

General Dental Practice Inspection (Announced)

Chapel Street Dental Practice /
Betsi Cadwaladr University Health
Board

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2017

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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 inspection of Chapel Street Dental Practice at 20 Chapel Street, Llangollen, Denbighshire, LL20 8NN, within Betsi Cadwaladr University Health Board on the 5 September 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Chapel Street Dental Practice provides safe and effective care to their patients with friendly, professional and committed staff. We found the practice to have good leadership and clear lines of accountability. However, we identified some areas for improvements.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this was a well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Good standards of record keeping
- Appropriate arrangements were in place for the safe use of x-rays
- We found that all chemicals were kept securely and the waste managed appropriately and safely

This is what we recommend the service could improve:

- Review the existing complaints handling policy
- Implement a more thorough cleaning programme for the practice
- Ensure damages identified to the surgery and decontamination floor are repaired
- Decontamination facilities to fully align with WHTM 01-05
- Medicines management
- Review and update the radiation protection file.

3. What we found

Background of the service

Chapel Street Dental Practice provides services to patients in the Denbighshire area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes one principal dentist, three dental nurses and a dedicated practice manager.

The practice provides a range of NHS and private general dental services.

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.

Overall, we found evidence that Chapel Street Dental Practice provides safe and effective care to their patients with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of fifteen were completed from patients who had been at the practice for at least two years.

Overall, patient feedback was positive. Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patient comments included the following:

"No improvement needed. I always receive excellent service"

"Very happy as it is"

"Weekend and evening appointments"

Staying healthy

There was ample, dedicated dental health promotion information available, which meant patients had access to information which could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice and oral health information. No smoking signs were displayed in the practice. Price lists were also clearly on display in the waiting / reception area.

All but two of the patients who completed a questionnaire indicated that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

We also observed the warm, friendly and professional approach adopted by all staff towards patients.

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

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.

Patient information

All of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and that they had received clear information about available treatment options.

Whilst the majority of patients who completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment, over half of patients told us they did not understand how the cost of their treatment was calculated. We noted that information on prices was available to view in the reception area which meant patients had access to information on how much their treatment may cost.

We also found evidence of treatment planning and options noted within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was displayed around reception and the waiting area. The practice had its own patient information booklet for patients to take away.

Communicating effectively

All patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

Timely care

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

The majority of patients who completed a questionnaire told us that they knew how to access the out of hours dental service if they had an urgent dental problem.

An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, was given on the answer phone message and patient information booklet.

Individual care

Planning care to promote independence

We considered a sample of patient records and found that all treatment options were recorded and consent to treatment was obtained from each patient.

All patients confirmed that they were involved as much as they wanted to be in any decisions made about their individual treatment. We saw evidence of treatment planning and options being discussed with patients.

Patients' medical histories were reviewed and updated at each visit. All patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

We noted that the practice had a dedicated equality policy in place.

The practice was located in a three storey building with the dental surgery located on the ground floor.

Wheelchair users could access the ground floor level of the practice and could access the reception, waiting area, toilet facility and the dental surgery.

Listening and learning from feedback

We reviewed the practices' complaints handling policy and we saw that the practice had a dedicated complaints file in place with clear procedures to deal with formal and informal complaints and concerns. However, the practices'

complaints handling policy is in need of updating to include the correct contact details of HIW as the registration authority and also ensure it is fully compliant with NHS 'Putting Things Right'¹ and The Private Dentistry (Wales) Regulations².

The practice informed us that any informal concerns were captured within individual patients' records. We recommended that the practice captures any informal concerns on a central log in order for any common themes to be identified.

Nine patients who completed a questionnaire told us that they did not know how to raise a concern or complaint about the services they receive at the dental practice. The procedure for making a complaint for patients on how to raise a concern was clearly on display in the waiting area.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients and also providing a comments / suggestion box in the waiting area. The practice informed us that the feedback is discussed at team meetings. We advised the practice to display patients' feedback analysis, demonstrating to patients that their individual feedback has been captured and acted upon to enhance learning and service improvement.

Improvement needed

Review and update the complaints policy ensuring it is compliant with NHS 'Putting Things Right' and Private Dentistry Wales Regulations.

