

## **General Dental Practice Inspection (Announced)**

Lodge Dental

Inspection date: 11 October 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 Lodge Dental, 10 Monmouth Road, Abergavenny, NP7 5HH on the 11 October 2017.

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

HIW explored how the practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

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 Lodge Dental provided safe and effective care to its patients.

The practice was patient focussed and had the required policies and procedures in place to ensure the practice and staff are supported.

We recommend all staff who come into contact with patients receive training in safeguarding adults and children.

This is what we found the service did well:

- The practice is committed to providing a positive experience for the patients.
- We observed that staff interaction with patients was kind and courteous
- Despite the practice undergoing a refurbishment the clinical areas were clean and tidy, well equipped and well maintained.
- During the inspection the practice took immediate action to resolve issues as soon as they were highlighted.

This is what we recommend the service could improve:

- All clinical staff receive training in infection control.
- The practice store, dispense and dispose of medicines in accordance with current guidelines.
- The radiation protection file includes all necessary information including, a critical examination report and service report.

## 3. What we found

### **Background of the service**

Lodge Dental is a private only dental practice

The practice staff team includes four dentists; two hygienists; four dental nurses; three receptionists and one practice manager.

A range of private dental services are provided.

## 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.*

We found evidence that the practice was committed to providing a positive experience for their patients. Patients who completed the questionnaire indicated that they were satisfied with the care and treatment they had 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 twelve were completed. Patient comments included the following:

*"Can't think of any area the practice could improve"*

*"I am quite happy with how my dentist provides my dental care"*

*"Continue to improve online systems, thanks"*

*"Lovely practice with helpful staff, always polite"*

### Staying healthy

Due to the practice undergoing a refurbishment there was a limited selection of health promotion leaflets available in the waiting room. We were informed by the practice manager that more material would be added, including posters once the refurbishment was completed. We did note that there was a selection of health promotion leaflets in the hygienist's surgery.

There were "No Smoking" signs at the main entrance and on the door to the waiting room, confirming the emphasis being placed on complying with smoke free legislation.

All but one 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**

Every patient who completed a questionnaire told us they had been treated with respect when they visited the practice. We observed the professional and friendly approach adopted by staff towards patients.

The practice had a large open reception area but had arrangements to protect patients' privacy. If appropriate, patients would be directed to an empty surgery, the practice manager's office, or once refurbishment is completed to another space at the top of the stairs from the ground floor.

All the dental surgeries had doors which could be closed affording patients privacy and dignity whilst receiving treatment. The hygienist's surgery and one dental surgery were situated on the ground floor, making them accessible for patients with mobility difficulties

## **Patient information**

Every patient who completed a questionnaire told us they felt involved as much as they wanted to be in any decisions made about their treatment. They also said they had received clear information about available treatment options.

All the patients who completed a questionnaire said the cost of any treatment was always made clear to them. However, a third of patients said they did not understand how the cost of their treatment was calculated.

We noted price lists setting out the costs of private dental treatment were displayed in the waiting and reception areas, and in the dental surgeries.

## **Communicating effectively**

None of the patients who completed the questionnaires considered themselves to be Welsh speakers. All patients told us that they were always able to speak to staff in their preferred language.

## **Timely care**

We found that the practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would make sure patients were kept informed.

All of the patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. The practice provided this information on their answerphone and

displayed in the reception and at the main entrance on the sign listing the dentists' details and opening hours.

## **Individual care**

### **Planning care to promote independence**

All patients who completed a questionnaire confirmed the dentist enquires about their medical history before undertaking any treatment.

### **People's rights**

The practice had in place a privacy, dignity and confidentiality policy.

The main entrance, waiting room and two surgeries were on the ground floor and were accessible to patients with mobility difficulties.

Patients had access to the dental practice's toilet facilities which were also on the ground floor. We would advise the practice to install supporting rails as an aid to those with mobility difficulties.

### **Listening and learning from feedback**

All but one of the patients that completed a questionnaire said they would know how to raise a concern or complaint about the services they receive at the dental practice.

The practice had a complaints policy and procedures relating to private treatment that was in accordance with the Private Dentistry Wales 2008 Regulations<sup>1</sup>, but it did not include contact details for Healthcare Inspectorate Wales. When brought to the attention of the staff this was immediately rectified and revised posters were displayed before the end of the inspection.

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<sup>1</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

The practice encouraged patient feedback. Following a course of treatment staff would seek patients' feedback via email. In addition, the practice monitors and collates any reviews and feedback made on social media. There was also a comment box and paper in the waiting room. The majority of patients that completed a questionnaire confirmed that they were asked their views on the dental practice, for example, through patient questionnaires

Any verbal feedback made to staff is recorded on the patient's medical notes. If the feedback was a complaint the patient would be referred to the practice manager. As the majority of feedback is electronic, the practice did not have a dedicated file. It is recommended that patients' feedback is kept separate from their medical notes and recorded in a separate folder, together and where appropriate with the practice's response and or actions. This would enable the practice to identify any recurring themes. We also advise that the practice maintain a notebook in reception to record any verbal patient feedback.

#### Improvement needed

We recommend the practice set up a dedicated file to record all patient feedback and where applicable the practice's actions and responses.

## Delivery of safe and effective care

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

Overall, we found evidence that patients were provided with safe and effective dental care. The surgeries that were in use were clean and well laid out.

All staff had received relevant safeguarding training.

The practice was currently undergoing a refurbishment, including the provision of additional surgeries.

### Safe care

#### Managing risk and promoting health and safety

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

There were no concerns expressed by the patients over the cleanliness of the dental practice. We noted there was a fabric sofa in one of the surgeries and advise that the surgery develop a disinfection protocol for this furniture.

