

Dental Follow-up Inspection (announced)

Cloverly Dental Practice / Powys
teaching Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

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

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

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

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced follow-up inspection of Cloverly Dental Practice within Powys teaching Health Board on the 6 June 2017.

Our team, for the inspection comprised of one HIW Inspector and one clinical peer reviewer. The inspection was led by a HIW inspection manager.

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

Overall, we found that there had been some attempt by the practice to address the recommendations we made in 2015. We found staff files now contained a contract of employment and evidence of staff's immunisation status. An appraisal system was in place and staff had received their first appraisal in 2017. The practice had a system for auditing the quality of radiographs which contained learning outcomes.

For the majority of the recommendations made in 2015, we found that despite some effort to address the issues, these hadn't been completely achieved and we recommended further improvements to accomplish these. We found further improvements are necessary to ensure patients have comprehensive information available so they can make informed decisions about the service and treatments offered. Some information patients were required to ask staff for and we recommended this information should be readily available.

Patient notes require more detail to evidence the treatment options provided to patients and recall frequency and referral recording needs documenting to clearly evidence these areas.

Infection control audits had been carried out but were not aligned to the WHTM 01-05 guidance. In addition we made some recommendations to the decontamination room which will help the practice achieve high standards as per WHTM 01-05 guidelines.

This is what we found the service did well:

- Three different questionnaires had been devised by the practice in order to obtain patient feedback
- All staff had completed up to date training in cardiopulmonary resuscitation (CPR)

- Local rules for the use of radiographic equipment were displayed prominently in the surgery
- An appraisal system was in place for staff

This is what we recommend the service could improve:

- Improvements to the availability of patient information in the waiting room
- Patient notes to contain more detail, specifically when recording treatment options and referral and recall information
- Infection control audits to be aligned to Welsh guidelines
- The staff/public toilet requires a feminine hygiene bin

For a full list of recommendations see Appendix C - Improvement Plan

3. What we found

Background of the service

HIW last inspected Cloverly Dental Practice on 25 March 2015.

The key areas for improvement we identified included the following:

- Implementation of a system to regularly seek the views of patients
- To increase the availability of patient information in the waiting room to promote good dental health
- Display an up to date treatment price list and details of the dental professionals, in the patient waiting areas of the practice
- Establish a set of standards for record keeping and the level of detail which is expected to be recorded at each patient visit
- Review the flow for processing equipment in the decontamination room to ensure that the process minimises the risk of contamination as far as possible
- The practice needed to develop a daily checklist to ensure that all staff are aware of what needs to be done to keep the surgery stocked with dental items and prepared for safe patient treatment
- Implement a system of regular infection control audits, ensuring that these are documented and reviewed so that trends and issues can be identified
- Inform the Health and Safety Executive of the use of radiographic equipment on the premises and provide HIW with evidence of this
- Modify the radiation policy so that it is specific to Cloverly dental practice. Once created, this should be signed and a date for review indicated
- Local rules for the use of radiographic equipment should be displayed prominently within the surgery
- Establish a system for annually auditing the quality of radiographs taken, ensuring the results are recorded

- Improve the resuscitation and emergency policy and ensure that staff are trained and aware of the action they are required to take
- Staff files containing all relevant information including contracts and immunisation status should be set up and maintained to ensure they remain up to date
- Create and maintain a training record which shows details of all staff members and the up to date position relating to their mandatory and other training
- Team meetings should be recorded in more detail so that the contents of the discussion and not just the name of a topic are recorded. Evidence of learning and planning arising from this should also be recorded
- Staff appraisals should be undertaken annually and recorded. Discussions should include personal development planning
- The practice must ensure they have a record of all equipment with details of when servicing and testing of each should be carried out and notify HIW of how they will ensure this will be done
- The practice must develop a complaints procedure which takes account of relevant Welsh standards and associated bodies. The practice must also ensure that a complaints procedure for private dental patients is created, ensuring that HIW's contact details are included, and a procedure to be used by NHS dental patients is also created. The procedure once created must be prominently displayed within the practice for patients to see and a copy forwarded to HIW
- A log of all concerns / complaints and compliments must be established. This document should enable practice staff to identify any learning needs which may arise from issues raised
- Re-organise the two rooms at the rear of the building so that there is a separate staff area and additional separate practice storage / equipment room
- Review waste disposal contract to ensure that all waste streams can be safely and properly disposed of appropriately

The purpose of this inspection was to check progress made by the dental practice regarding the above improvements identified at the last inspection.