Ensure all informal concerns are recorded in a central log.

Practice to display patients' feedback analysis.

¹ [Putting Things Right](#)

² [The Private Dentistry \(Wales\) Regulations](#)

Delivery of safe and effective care

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

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

However, we found some improvements were needed to the decontamination room and dental surgery.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

There were no concerns expressed by patients over the cleanliness of the dental practice. The majority of patients who completed a questionnaire felt that, in their opinion, the dental practice was very clean. One patient felt it was fairly clean.

We found that the practice generally provided a clean environment; however, we did find some areas that needed a more thorough cleaning. We found some cobwebs on the ceiling, some dust on the window sills and on picture frames in the main surgery. The paintwork on the surgery door is also in need of attention. We found that the stair case, which leads to the decontamination room and staff facilities, needed a more thorough cleaning in general. We also noted that the main entrance door to the practice was not fully sealed with some visual gaps at the edges and flaking paint. We brought this to the attention of the practice and we recommended that they implement a more thorough cleaning programme and consider sealing and painting or replacing the main front door to the premises. We saw that all other areas were clean, tidy and free from obvious hazards.

There was one unisex toilet for use by patients on the ground floor and one toilet facility for staff on the third floor. All facilities were signposted and visibly very clean. We noted that there was no privacy turn lock, also known as 'turn and release' locking mechanism on the patients toilet. These locks can be

overridden from the outside in an emergency situation. The practice informed us that the lock had recently broken and will be replaced. We also advised the practice to ensure any open bins are replaced with foot operated bins.

We noted that portable appliance testing (PAT) was regularly undertaken to ensure they were safe for use. Fire extinguishers were in place throughout the building and were serviced regularly. Directions for the emergency exits were clearly visible and the Health and Safety poster was clearly on display. We noted that the gas maintenance check was being undertaken on the day of inspection.

We found that all chemicals were kept securely and none were left in public areas. There was a file available containing a number of data sheets relating to Control of Substances Hazardous to Health (COSHH) and relevant risk assessments in place. We advised the practice to ensure that the COSHH file contained a revised / review date which the practice agreed to do.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal and stored securely while awaiting collection.

Improvement needed

Implement a more thorough cleaning programme at the practice.

Ensure the front door is replaced or sealed at the edges and painted.

Install an appropriate 'turn and release' locking mechanism on the patients toilet.

Ensure all open bins are replaced with foot operated bins.

Forward to HIW the gas maintenance certificate.

Infection prevention and control

The practice was using a redundant surgery as their facilities for the cleaning and sterilisation (decontamination) of dental instruments. We found that the facility was not fully compliant with the Welsh Health Technical Memorandum (WHTM) 01-05 and we found several improvements needed. The practice informed us that they are considering plans for refurbishment of the redundant

surgery and making it fully compliant with WHTM 01-05 as a dedicated decontamination room.

We noted that the flooring in the decontamination room was ripped and the edges were not sealed. Until the refurbishment takes place, we recommended that the flooring is fixed and the floor sealed at its edges.

We noted that the autoclave did not have a printer or data logger which automatically captures the sterilisation cycles. The practice informed us that they manually record the parameters using TST³ strips at the first cycle and then every other cycle. We recommended that the practice manually record the parameters of every cycle it performs, evidencing that the autoclave has performed successfully.

We saw that all records of the cycles were retained and bagged for audit purposes. However, the bagged records were not in sequential order to provide a thorough record of the cycles. We recommended that records are stored appropriately and recorded in a daily or weekly logbook. We also strongly advised the practice to consider retrofitting a data logger or printer to the autoclave so that the sterilisation cycles are automatically captured. We also advised the practice to further consider their contingency plans should the autoclave breakdown.

We noted that dental instruments were manually cleaned and an ultrasonic bath⁴ used for pre-sterilisation cleaning.

