

General Dental Practice Inspection (Announced)

Pontycymmer Dental
Practice; Abertawe Bro
Morgannwg University
Health Board

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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 Pontycymmer Dental Practice at 97 Oxford Street, Pontycymmer, Bridgend CF32 8DE on 31 January 2017.

HIW explored how Pontycymmer Dental Practice 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

Pontycymmer Dental Practice provides services to patients in the Pontycymmer and surrounding area. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

Pontycymmer Dental Practice provides NHS dental services only. The practice staff team includes one dentist, one dental nurse and one receptionist.

A range of NHS dental services are provided.

3. Summary

Overall, we were satisfied that Pontycymmer Dental Practice was meeting many of the standards necessary to provide safe and effective care. However, there were a number of areas that we identified which needed improvement.

This is what we found the practice did well:

- Patients were satisfied with the service provided
- The staff team were friendly, welcoming and committed to providing a good standard of care
- Clinical facilities were well-equipped and clean
- There were arrangements in place for the safe use of X-rays.

This is what we recommend the practice could improve:

- Develop processes for implementing a way of listening, learning and acting upon feedback from patients
- Undertake residual repairs to cabinetry and floor edge in the surgery and ensure there is a process in place for checking that all out of date dental materials are disposed of and instrument drawers are well organised
- The practice must review and update environmental risk assessments in areas identified
- Review the daily maintenance checks for the decontamination of instruments
- Training needs to be updated as a priority in a number of areas
- Review and update policies to ensure they are practice specific
- Keep safeguarding checks and training refreshers up to date
- More robust quality assurance arrangements
- Quality of patient record keeping
- Data protection processes.

4. Findings

Quality of the patient experience

We found evidence that the practice was committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was unanimously positive. The practice needs to develop a system for seeking patient feedback as a way of assessing the quality of the service provided.

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. In total, 17 questionnaires were completed and returned. Without exception patients indicated that they were made to feel welcome and were satisfied with the services received at the practice. Patient comments included:

“This dentist is exceptional, always caring and concerned”

“Always made to feel very welcome, wouldn’t go anywhere else”

“Always been very happy with treatment and service received”

“Very happy with the treatment I receive”

“Wouldn’t go anywhere else”

Dignified care

We saw evidence to indicate patients were provided with care in a dignified and respectful manner. There was space available for staff to have conversations with patients in a private area, away from other patients, if required, for the purpose of maintaining patient confidentiality.

We observed staff speaking with patients in a friendly and professional way. Feedback from all of the patients who completed HIW questionnaires was positive with patients stating they were satisfied with the care and treatment they received at the practice and all patients said that they felt welcomed by staff.

We saw that information about the price of NHS treatment was available in the waiting area, so that patients were informed about costs. We saw that the door to the dental surgery, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

Timely care

The practice made every effort to ensure that care was provided in a timely way. Without exception, patients responding to our questionnaires indicated that they had not experienced any delay in receiving their treatment.

The details of the practising dentist, were displayed externally, as was the emergency contact number and surgery opening hours.

Staying healthy

Health promotion information assists in supporting patients to take responsibility for their own health and well-being. The majority of patients who completed the questionnaires told us they received enough information about their treatment. There were patient information and health promotion leaflets available in the waiting area.

Individual care

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS dental treatment and these were displayed on the notice board in the waiting room. This meant that patients could easily access this information, should they require it. We found the procedures were compliant with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right').

At the time of the inspection staff told us that records of compliments, concerns and complaints were being recorded in a complaints book. There had only been one complaint to date which was minor and had been dealt with appropriately. The compliments, concerns and complaints form was available at reception.

The practice did not have an established way of seeking patient feedback. Staff told us patient satisfaction surveys were done when required by external organisations but there was not an established ongoing way to seek patient's feedback and suggestions. It was unclear whether the practice had considered any feedback gathered to make improvements.

Improvement needed

The practice must ensure that there is a process for seeking patient feedback. The practice must be able to demonstrate how they monitor actions, outcomes and any lessons learnt.

Delivery of safe and effective care

Overall, we found evidence that patients were provided with safe dental care. We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. However, there are a number of improvements that need to be addressed to establish and maintain effective management and quality assurance systems.