Quality of patient experience

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

The recommendations identified in 2015 regarding the patients' experience had been somewhat met, however we identified areas where further improvements were required at this inspection.

A price list was displayed in the reception area, however there was nothing available in the waiting room as recommended in 2015. There were no details displayed about the dental professionals at the practice and the practice information leaflet which contained this information was unavailable to patients.

A system had been implemented to obtain feedback/comments from patients, however we identified additional improvements to this system.

Some patient information leaflets were displayed in the waiting room, however we identified considerable information gaps which we asked the practice to consider to vastly improve the availability of patient information.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Patient Experience - Patient Views

- Implement a system for regularly seeking patient views of the service.

Patient Experience - Availability of information

- Increase the availability of information in the waiting room to promote good dental health.

Patient Experience - Price list

- Display an up to date price list and details of the dental professionals in the patient waiting areas of the practice.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

Patient Experience - Patient Views

- System of patient surveys set up. Surveys to be carried out regularly

Patient Experience - Availability of information

- More information leaflets now available

Patient Experience - Price list

- List of prices created and available. List of dental professionals also created

What we found on follow-up

Patient Experience - Patient Views

The practice had implemented a system to capture patient views/feedback. A notice displayed in the waiting room provided patients with details about how they could provide their comments regarding the service. A supply of NHS 'Make a Suggestion' leaflets were available for use, however, there was no box or instruction displayed informing patients of what to do with completed forms.

The 'Make a Suggestion' leaflet refers only to NHS patients, the practice therefore needs to ensure that there is a means of inviting private dental patients to offer their views on services received. During our feedback meeting we therefore asked the practice to address this issue and have feedback forms available for all patients. A means of gathering completed comment cards was also required.

The practice had devised three questionnaires that covered different aspects of their service. One questionnaire was about the practice's opening hours and appointment process; the second questionnaire was regarding dental treatment and oral health and hygiene. The third questionnaire was about the practice, its appearance, the staff and quality of the treatment. Discussions with staff confirmed that these questionnaires were handed out randomly and we saw evidence of some completed questionnaires. No analysis had taken place to determine the outcome of the completed questionnaires. Neither were we able

to determine the dates when questionnaires had been completed. The practice was also advised of the need to analyse completed patient questionnaires so they could assess the potentially rich and valuable source of information and make improvements to the service.

Patient Experience - Availability of information

The waiting room was very sparse regarding patient information and we discussed with staff increasing the information available. The reception had a stock of various patient information leaflets which were not displayed in any public area. There had been little improvement regarding patient information following the findings in 2015.

Patient Experience - Price list

A price list was displayed in the reception area, however following our inspection in March 2015 we recommended that this information was also displayed in the waiting area, which it was not during the follow up visit. We asked the practice to ensure that all patient information was available to them so they can make informed decisions about their care and treatment.

Listening and learning from feedback

Improvement needed

A review of the practice's feedback forms is required to make them generic so all patients are encouraged to provide their comments.

A place for completed comment cards is required, preferably a place in which comments can be left privately.

An analysis of completed questionnaires should be completed to evidence when the feedback was obtained and what the results of the surveys mean for the practice.

Patient information

Improvement needed

The practice needs to improve the availability of patient information to enable patients to make informed decisions about their care and treatment.

Delivery of safe and effective care

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

Following recommendations made in 2015 we found that the practice had made progress to address some of the areas identified. The Health and Safety Executive had been notified about the use of radiographic equipment being used at the practice and local rules for the use of radiographic equipment were displayed within the surgery.