It was noted that only one sink was available in the decontamination room. The WHTM 01-05 recommends that two dedicated sinks should be available for decontamination, one for washing and cleaning of the instruments, the second for rinsing; and a dedicated sink for hand washing. We advised the practice to ensure that the decontamination room contains two sinks or a double sink and a dedicated sink for hand washing in their refurbishment plans. Until two sinks or a double sink is installed, we recommended to the practice that a larger

³ The term TST is an abbreviation of Time/Steam/Temperature, the critical parameters for a sterilisation cycle

⁴ Ultrasonic baths are units which clean instruments by using sound waves generated by electrical energy.

rinsing bowl is used. This is because, after cleaning instruments in the first sink or bowl, the operator can efficiently rinse the cleaned instruments in the second sink or bowl which will reduce the risk of re-contaminating the instruments with cleansing agents or detergents.

We found that the ultrasonic bath needed a lockable lid, which when removed stops the cycle. We also discussed with the practice the need to undertake foil testing on the ultrasonic bath on a quarterly basis in order to demonstrate that each area of the bath is working.

We saw records that showed the practice had undertaken audits of infection control as recommended by WHTM 01-05. We advised the practice to ensure these were conducted on an annual basis and ensure the practice acts on the action plan.

We also noted as good practice that the storage of dental instruments were stored outside the clinical setting.

Staff demonstrated the decontamination process and we were satisfied that there were appropriate procedures in place to minimise the risk of cross infection to protect both patients and staff. However, we did not see any certificates or formal records for clinical staff being trained in decontamination. We were verbally assured that all clinical staff had received training. We recommended that training in decontamination should fall part of the induction process and also ongoing as part of staff Continuing Professional Development (CPD) records.

Improvement needed

Consider refurbishment plans in a reasonable timeframe to create a dedicated decontamination room.

Until the refurbishment of the decontamination room takes place, ensure the flooring is fixed and the floor sealed at its edges.

Ensure that the sterilisation cycle of the autoclave is performed at each cycle and TST strips are stored in sequential order and recorded in a daily or weekly logbook.

Use one larger bowl for rinsing in the decontamination sink.

Ensure the ultrasonic bath includes a lockable lid.

Undertake foil testing on the ultrasonic bath on a quarterly basis.

Ensure that training in decontamination falls part of the induction process and ongoing as part of staff CPD records.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in relevant areas. We saw records that indicated the team had received all relevant training. The emergency drugs were stored in a location which ensured that they were immediately available in the event of a medical emergency (patient collapse) at the practice.

We saw evidence that an effective system was in place to check the emergency drugs on a quarterly basis to ensure they remained in date and ready for use. We recommended that the practice undertakes weekly checks of the emergency drugs; and log the expiry dates of equipment such as defibrillator pads, needles and syringes. We also suggested that the practice includes checking of the oxygen levels to the daily surgery checklist.

We also noted that a child sized ambu-bag and size '0' airway were not available in the kit held by the practice. Our concerns regarding the emergency kit were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix A.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and one dedicated first aider.

Improvement needed

Undertake weekly checks of the emergency drugs and log the expiry dates of the equipment.

Safeguarding children and adults at risk

We saw that all staff had completed training in the protection of children and vulnerable adults. We found that one of the dental nurses was due to renew her training in the protection of children and vulnerable adults.

We saw that the practice had a safeguarding policy in place for children and vulnerable adults. However, the policies were in need of updating to ensure they contained up to date contact details for the local safeguarding team.

We confirmed that all relevant staff were registered with the General Dental Council (GDC).

The practice informed us that the dentist Disclosure and Barring Service (DBS) check was in need of renewal. All dentists registered with HIW must hold a valid DBS check for which no more than three years have lapsed.

Improvement needed

Review and update the safeguarding policies ensuring they contain up to date contact details for the local safeguarding team.

Ensure all staff are trained in the protection of children and vulnerable adults.

Forward to HIW details of the renewed DBS certificate for the principal dentist.

Medical devices, equipment and diagnostic systems

We looked at the surgery and found that it contained appropriate equipment for the safety of patients and the dental team. We noted that the surgery had been designed and organised to help the team work efficiently. However, we noted that the surgery was in need of refurbishment and we advised the practice to consider redecorating the surgery, including the door and radiators and install a new floor.

Until refurbishment takes place, we advised the practice that some temporary measures were required in the surgery. We recommended that the current floor edging is resealed. We also found some damage to the nurse and dentist

chair upholstery which prevented effective cleaning and we recommended that both chairs are reupholstered.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment.

We saw evidence of up-to-date ionising radiation training for the principal dentist.

