate the switching on / off of the compressor</p>	Practice Manager	15 <sup>th</sup> January 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>unobstructed.</p> <p>Access to the compressor must be cleared.</p> <p>The practice should consult their fire risk assessment regarding the basement area and ensure that any fire extinguishers in this area are regularly serviced.</p>		<p>All clutter in basement has been arranged to be removed off site.</p> <p>15th January 2016</p> <p>Access to the compressor will be fully clear once clutter has been removed from site.</p> <p>The fire risk assessment has been reviewed and the fire extinguisher added to part of the weekly/monthly checks within the fire log book.</p> <p>The extinguisher is also be part of the maintenance programme and will be regularly serviced.</p> <p>Practice Manager – 15<sup>th</sup> January 2016</p>		
11	The local rules should be updated to either state the roles of individuals entitled to use the x-ray machine or include the names of the two dentists working at the practice on Saturdays.	The Private Dentistry (Wales) Regulations section 14(1);	Local rules have now updated with Saturday dentists included.	Practice Manager	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Health and Care Standards 2.9			
12	<p>All dentists at the practice must make improvements to the way radiographs are taken and recorded to ensure compliance with IR(ME)R.</p> <p>In addition to the above, the following improvements should be made to patient notes, including the consistent and correct recording of:</p> <ul style="list-style-type: none"> <li>• Updates to medical histories</li> <li>• Risk of periodontal disease</li> <li>• Treatment provided</li> <li>• Social history.</li> </ul>	Health and Care Standards 3.5; General Dental Council Standards 4 ; Ionising Radiation (Medical Exposure) Regulations 2000	<p>The Clinical Support Manger will visit the dentists on 14<sup>th</sup> January</p> <p>All dentists will have a meeting with the clinical support manager who will review their audits and discuss learnings and actions required, They will be issued with a documented support plan which the clinical support manager will review at their visit in 3 months time</p> <p>An re audit of x-rays and of patient records will be conducted in 3 months and reviewed by the clinical Support Manager to ensure adherence to guidelines</p>	Clinical Support Manager Practice Manager	Re - audits to be conducted before 10 <sup>th</sup> April 2016
12	The dentists at the practice should conduct a clinical records audit and share learning from this.	Health and Care Standards 3.3 and 3.5; General	Future record card audits to completed by clinicians on each other instead of PM as advised in feedback from HIW inspectors in 3/12 time.	CSM Dentists Practice Manager	Re - audits to be conducted before 10 <sup>th</sup> April 2016



Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Dental Council Standards 4	The learnings will be shared amongst dentists at the next review meeting with the clinical Support Manager. ( 3/12 time )  Learnings will be discussed at the April staff meeting to share learnings with the team		
13	The practice must ensure the security of paper patient records stored within the practice.	Health and Care Standards 3.5; Data Protection Act 1998	All cabinet are locked and keys are taken out when not in use.  It will be discussed with the team in the next staff meeting to re-enforce Data Security and will be documented in the meeting minutes	Practice Manager / Team	19 <sup>th</sup> Jan 2016
13	The practice should formalise quality assurance arrangements, including peer review and collaborative audits, as a way of increasing learning, share best practice and helping to ensure the quality of the care provided.	Health and Care Standards 3.1 and 3.3	The business will produce a formal Quality assurance Programme. This will be shared to all Practices . In the meantime the practice has been issued with a list of expected audits and timeframe. Further advice will be sent on how to share best practice once the guidelines have been approved by the business	Regulatory Officers	End of February

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of Management and Leadership</b>					
14	All staff, including dentists, should have regular appraisals as a way of ensuring the continued quality of the care provided.	Health and Care Standards 7.1	<p>The Practice Manager will conduct 121 meetings with the dentists on a regular basis.</p> <p>The Clinical Support Manager will visit all dentists quarterly to bi annually to produce a support plan on an individual basis.</p> <p>All staff will receive appraisals at least every 6 months as per company guidelines.</p>	Practice Manager/ CSM	End of January.
15	<p>Arrangements for the protection of patient's dignity and privacy should be detailed in a policy.</p> <p>The infection control policy should be updated with the correct guidelines for Wales (WHTM 01-05).</p>	Health and Care Standards 2.4; 4.1	The business are in the process of reviewing their policies and the Privacy and Dignity Policy will be updated and available by the end of January The Infection Control Policy was updated in December which reflects WHTM guidance. The Practice Infection Control Support manual ( Local Infection Control Policy ) also contains the WHTM reference	Regulatory Officers	31 <sup>st</sup> January 2016

**Practice Representative:**

**Name (print): Sarah-Jane Davies; Lisa O’Leary**

**Title: Practice Manager; Regulatory Officer**

**Date: 12th January 2016**