We have identified areas which the dental practice need to review to help improve their services. Treatment options need to be recorded in greater detail to evidence the different options provided to patients. Recall frequency and referral recording also need documenting to clearly evidence these areas.

Infection control audits had been carried out but were not aligned to the WHTM 01-05 guidance. In addition we made some recommendations to the decontamination room which will help the practice achieve high standards as per WHTM 01-05 guidelines.

All staff were up to date with their CPR training and the practice had a trained first aider available.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Delivery of Standards for Health Services in Wales

- Establish a set of standards for record keeping and the level of detail which is expected to be recorded at each patient visit.

Delivery of Standards for Health Services in Wales

- Review the flow for processing equipment in the decontamination room to ensure that the process minimises the risk of contamination as far as possible.

Delivery of Standards for Health Services in Wales

- The practice need to develop a daily checklist to ensure that all staff are aware of what needs to be done to keep the surgery stocked and prepared for safe patient treatment.

Delivery of Standards for Health Services in Wales

- Implement a system of regular infection control audits, ensuring that these are documented and reviewed so that trends and issues can be identified.

Delivery of Standards for Health Services in Wales

- Inform the HSE of the use of radiographic equipment on the premises and provide HIW with evidence of this once done.

Delivery of Standards for Health Services in Wales

- Modify the radiation policy so that it is specific to Cloverly dental practice. Once created, this should be signed and a date for review indicated.

Delivery of Standards for Health Services in Wales

- Local rules for the use of radiographic equipment should be displayed prominently within the surgery.

Delivery of Standards for Health Services in Wales

- Establish a system for annually auditing the quality of radiographs taken, ensuring the results are recorded.

Delivery of Standards for Health Services in Wales

- Improve the resuscitation and emergency policy and ensure that staff are trained and aware of the action they are required to take.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

Delivery of Standards for Health Services in Wales

- System of record keeping to FGDP¹ standards set up

Delivery of Standards for Health Services in Wales

- Flow of instruments through disinfection room reviewed with advice from on site training.

Delivery of Standards for Health Services in Wales

- Daily surgery 'Start Up' list created

Delivery of Standards for Health Services in Wales

- Regular Infection Control audits carried out and results acted upon

Delivery of Standards for Health Services in Wales

- HSE was informed of radio graphic equipment in 2013. HIW provided with proof

Delivery of Standards for Health Services in Wales

- Radiation Local Rules modified with date for review set

Delivery of Standards for Health Services in Wales

- Local Rules Displayed in Surgery prominently

Delivery of Standards for Health Services in Wales

- System for reviewing quality of radiographs in place

Delivery of Standards for Health Services in Wales

- Staff always trained yearly in CPR. Have First Aid training and are regularly tested

¹ The Faculty of General Dental Practice (FGDP) - The FGDP(UK) looks after the continuing professional development (CPD) and training needs of both dentists and dental care professionals (DCPs) working in this field. Membership of the FGDP(UK) is open to all dentists, dental surgeons and dental care professionals registered with the General Dental Council.

What we found on follow-up

Safe care

Managing risk and promoting health and safety

A checklist had been devised for start and end of day checks to be undertaken, however at the time of our visit, a member of staff was unaware of the checklist. All staff should have knowledge and be able to carry out the checks to ensure the surgery is stocked and cleaned.

The checklist needs to be in the surgery and completed twice a day to evidence that the start and end of day checks had been completed and that the surgery is ready to provide safe patient treatment.

All staff had completed CPR training in 2017 and certificates were displayed to evidence the training. The practice had a trained first aider and the certificate was displayed.

The practice resuscitation/emergency collapse policy was a generic version, but covered all eventualities. The policy needs to be version controlled, dated and contain a review date. The practice also needed to develop a means of ensuring that the policy had been read and understood by all staff.