We saw evidence that the practice had undertaken thorough image quality assurance audits of X-rays.

We recommended to the practice that the radiation protection file should to be reviewed and updated and organised and made easier to locate information. We strongly advised the practice to consider developing an online radiation protection file which is already available for the practice to use.

Improvement needed

Review and update the radiation protection file in hard copy or online.

Effective care

Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that audits had been completed and / or arranged by the practice.

Quality improvement, research and innovation

The practice informed us that no peer review audits had been undertaken. We advised the practice to consider arranging peer review audits as part of their quality improvement plans.

We saw evidence that the practice have used the Maturity Matrix Dentistry tool. This is a self-evaluation tool that allows the dental team to focus on how they work and enables the practice to consider the quality and care provided in a range of areas. The practice informed us that they found the self assessment tool useful and will continue to use in the future.

Information governance and communications technology

The storage of patient files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

Record keeping

There was evidence that the practice was keeping good clinical records, demonstrating that care was being planned and delivered to a good standard to ensure patients' safety and wellbeing.

We examined a sample of patients' records and found that entries contained sufficient information regarding discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. There was also evidence of treatment planning where a treatment plan given to patients. The dentist documented that cancer screening advice had been given. However, we recommended that the dentist records the advice given to patient on smoking cessation, which the principal dentist agreed to do immediately.

We found no evidence of '6 point periodontal charting' being undertaken; if appropriate following a baseline Basic Periodontal Examination (BPE). A '6 point periodontal charting' measures the depth of the gaps between the tooth and the gums (below the gumline) and is carried out annually. Dentist can then compare areas within the mouth that are improving or may need further attention. We brought this to the attention of the principal dentist who agreed to implement the chart when indicated.

Improvement needed

Ensure that the advice given to patient on smoking cessation is recorded within patient records.

Ensure a '6 point periodontal charting' is undertaken, when indicated.

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 the practice to have good leadership and clear lines of accountability.

A range of relevant policies and procedures were in place.

The staff team appeared happy in their roles and were competent in carrying out their duties and responsibilities.

Governance, leadership and accountability

We found the practice to have good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the practice manager who was efficient and competent in her role. Staff told us that they were confident in raising any issues or concerns with the practice manager or directly with the principal nurse and felt well supported in their roles.

We found that staff were clear and knowledgeable about their roles and responsibilities and there was a good rapport amongst them.

Staff and resources

Workforce

We saw completed staff induction folders and all staff had access to policies and procedures.

We saw that staff had access to a wide variety of training; meeting the Continuous Professional Development (CPD) requirements. However, we did advise the practice to review and better organise the staff individual files and CPD records.

We saw evidence of regular team meetings and staff appraisals being undertaken at the practice. However, we noted that the staff appraisals for 2017 were overdue.

The principal dentist working at the practice provided private dental services and we saw the certificate prominently displayed in reception. However, the certificate contained the incorrect contact details of HIW as the regulatory authority. We advised the practice to contact the Registration Team at HIW in order for a replacement certificate to be issued, which the practice did immediately.

We saw records relating to Hepatitis B immunisation status for all staff working at the practice.

We looked at the policies and procedures in place and found that they reflected actual practice. However, we found that not all policies and procedures were regularly reviewed, contained review dates and / or were version controlled. We also found that they did not always contain staff signatures to demonstrate that these had been read and understood. We strongly advised the practice to review and update their policies ensuring they contain a review date and / or are version controlled and contain a staff signature, which the practice agreed to do.

We also noted that the practice had one policy in place for whistleblowing and underperformance. We recommended to the practice that they have separate policies in place for whistleblowing and underperforming.

We found that the practice displayed its emergency contact details and the practice opening times on the entrance of the premises. The principal dentist' name and qualifications were also clearly on display.

Improvement needed

Ensure separate policies are in place for whistleblowing and underperforming.