Clinical facilities were reasonably well-equipped and were generally visibly clean and tidy. However, we found that there were some residual works required to the fabric of cabinetry in the surgery and to ensure that the floor edge was sealed all the way around.

Environmental risk assessments had been completed but required further consideration. We also found that fire regulation arrangements required improvement.

We were not fully assured with the arrangements in place to protect patients and staff from preventable healthcare associated infections. The practice had evidence that periodic immunity inoculations were being maintained for all relevant staff. However, there were a number of areas of decontamination processes that needed improvement.

There were arrangements in place for the safe use of X-ray equipment. Radiographic equipment had been serviced. However, the dentists Ionising Radiation (Medical Exposure) Regulations (IRMER) training had lapsed by a few days and the dental nurse required training in this area also. The radiation protection file needed better organisation and to include more detail. Radiographic quality assessment audits needed to be undertaken.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. However, the resuscitation policy required review, so that roles and responsibilities were identified. Medication and emergency drugs checks should be carried out weekly. The first aid kit needed to be renewed and first aid training needed to be completed.

The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. However safeguarding checks and safeguard training required updating and refresher training.

Safe care

Clinical facilities

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. The practice was generally visibly well maintained and the surgery was generally clean, tidy and well organised. However, we found that there were some residual works required to cabinetry, where there was obvious wear and tear to cabinet doors and corner pieces in some of the surgeries. The floor edge also needed to be sealed all the way around. We also found that there were out of date dental materials being kept in the surgery drawers and that drawers needed to be better organised.

Improvement needed

The practice must undertake residual repairs to cabinetry in the surgery and the floor edge needs to be sealed all the way around.

The practice must ensure there is a process in place for checking that all out of date dental materials are disposed of appropriately and instrument drawers are well organised.

We saw that portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. However, the five yearly electrical wiring certificate for the premises required updating.

Improvement needed

The five yearly electrical wiring certificate must be updated and a copy to be sent to HIW.

Risk assessments on Control of Substances Hazardous to Health (COSHH)¹ were available with safety data sheets kept for each substance and appropriate risk assessments. COSHH items were being stored safely and securely.

Sharps containers were safely stored. Contract documentation was in place for the disposal of non hazardous and hazardous waste. However, the gypsum container, study models and feminine waste, need to be added to the hazardous and non hazardous waste contract.

¹ <http://www.hse.gov.uk/coshh/index.htm>

Improvement needed

Contract arrangements in place for the disposal of non hazardous and hazardous waste need to be reviewed to include the items identified in the report.

We found that fire regulation arrangements required improvement. Fire signage was displayed. However, there were insufficient extinguishers available. A fire equipment maintenance contract is required, with fire risk assessment advice to be arranged. The dentist was advised to take further advice in respect of the fire exit door and evacuation point sited on the same level as the surgery. The storage of combustible items on the first floor also required assessment.

Our concerns regarding the fire regulation issues were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Further details of this are provided in Appendix A. HIW also shared our findings with the appropriate fire authority

There was a health and safety policy and we saw that environmental risk assessments had been carried out. However, we found that a review of environmental risk assessments was required. This is because we found a number of areas that required consideration and there was a lack of internal quality assurance processes. For example, the oxygen cylinder required renewal and a maintenance contract to be in place. Storage of archived files required consideration to comply with the Data Protection Act 1998².

Improvement needed

The practice must review and update environmental risk assessments and ensure that all risks within the environment are identified and managed appropriately.

Infection control

We were not fully assured with the arrangements in place to protect patients and staff from preventable healthcare associated infections. This is because we found a number of areas for improvement in the infection prevention and control measures in place.

² http://www.legislation.gov.uk/ukpga/1998/29/pdfs/ukpga_19980029_en.pdf

There was a designated decontamination room available on the same level as the surgery. Servicing documentation was available and up to date for the decontamination equipment in use. A decontamination policy was in place, but this was generic and we advised that this and other key policies could be signed and dated by staff to confirm they have read key policies.