Improvement needed

All staff must be made aware of the start/end of day checklist and the checklist must be completed to evidence that the surgery is safe to provide treatment

All policies, including the resuscitation policy needed to display the version number, issue and review dates. A system to evidence that staff have read and understood practice policies needs to be put in place.

Infection prevention and control

We reviewed the decontamination process and observed the following:

- A decontamination policy was in place, however it was generic and had not been customised to reflect the practice process. For example the policy referred to washer disinfectors, but this equipment was not used at the practice. The policy was not version controlled, dated or review dated. We found no evidence that staff had read the policy as there was no signature sheet or similar available

- The practice had carried out three infection control audits over the past 18 months. The audits we reviewed referenced HTM 01-05 and we advised the practice to carry out audits relating to WHTM 01-05. There was no written action plan available as a result of the completed audits and we recommended that an action plan is devised to evidence completed actions.
- We noted that there was no hand washing poster above the hand wash sink in the decontamination room and we asked the practice to add one.
- A laminated practice specific decontamination protocol should be displayed as there was only a generic poster displayed at the time of our visit.
- The illuminated magnifying device for inspecting used dental instruments needed to be repositioned within the decontamination room to ensure the separation of clean and dirty instruments before autoclaving.
- The kick boards below the decontamination cabinetry needed to be re-fixed to allow more efficient cleaning to take place. At the time of our visit the cabinets needed to be cleaned underneath.
- The start/end of day checks were not being logged and we recommended that logbooks are put in place to record these checks.
- The ultrasonic bath needed to have efficacy/activity tests undertaken and these need to be logged.

Improvement needed

Infection control audits needed to be completed in line with WHTM 01-05 guidance and evidence of the actions taken to improve infection control recorded.

The decontamination policy needs to be reviewed and made specific to Cloverly Dental Practice. The policy should also contain the version number, issue date and review date. Evidence that staff have read and understood the policy should be recorded.

A hand washing poster is required above the hand wash sink in the decontamination room.

A laminated decontamination protocol specific to Cloverly Dental Practice

needs to be displayed.

The illuminated magnifying device needs to be re-positioned before the autoclave to be able to visibly inspect dental instruments/equipment before autoclaving.

The decontamination cabinetry kick boards needs to be fitted.

A start/end of day logbook needs to be put in place and completed accordingly.

Efficacy/activity testing of the ultrasonic bath needs to take place and the results logged.

Medical devices, equipment and diagnostic systems

We saw evidence that the Health and Safety Executive (HSE) had been notified in 2013 that radiographic equipment was being used at the practice.

Effective care

Safe and clinically effective care

Local rules for the use of X-ray equipment were in place and displayed in the dental surgery.

A radiation protection file was in place, but was seen to contain only the minimum information. We discussed this at the time of our visit and recommended that the file was reviewed so it is more practice specific and that the practice contact their radiation protection adviser for further help and advice.

A system was in place for the practice to undertake annual radiographic quality audits. We reviewed the contents of the audit book and noted that learning outcomes were recorded.

Improvement needed

The radiation file needs to be reviewed and made more practice specific.

Record keeping

We looked in detail at a sample of three patient records at the practice. We found that the records contained sufficient patient identifiers, previous dental

history, reason for attendance and signed medical histories. However, we identified issues that need to be addressed which included:

- The clinical notes did not demonstrate that the patient had been given treatment options. As a result, consent cannot be shown to be valid as there was not enough information regarding the 'pro's' and 'con's' and costs had been provided to the patient
- Recall frequency needs to be recorded in the notes for adult patients
- All radiographs were graded in a log book for adult purposes, but these must be included in clinical notes as well, in line with the Faculty of General Dental Practice (FGDP) guidelines and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 .
- A practice referral log book needs to be implemented to trace all external referrals to ensure they are appropriate, timely and followed up.

Improvement needed

Patient notes must clearly evidence all the treatment options provided to patients.

Patient notes must document recall frequency.

Graded radiographs must be recorded in the patient notes.