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 inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). 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](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and 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 |
|--|--|---|--|
| We found that a child sized ambu-bag and size '0' airway were not available in the emergency kit held by the practice. | This meant children were at risk in an emergency situation. | We brought this to the attention of staff who immediately arranged for the items to be purchased. | Staff immediately ordered on the day of our visit for delivery the next day. |

Appendix B – Immediate improvement plan

Service: Chapel Street Dental Practice

Date of inspection: 5 September 2017

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 |
|---|----------|----------------|---------------------|-----------|
| There were no immediate assurance issues 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: Chapel Street Dental Practice

Date of inspection: 5 September 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.

| Quality of the patient experience | | | | |
|---|--|--|-----------------------|----------|
| Review and update the complaints policy ensuring it is compliant with NHS 'Putting Things Right' and Private Dentistry Wales Regulations. | 6.3 Listening and Learning from feedback | Done | E Oswald-Haggett (EO) | N/A |
| Ensure all informal concerns are recorded in a central log. | | Done | EO | N/A |
| Practice to display patients' feedback analysis. | | Going forward from next practice meeting | EO | Dec 2017 |
| Delivery of safe and effective care | | | | |

| | | | | |
|--|--|--|-------------------|---------------------------------|
| Implement a more thorough cleaning programme at the practice. | 2.1 Managing risk and promoting health and safety | Retraining of staff. New Policy implemented | EO | Dec 2017 |
| Ensure the front door is replaced or sealed at the edges and repainted. | | Replace Door In the interim a draught excluder has been fitted. | Hilary Wilby (HW) | June 2018 |
| Install an appropriate 'turn and release' locking mechanism on the patients toilet. | | Locksmith booked | HW | Dec 2017 |
| Ensure all open bins are replaced with foot operated bins. | | Done | EO | |
| Forward to HIW the gas maintenance certificate. | | To be forwarded as soon as it is received from plumber. | EO | By 10/11/17 |
| Consider refurbishment plans in a reasonable timeframe to create a dedicated decontamination room. | 2.4 Infection Prevention and Control (IPC) and Decontamination | Under consideration | HW | Review in 12 months |
| Until the refurbishment of the decontamination room takes place, ensure the flooring is fixed and the floor sealed at its edges. | | Will be done when flooring is replaced Quotes are being sourced | HW | To be completed within 6 months |

| | | | | |
|--|--------------------------|--|----|----------------|
| Ensure that the sterilisation cycle of the autoclave is performed at each cycle and TST strips are stored in sequential order and recorded in a daily or weekly logbook. | | Done | EO | |
| Use one larger bowl for rinsing in the decontamination sink. | | Done | EO | |
| Ensure the ultrasonic bath includes a lockable lid. | | When equipment is replaced In the interim, all staff have been made aware not to add instruments mid cycle and a notice has been placed by the machine. | HW | Within 3 years |
| Undertake foil testing on the ultrasonic bath on a quarterly basis. | | Done | EO | |
| Ensure that training in decontamination falls part of the induction process and ongoing as part of staff CPD records. | | Training booked for practice manager who will then put recommendations in place | EO | After 23/11/17 |
| Undertake weekly checks of the emergency drugs; and log the expiry | 2.6 Medicines Management | Done | EO | |

| | | | | |
|---|---|---|----|-----------------------|
| dates of the equipment. | | | | |
| Review and update the safeguarding policies ensuring they contain up to date contact details for the local safeguarding team. | 2.7 Safeguarding children and adults at risk | Done List of numbers on the wall (behind reception desk, in surgery and in staff room) | EO | |
| Ensure all staff are trained in the protection of children and vulnerable adults. | | Course to be organised for one new staff member | EO | Next available course |
| Forward to HIW details of the renewed DBS certificate for the principal dentist. | | To be done | HW | By end of Nov 2017 |
| Review and update the radiation protection file in hard copy or online. | 2.9 Medical devices, equipment and diagnostic systems | To be done | HW | By end of Nov 2017 |
| Ensure that the advice given to patient on smoking cessation is recorded within patient records. | 3.5 Record keeping | Recommendation implemented | HW | |
| Ensure a '6 point periodontal charting' is undertaken, when indicated. | | Recommendation implemented | HW | |

Quality of management and leadership

| | | | | |
|---|---------------|------|----|--|
| Ensure separate policies are in place for whistleblowing and underperforming. | 7.1 Workforce | Done | EO | |
|---|---------------|------|----|--|

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): Hilary Wilby
Job role: Principle Dentist
Date: 03/11/17