We found that two aspects of decontamination processes were not compliant with WHTM 01-05. This is because;

- The autoclave daily maintenance checks were insufficient
- Mandatory checks of temperature and pressure for the autoclave were not being taken daily or logged.

Our concerns regarding the autoclave were dealt with under our immediate assurance process. Further details of this are provided in Appendix A.

We also found that other aspects of the decontamination processes required further improvement. Protective apron and visors were required; there was only one sink present in the decontamination room and the use of a bowl was advised. These matters were rectified on the day of the inspection. However, the following issues in the decontamination area required further improvement:

- Designated clean and dirty zones needed to be made clearer with a flow system in place for this
- Logbooks are required for both autoclave and ultrasonic equipment
- Protein tests are required to be performed and recorded for ultrasonic equipment and print outs kept for each autoclave cycle
- All instruments must be packed and dated
- The practice had undertaken an infection control audit, but this was not as recommended by the Welsh Health Technical Memorandum 01-05 (WHTM01-05)³
- Decontamination training must be prioritised.

The dentist was proactive in seeking support and advice to address these issues.

³ <https://dental.walesdeanery.org/practice-quality-improvement/national-audit-projects/whtm-01-05>

Improvement needed

Decontamination processes need to be improved in line with WHTM01-05 guidance to address the issues identified in the report.

A decontamination audit needs to be undertaken as recommended by the Welsh Health Technical Memorandum 01-05 (WHTM01-05)

Decontamination training needs to be undertaken by the dentist and dental nurse as a priority.

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). A resuscitation policy was in place. This needed to be reviewed to include roles and responsibilities for staff.

Emergency drugs were well organised with corresponding life support flowcharts for use in specific emergencies. A record of the regular emergency drugs checks needs to be maintained. There was an appropriate accident book in place. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice needed to have an appointed first aider in the team who had completed up to date and relevant training. The first aid kit needed to be renewed. The oxygen cylinder required renewal and a maintenance contract to be in place.

Improvement needed

The resuscitation policy requires review, so that roles and responsibilities are identified.

Medication and emergency drugs checks should be conducted at regular intervals with a record of this maintained.

The practice must arrange up to date first aid training so that sufficient first aid cover is available at the practice. The first aid kit needs to be renewed.

The Oxygen cylinder requires renewal and a maintenance contract to be in place.

Safeguarding

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. There were protection policies in place. However, these policies were generic and needed to be practice specific with relevant local safeguarding contact numbers in place. The dentist was advised to review all policies to ensure that they are specific to the practice and were dated and signed. Also safeguarding training needed to be refreshed for all relevant staff. We were told there were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. We were told that pre-employment checks for any new members of staff would be carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance checks.

Improvement needed

The dentist needs to review the safeguarding and all other policies to ensure that these are practice specific and are dated and signed at point of regular review.

The practice needs to ensure that all relevant staff have up to date safeguarding training for both adults and children safeguarding.

Radiographic equipment

We saw that the environment had been planned and laid out to ensure the safe use of radiation equipment. We saw documentation to show that the X-ray machines had been regularly serviced to help ensure they were safe for use.

However, the practice needed to complete radiograph audits for quality assurance purposes. We also found that the dentist's IRMER training had lapsed by a few days at the time of the inspection and that the dental nurse also required refresher training in this area. Therefore the required training for IRMER in accordance with the requirements of the General Dental Council⁴ and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000⁵ was not in place. The Deanery of Wales provided advice to the dentist immediately after the inspection and the dentist agreed to take up a course of level two tutor support, to address all training needs. This meant that we had some assurance that training needs would be addressed in a timely way. We found that the radiation protection file needed review and updating. This is because this file

⁴ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁵ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/ukxi_20001059_en.pdf

was generic and not practice specific in its content. It would also benefit from having duplicate IRMER certificates and an up to date log of IRMER training included.

Improvement needed

The practice must undertake radiograph audits for quality assurance purposes

Evidence of radiation protection refresher training for the dentist and dental nurse is to be provided to HIW as a priority, in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.

The radiation protection file needs to be reviewed, so that it is practice specific.