A referral log book needs to be implemented to trace all external referrals to ensure they are appropriate, timely and followed up.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found evidence that the practice had made some progress with recommendations made by HIW in 2015. All staff had a contract of employment and there was evidence of the staff's immunisation status on file. Staff had received an appraisal and a complaints procedure had been devised. However, we found there was room for further improvements.

A central training record needs to be in place that provides an overview of the status of all staff training. The complaints procedure needs amending so the NHS and private complaints process is clear and displayed clearly to the public. A log to capture compliments and informal/verbal concerns/comments needs to be put in place. Other improvements to the systems and processes were also identified which are fully listed in this chapter.

Environmentally, recommendations made in 2015 had not been met and we ask the practice to revisit these recommendations and ensure they are actioned. The staff/public toilet needs to have sanitary facilities available at all times.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Management and Leadership

- Staff files containing all relevant information including contracts and immunisation status should be set up and maintained to ensure they remain up to date

Management and Leadership

- Create and maintain a training record which shows details of all staff members and the up to date position relating to their mandatory and other training

Management and Leadership

- Team meetings should be recorded in more detail so that the contents of the discussion and not just the name of a topic are recorded. Evidence of learning and planning arising from this should also be recorded

Management and Leadership

- Staff appraisals should be undertaken annually and recorded. Discussions should include personal development planning

Management and Leadership

- The practice must ensure they have a record of all equipment with details of when servicing and testing of each should be carried out and notify HIW of how they will ensure this will be done

Management and Leadership

- The practice must develop a complaints procedure which takes account of relevant Welsh standards and associated bodies. The practice must also ensure that a complaints procedure for private dental patients is created, ensuring that HIW's contact details are included, and a procedure to be used by NHS dental patients is also created. The procedure once created must be prominently displayed within the practice for patients to see and a copy forwarded to HIW

Management and Leadership

- A log of all concerns / complaints and compliments must be established. This document should enable practice staff to identify any learning needs which may arise from issues raised

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

Management and Leadership

- Staff files set up. All immunisations up to date

Management and Leadership

- Training records for all staff created. Records of all staff members CPD training logged

Management and Leadership

- More detailed records of practice meetings kept

Management and Leadership

- Staff appraisals now undertaken yearly

Management and Leadership

- Recorded of all equipment requiring servicing and testing kept

Management and Leadership

- Complaints procedure in line with HIW standards set up for both NHS and private patients. Procedure is now displayed. Copy to HIW

Management and Leadership

- Log of all complaints kept

What we found on follow-up

Management and leadership - staff files

All staff had a contract of employment and we saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice. This meant that the practice had a system in place to protect patients and staff from this blood borne virus.

Management and leadership - training records

We saw evidence of individual staff training files, which contained certificates of the training completed. Staff told us that they each keep a note book to record verifiable and non-verifiable training. Discussions with staff confirmed that they regularly take their training files out of the practice because they undertake training outside of their working hours.

However, we were unable to locate any central record which provided an overarching view of the current status of staff training at the practice. As training files were not always kept at the practice we advised that a central

training record be created which would ensure the principle dentist had an overview of staff training and when training needed to be renewed.

Management and leadership - team meetings

Formal staff meetings were recorded in a note book. We reviewed the minutes from past team meetings and noted that the minutes did provide some detail to evidence the discussions. There were very few entries that evidenced that any learning had been discussed and the entries were mainly training courses completed by staff. However, staff told us that because they were a small team they were able to discuss issues on a daily basis, which may include any shared learning. We did recommend that the minutes include names of the staff who attend the meeting and document the agenda items so it is clear what areas were discussed.

Management and leadership - appraisals

An appraisal process was in place, with staff receiving their first appraisal in March 2017. An appraisal template was used to conduct appraisals and we noted that not all areas had been completed. If these areas are not relevant then this should be made clear. In reviewing the template, we noticed that it included references to regulations, standards and organisations applicable in England and needed to be updated to apply in Wales.

Management and leadership - equipment record

A record was in place which listed all the equipment at the practice and the timeframe for the servicing and testing for each piece of equipment. However what the list did not provide was when the last testing/servicing took place and when it was next due. To evidence this, we therefore needed to locate individual records. We recommended that the equipment list is developed to add columns to show when the equipment was last tested and when it is next due. This will provide a clear record and overview to help schedule the servicing of equipment at the practice.

Management and leadership - complaints

A complaints procedure was in place, although it was not displayed in patient areas. A notice in the waiting room did provide patients information on where to get information regarding complaints, however we recommended that complaint/concerns information is displayed clearly in the waiting room.

The complaints procedure contained information regarding both private and NHS complaints and we advised the practice that they should consider

separating the information so it is clear what process needs to be followed depending on whether it is a private or NHS concern/complaint.

The complaints procedure included HIW contact details and listed other relevant bodies that could help regarding any concerns/complaints.

Management and leadership - complaint log

A complaint log had been developed, however the practice had not received any complaints so there was no information to analyse.

The complaint log contained relevant headings which would ensure that any complaints received by the practice would be captured and provide evidence of the details of the complaint, action taken, dates and who was dealing with it.

The recommendation made in 2015 stated that all comments, complaints/concerns and compliments were documented to enable practice staff to identify any learning needs which may arise from issues raised. There were no systems in place to capture any compliments and/or verbal/informal comments. Staff said that any informal comments would be recorded on patient notes, however no central record was kept. We recommended that the practice develop a system of centrally recording compliments and informal comments so that themes can be identified and any learning needs addressed as a result.

Quality of Environment

Recommendations were made in 2015 for the practice to reorganise two rooms at the rear of the building so that there is a separate staff area and additional separate practice storage/equipment room. During our 2017 visit it was evident that this recommendation had not been met. The rooms were very much as described in 2015, with one room having an area for staff to store their clothing and belongings. However, the room also contained a mix of personal and practice equipment. The other room contained storage boxes which were evident in the previous inspection. Therefore it is necessary that the recommendation made in 2015 is actioned and these areas tidied up and have designated functions.

We reviewed the waste disposal procedures and found them to have improved. We noted that waste was being disposed of in the correct bags and we saw evidence of the recent waste collection certificate. During the follow up visit we noted that the staff/public toilet did not have any facilities to dispose of feminine hygiene/sanitary waste. Provisions must be put in place for the safe and hygienic disposal of sanitary waste.

Governance, leadership and accountability

Improvement needed

A central training record needs to be created and maintained which details all staff members and the up to date position regarding their mandatory training.

The team meeting minutes should include a list of those who attend and an agenda so comprehensive minutes are captured.

The equipment record for servicing and testing needs to be amended to capture specific timeframes for when the equipment has been serviced and when it is next due.

The complaints procedure needs to be updated to ensure NHS and private complaint procedures are clear. The complaints procedure needs to be displayed in the waiting area so patients can access the information.

A log to capture all compliments and verbal/informal concerns needs to be established and maintained. This will allow a central record to be accessed to help identify themes and learning from raised issues.

The staff/public toilet needs to have a feminine hygiene bin available at all times.

Staff and resources

Workforce

Improvement needed

The appraisal template needs to be amended to remove all English references to regulations, standards and organisations and where applicable be updated to apply in Wales.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

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

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

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

5. How we conduct follow-up inspections

Follow-up inspections can be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the [Health and Care Standards 2015](#) relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels. We will also highlight any outstanding areas of improvement that need to be made.