Patient Records

We viewed a sample of dental records and spoke with the dental practitioner on the day of our inspection. Overall, we found there was a good quality of patient care. However the keeping of patient records required improvement.

We identified the following areas for improvement in respect of patient records:

- Medical and social histories were not consistently countersigned by the dentists and patient to identify they had been checked. There was not a clear system of updating them.
- Smoking cessation advice, alcohol use and mouth cancer screening was not being consistently recorded.
- Intra and extra oral examination records need to be detailed, clearly distinguished and consistently recorded.
- Treatment plans and options were not being routinely discussed, recorded or being issued to the patient. Patient consent also needs to be recorded and patient recalls in line with NICE guidelines.
- Radiograph justification and findings to be recorded and quality grading process to be graded correctly at all times.
- Periodontal treatment to be provided to the patient as required depending on the basic periodontal examination (BPE - gum condition).
- Local anaesthetic amount, type and location to be recorded. A log to be kept of the batch number, expiry date of the local anaesthetic.

Improvement needed

Patient notes must be maintained in accordance with professional record keeping guidance and improvements should be made regarding the specific findings identified in the report.

Effective care

Patients benefit from a practice that is striving to improve the service provided.

We found that continuing professional development (CPD) training needed to be undertaken in key areas such as oral cancer screening, complaints handling and smoking cessation. Also there were no formal arrangements for the dentist to conduct regular peer review audits. We advised the dentist that learning from peer review and audits contributes to the quality of care provided. We discussed the range of audit topics provided by the Welsh Deanery/Maturity Matrix Dentistry⁶ approach.

Improvement needed

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

⁶<https://dental.walesdeanery.org/sites/default/files/Guide%20for%20Practices%20MMD%202016.pdf>

Quality of management and leadership

Pontycymmer Dental Practice has a small established practice team with a low turnover of staff. The day to day management of the practice was provided by the dentist. Staff we spoke with were committed to providing high quality care for patients.

We found that improvements were needed in a number of areas, including policies, procedures and audit processes. Record keeping and training refreshers required improvement. We recommended that the practice ensure there are sufficient and effective management arrangements in place to address this.

The day to day management of the practice was the responsibility of the dentist. We saw a staff team at work who appeared happy and competent in carrying out their roles.

Staff require further support to access training relevant to their role and for their continuing professional development (CPD). There was evidence that staff appraisals had been conducted for staff. We were told that there were systems available to ensure any new staff received an induction and that they would be made aware of practice policies and procedures. Staff meetings should to be recorded. We confirmed that all relevant staff were registered with the General Dental Council.

We looked at the policies and procedures in place and saw that these needed to be reviewed to ensure that they were practice specific. We advised the dentist that they needed to develop and implement the quality assurance policy and procedures, to implement an ongoing process of audit and review, as a way of ensuring the quality of the care provided.

We noted that storage and archiving of patient files required consideration, to ensure the safety and security of personal data.

Improvement needed

The practice must review the storage of patient files to maintain the safety and security of personal data.

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 Pontycymmer Dental Practice 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 inspections of the NHS in 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 2008⁷ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁸. 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

⁷ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁸ <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: Pontycymmer Dental Practice

Date of Inspection: 31 January 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
IMMEDIATE ASSURANCE ACTIONS					
	<p>Findings</p> <p>We found that decontamination processes were not complaint with WHTM 01-05. This is because;</p> <p>The autoclave daily maintenance checks were insufficient</p> <p>Mandatory checks of temperature and pressure for the autoclave were not being taken daily or logged.</p> <p>Immediate Improvement Needed</p> <p>The practice is required to:</p> <p>Make arrangements so that the autoclave is equipped to undertake daily temperature and pressure checks and these checks should be</p>	<p>Health and Care Standards 2.4</p> <p>Private Dentistry (Wales) Regulations 2008 14 (4)</p> <p>WHTM 01-05 – Section 4</p>	<p>Eschmann attended surgery on the 15/2/2017 and the autoclave cycle logger has been fitted. We are now undertaking daily temperature and pressure checks and these checks are being logged.</p>	<p>Brian Aaron</p>	<p>Completed</p>