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: **Insert name**

Date of inspection: **Insert date**

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate concerns were identified on this inspection				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Cloverly Dental Practice

Date of inspection: 6 June 2017

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

Improvement needed	Standar	Service action	Responsible officer	Timescale
Quality of the patient experience				
A review of the feedback forms is required to make them generic so all patients are encouraged to provide their comments.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a) & 2 (b) (ii) (c) Health & Care Standards 6.3 GDC Standards 2.1	Feedback forms to be reviewed with de plans help	S. Griffiths	1 month

Improvement needed	Standar	Service action	Responsible officer	Timescale
A place for completed comment cards is required, preferably a place in which comments can be left privately.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a) & 2 (b) (ii) (c) Health & Care Standards 6.3	File started for comment cards Box in waiting room for comments to be left	S.Griffiths	Completed
An analysis of completed questionnaires should be completed to evidence when the feedback was obtained and what the results of the surveys mean for the practice.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 2 (d) (i) (ii) (iii) Health & Care Standards 6.3	System to be put in place for survey analysis. Denplan will be helping	S .Griffiths	1 month
The practice needs to improve the availability of patient information to enable patients to make informed decisions about their care and	Health & Care Standards 4.2	Looking into different patient information leaflets including Welsh language	S Griffiths	1 month

Improvement needed	Standar	Service action	Responsible officer	Timescale
treatment.				
Delivery of safe and effective care				
All staff must be made aware of the start/end of day checklist and the checklist must be completed to evidence that the surgery is safe to provide treatment	The Private Dentistry (Wales) Regulations 2017 - 13 (6) (b) (i) (ii) (iii) Health & Care Standards 3.5	Spreadsheet of checklists compiled and now in use	S Griffiths	Completed June 2017
All policies, including the resuscitation policy need to display the version number, issue and review dates. A system to evident that staff have read and understood the policies needs to be put in place.	The Private Dentistry (Wales) Regulations 2017 - Regulation 17 (1) (a) Health & Care Standards - Governance, leadership &	All policies reviewed with issue date and version numbers	S Griffiths	Completed June 2017

Improvement needed	Standar	Service action	Responsible officer	Timescale
	accountability			
Infection control audits need to be completed in line with WHTM 01-05 guidance and evidence of the actions taken to improve infection control recorded.	Welsh Health Technical Memorandum 01-05 - 2.22 - 2.25	New infection control audits ready for next audit with the actions needed to improve infection control. I think these are the ones, will be used at next audit	S Griffiths	Completed June 2017
The decontamination policy needs to be reviewed and made specific to Cloverly Dental Practice. The policy should also contain the version number, issue date and review date. Evidence that staff have read and understood the policy should be recorded.	The Private Dentistry (Wales) Regulations 2017 - Regulation 17 (1) (a) Health & Care Standards - Governance, leadership & accountability	New specific decontamination policy drawn up	S Griffiths	Completed June 2017
A hand washing poster is required above the hand wash sink in the decontamination room.	Welsh Health Technical Memorandum 01-05 -	Handwashing poster in place in disinfection room	S Griffiths	Completed June 2017

Improvement needed	Standar	Service action	Responsible officer	Timescale
	Chapter 6 & Appendix 2			
A laminated decontamination protocol specific to Cloverly Dental Practice needs to be displayed	Welsh Health Technical Memorandum 01-05	New Cloverly specific series of disinfection posters are in place in disinfection room	SGriffiths	Completed June 2017
The illuminated magnifying device needs to be re-positioned before the autoclave to be able to visibly inspect dental instruments/equipment before autoclaving	Welsh Health Technical Memorandum 01-05 - Chapter 2 & 3	Moved the light to new position.	S Griffiths	Completed June 6 th 2017
The decontamination cabinetry kick boards needs to be fitted Z	The Private Dentistry (Wales) Regulations 2017 - Regulation 22 (2) (a) (b) (c) Welsh Health Technical Memorandum	Kick boards have been refitted	S Griffiths	Completed June 2017

Improvement needed	Standar	Service action	Responsible officer	Timescale
	01-05			
A start/end of day logbook needs to be put in place and completed accordingly	Health & Care Standards 2.9 Welsh Health Technical Memorandum 01-05	Start up and shut down spreadsheets complied and printed up	S Griffiths	Completed June 2017
Efficacy/activity testing of the ultrasonic bath needs to take place and the results logged	Health & Care Standards 2.9 Welsh Health Technical Memorandum 01-05 Chapter 3	Regular ultrasonic tests instituted and Isopharm logbook ordered	S Griffiths	Completed June 2017
The radiation file needs to be reviewed and made more practice specific	Health & Care Standards 2.9 Ionising Radiation (Medical Exposure) Regulations	Radiation file downloaded from D.B.G	S Griffiths	Completed June 2017