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
	<p>logged. Provide HIW with suitable documentation to demonstrate that the autoclave has been upgraded to perform this function.</p>				
	<p>Findings We found that the fire safety risk assessment was insufficient. This is because; A fire safety maintenance contract was not in place There were insufficient fire hydrants available on the premises The downstairs fire door was not appropriate type and was stiff to open The evacuation area directly from the downstairs fire exit was considered not to be a safe area for evacuation The first floor of the building needed to be considered, regarding storage of combustible items.</p> <p>Immediate Improvement Needed The practice is required to: Make immediate arrangements for a qualified fire risk assessment to be undertaken by an appropriate fire safety contractor A fire safety maintenance contract must be in place Provide HIW with suitable documentation to</p>	<p>Health and Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (d) Fire precautions (Workplace) Regulations 1997 & The Regulatory Reform (Fire Safety) Order 2005</p>	<p>The fire hazard risk assessment was carried out on 17/2/17 and any recommendations made in that report will be acted upon by 30 April 2017</p> <p>Update 22/3/2017; Fire doors, new gas boiler and extra fire extinguishers in place. Up stairs has been de-cluttered, to ensure that storage is appropriate.</p>	<p>Brian Aaron</p>	<p>Risk assessment completed 17th February 2017 All actions identified will be completed by 30 April 2017</p>

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
	demonstrate that the fire risk assessment has been completed and any recommendations received have/are being addressed.				
Quality of the patient experience					
6	The practice must ensure that there is a process for seeking patient feedback. The practice must be able to demonstrate how they monitor actions, outcomes and any lessons learnt.	Health and Care Standards 6.3 <i>GDC Guidance standard 2.1</i>	Patient questionnaires are in place.	Brian Aaron	Completed and ongoing
Delivery of safe and effective care					
8	The practice must undertake residual repairs to cabinetry in surgery and floor edge needs to be sealed all the way around.	Health and Care Standards 2.9 <i>GDC Guidance standard 1.5</i>	Repairs to cabinetry and floor seal carried out.	Brian Aaron	Completed
8	The practice must ensure there is a process in place for checking that all out of date dental materials are disposed of appropriately and instrument drawers are well	Health care Standards 2.6 <i>Misuse of Drugs (Safe</i>	Policy in place. Checking and logging of materials undertaken and drawers well organised.	Brian Aaron	Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
	organised.	<i>Custody) amendment Regulations 2001</i>			
8	The five yearly electrical wiring certificate to be updated and a copy to be sent to HIW.	Health and Care Standards 2.1 <i>The Electricity at Work Regulations 1989</i>	Electrician assessed the premises and carried out a five yearly electrical wiring test on 24 April 2017. A copy of the certificate was forwarded to HIW 10/5/17.	Brian Aaron	Completed
9	Contract arrangements in place for the disposal of non hazardous and hazardous waste need to be reviewed to include the items identified in the report.	Health and Care Standards 2.1, 2.9 <i>Hazardous Waste (Wales) 2005</i>	Hygiene contract amended.	Brian Aaron	Completed
9	The practice must review and update environmental risk assessments and ensure that all risks within the environment are identified and managed appropriately.	Health and Care Standards 2.1 <i>Management of Health and</i>	Risk assessment reviewed and checklist updated.	Brian Aaron	Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>Safety at Work</i>			
11	Decontamination processes need to be improved in line with WHTM 01-05 guidance to address the issues identified in the body of the report.	Health and Care Standards 2.4 <i>WHTM01-05</i>	After consultation with the Local health Board, I have decided the ultra-sonic bath will not be used in the future. Practice is now following recommendations in carrying out WHTM 01-05 audit with a view to carrying out a Clinical Audit and peer review (CAPRO) audit.	Brian Aaron	Completed
11	A decontamination audit needs to be undertaken as recommended by the Welsh Health Technical Memorandum 01-05 (WHTM 01-05)	Health and Care Standards 2.4 <i>WHTM01-05</i>	A decontamination audit has now been carried out as recommended by WHTM 01-05	Brian Aaron	Completed
11	Decontamination training needs to be undertaken by the dentist and dental nurse as a priority.	Health and Care Standards 2.4 <i>WHTM01-05</i> 1.26 – 2.4	The dentist has to date completed 4 hours of on-line decontamination training within the first 4 years of his current 5 yearly continuing professional development cycle. Access to a “decontamination lead” training course has been booked for the 18 September 2017 for both the dentist and the dental nurse. Evidence of this	Brian Aaron	18 September 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
			provided to HIW. Attempts to access the same course via a waiting list for 22 May 2017 were not successful.		
11	Resuscitation policy requires review, so that roles and responsibilities were identified.	Health and Care Standards 5.1 <i>GDC Guidance standard 6.2.6, 6.6.6</i>	Policy in place and roles identified.	Brian Aaron	Completed
11	Medication and emergency drugs checks should be conducted at regular weekly intervals with a record of this maintained.	Health and Care Standards 2.6	Checks changed from monthly to weekly.	Brian Aaron	Completed
11	The practice must arrange up to date first aid training so that sufficient first aid cover is available at the practice. The first aid kit needs to be renewed	Health and Care Standards 2.9 <i>GDC Guidance standard 1.5.3</i>	First aid kit has been renewed. First aid course to be arranged in 3 to 6 months.	Brian Aaron	August 31 2017
11	The Oxygen cylinder required renewal and a maintenance contract to be in place	Health and Care Standards 2.1, 2.9	Maintenance contract arranged and new cylinder supplied.	Brian Aaron	Completed April 6 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>Carriage of dangerous goods (classification packaging and labelling) and use of transportable pressure receptacles Regulations 1996 Environment Protection</i>			
12	The dentist needs to review the safeguarding and all other policies to ensure that these are practice specific and are dated and signed at point of regular review.	Health and Care Standards 2.7 <i>GDC Guidance standard 4.3.3, 8.5</i>	All policies being replaced with more practice specific policies. Contact for local authority safeguarding teams in place. Relevant staff to be booked on the next available safeguarding course.	Brian Aaron	August 31 2017
13	The practice must undertake radiograph audits for quality assurance purposes	Health and Care Standards 2.9	Radiographic audit has been undertaken.	Brian Aaron	Completed and ongoing

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.</i>			
13	Evidence of radiation protection refresher training for the dentist and dental nurse is to be provided to HIW, in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.	Health and Care Standards 2.9 <i>General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.</i>	The dental nurse involvement was minimal and decision has been taken that the dentist only will be involved in taking radiographs moving forward. An on-line IRMER course will be completed by 31 April 2017. A full day CPD dental IRMER course has been arranged in Cardiff 23/6/17.	Brian Aaron	On-line course to be completed by April 31/4/17 Full day CPD dentist IRMER course booked in Cardiff 23/6/17
13	The radiation protection file needs to be reviewed, so that it is practice specific and better organised.	Health and Care Standards 2.9 <i>General Dental</i>	Review undertaken and now practice specific	Brian Aaron	Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>Council and Ionising Radiation (Medical Exposure) Regulations 2000.</i>			
14	Patient notes must be maintained in accordance with professional record keeping guidance and improvements should be made regarding the specific findings identified in the report.	Health and Care Standards 3.3, 3.5, 4.2 <i>GDC Guidance standard 4</i>	Patient records now include all information required.	Brian Aaron	Completed and ongoing
14	The practice should formalise CPD and quality assurance arrangements, including regular peer review audits, as a way of increasing learning, sharing best practice and helping to ensure the quality of the care provided.	Health and Care Standards 3.3	As advised by the Welsh Deanery and the Local Health Board, I will be looking into forming a study and peer review group with nearby single surgery practices. Contact has been made with 2 local practices.	Brian Aaron	A meeting will be arranged by 30 June 2017 to move forward a peer group arrangement
Quality of management and leadership					
15	The practice must review the storage of patient files to maintain the safety	Health and Care	Patient files in reception area already locked in filing cabinets.	Brian Aaron	Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
	and security of personal data.	Standards 3.4, 3.5 <i>Data Protection Act 1998</i>	Archived files now in a lockable room.		

Practice Representative:

Name (print): Brian Aaron

Title: Dental Surgeon and Practice Owner

Date: 10/5/2017