Improvement needed	Standar	Service action	Responsible officer	Timescale
	2000 GDC Standards 1.9			
Patient notes must clearly evidence all the treatment options provided to patients	The Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1) (a) (i) (ii) Health & Care Standards 3.5	Patients notes will include treatment options offered to patients see below	S Griffiths	Implemented June 2017
Patient notes must document recall frequency	The Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1) (a) (i) (ii)	Recall interval now noted see below	S Griffiths	June 6 th implemented

Improvement needed	Standar	Service action	Responsible officer	Timescale
Graded radiographs must be recorded in the patient notes	<p>Health & Care Standards 3.5</p> <p>The Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1) (a) (i) (ii)</p> <p>Health & Care Standards 3.5</p>	Grading of radiographs now in file	S Griffiths	Started June 6th
A referral log book needs to be implemented to trace all external referrals to ensure they are appropriate, timely and followed up.	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1) (a) (i) (ii)</p> <p>Health & Care</p>	Referral logbook started	S Griffiths	Started June 2017

Improvement needed	Standar	Service action	Responsible officer	Timescale
	Standards 3.5			
Quality of management and leadership				
A central training record needs to be created and maintained which details all staff members and the up to date position regarding their mandatory training.	The Private Dentistry (Wales) Regulations 2017 - Regulation 17 (1) (a) n Health & Care Standards 7.1	Central CPD logbook started	S Griffiths	Started June 2017
The team meeting minutes should include a list of those who attend and an agenda so comprehensive minutes are captured.	Health & Care Standards 7.1	Meeting minutes now include who is present and an agenda	SGriffiths	June 2017 implemented
The equipment record for servicing and testing needs to be amended to capture specific timeframes for when the equipment has been serviced and when it is next due.	The Private Dentistry (Wales) Regulations	New servicing and testing file started	S Griffiths	Started June 2017

Improvement needed	Standar	Service action	Responsible officer	Timescale
	2017 - Regulation 16 (1) (a) Health & Cjare Standards 2.9			
<p>The complaints procedure needs to be updated to ensure NHS and private complaint procedures are clear. The complaints procedure needs to be displayed in the waiting area so patients can access the information.</p>	The Private Dentistry (Wales) Regulations 2017 - Regulation 21 4 (a) (b) Health & Care Standards 6.3 GDC Standards 5.1	Complaints procedure poster in waiting room. Complaints procedure to be updated	S Griffiths	Completed by mid July 2017
<p>A log to capture all compliments and verbal/informal concerns needs to be established and maintained. This will allow a</p>	Health & Care Standards 6.3	New logbook started	S Griffiths	Started June 2017

Improvement needed	Standar	Service action	Responsible officer	Timescale
central record to be accessed to help identify themes and learning from raised issues.				
The staff/public toilet needs to have a feminine hygiene bin available at all times.	Health & Care Standards 2.1 Workplace (Health, Safety and Welfare) Regulations 1992	New tampon bin ordered from Brilliant Bins	S Griffiths	Complete June 2017
The appraisal template needs to be amended to remove all English references to regulations, standards and organisations and where w be updated to apply in Wales.	The Private Dentistry (Wales) Regulations 2017 - Regulation 2 & 17 (1) (a) & (3) (a) Health and Care Standards 2.1, 3.1, 3.4, 7.1;	New Welsh relevent appraisal template to be created, Denplan will help me with this	S Griffiths	To complete by end of July 2017

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

Service representative

Name (print): Sarah Griffiths

Job role: Dentist

Date: 6/7/2107

Sarah Griffiths

3/8/2017