Instruments and equipment were stored appropriately in the surgeries but we recommend that dental burs, used for cutting hard tissues, are stored in sealed packaging that is dated, as in the case of decontaminated instruments.

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice. Fire extinguishers were placed on all floors but, due to the ongoing refurbishment, those on the first and second floors were not secured to either the floor or wall. We recommend that in the interim, arrangements are made to secure the fire extinguishers to ensure they are safe. We saw evidence that the fire extinguishers were serviced regularly.

Contracts were in place for the safe disposal of hazardous (clinical) and non-hazardous (household) waste. However, we noted that out of date materials were being disposed of with hazardous waste. This is not the correct

procedure as they would be classed as non-hazardous waste. We recommend the practice ensure that all waste is disposed of correctly.

The practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR) book which included the Health and Safety Executive (HSE) contact details and protocols. There was a health and safety policy in place and we noted the health and safety poster, with relevant information was on display.

We noted that cleaning materials were stored in an unlocked cupboard in the decontamination room, which was also unlocked. We advise the practice either lock the door or move the materials to a lockable cupboard to ensure patient safety. The clinical waste receptacle was locked and secure to the side of the practice.

There was a ramp from the dedicated car park to the main entrance, making the practice accessible to those with mobility issues. There was one, signposted, unisex toilet on the ground floor for both staff and patients. It was visibly clean and tidy.

#### Improvement needed

We recommend that whilst refurbishment activities are underway, arrangements are made to secure the fire extinguishers sited on the first and second floors to ensure they are safe and cannot be knocked over.

The practice is to ensure it disposes of its waste via the correct method, i.e. not to mix hazardous and non-hazardous waste.

The practice to ensure burs are stored in sealed packaging that is dated, as in the case of decontaminated instruments.

#### Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>2</sup>. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place. We noted there was a protocol for handling needle stick injuries stored in a cupboard in the decontamination room. In response to our suggestion, the protocol was moved and displayed on the wall.

We noted that during the decontamination process tap water was used for the final rinse of instruments. We recommend that in accordance with WHTM 01-05, the practice use distilled or ionised water for this process. We also advised that in accordance with the guidance the practice consider acquiring an ultrasonic bath for the pre-sterilisation cleaning of instruments.

We saw evidence that an infection control audit had been completed in accordance with the WHTM 01-05 guidance. We recognise this as good practice and suggest the results of the audit are forwarded to the Wales Deanery for comment.

The practice had a decontamination policy in place. We noted that the practice did not have evidence of current infection control training for a number of clinical staff and recommend this is rectified.

### Improvement needed

We recommend that in accordance with WHTM 01-05, the practice use distilled or ionised water for the final rinse of instruments.

The practice must ensure all clinical staff have current certificates indicating that they have received appropriate infection control training in line with current CPD requirements.

### Medicines management

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<sup>2</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

The practice had procedures in place to deal with patient emergencies. There was an appointed First Aider. We advised that this information is displayed in the practice so that both staff and patients are aware.

Not all staff had certificates demonstrating that they had received appropriate cardiopulmonary resuscitation training (CPR) within the last twelve months. During the inspection the practice manager made arrangements for these staff members to attend training in November 2017.

We saw that emergency drugs and equipment were stored appropriately and there was evidence that, in accordance with the standards set out by the Resuscitation Council (UK)<sup>3</sup>, they were being checked. Despite this, during the inspection we identified one face mask that was out of date. We brought this to the attention of the clinical staff and it was removed immediately.

The practice did not have an automatic external defibrillator on site nor did it have access to one. We recommended that one is procured and stored appropriately. Before the conclusion of the inspection the practice manager advised that one had been ordered.

The practice dispensed medication to patients. We saw no documented evidence, such as prescriptions, identifying what drugs were dispensed and to whom. In addition, there were no pharmacist certificates indicating that un-used or out of date drugs had been disposed of correctly. We recommend that, in accordance with the Private Dentistry (Wales) Regulations 2008 the practice must have appropriate arrangements in place for the recording of obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used in or for the purposes of the private dental practice.

#### Improvement needed

The practice must make appropriate arrangements for the recording of obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used.

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<sup>3</sup> [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

## Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults. Whilst the inspection was underway the practice manager populated the policy with contact details for all relevant local safeguarding teams. We saw certificates confirming that all clinical staff had received appropriate training. As they are often first point of contact for patients, reception staff should receive safeguarding training.

We were told that pre-employment checks of any new members of staff were carried out, and we saw Disclosure and Barring Service (DBS) certificates for the majority of clinical staff. The practice was unable to produce the certificate for the principal dentist and one dental nurse's application was being processed.

### Improvement needed

Reception staff to receive child and adult safeguarding training.

The practice must ensure all dentists providing private dental treatment hold current DBS Certificates in accordance with the Private Dentistry (Wales) Regulations 2008.

## Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. The surgeries and equipment were visibly very clean and in good condition. They had also been laid out to ensure the safe use of the radiation equipment.

In accordance with the requirements of the General Dental Council<sup>4</sup> and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000, all clinical staff had completed the required training. The Radiation Protection file was

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



maintained but was not complete. The following documents were not on the file:

- A contract with the Radiation Protection Advisor.
- Detailed critical examination reports, including dosage and beam direction / control zone
- Service report for the digital X-ray machine

Following the inspection the practice confirmed details of its Radiation Protection Advisor and provided us with the critical examination reports and service reports.

We did not see any evidence that the practice had undertaken image quality assurance audits of X-rays.

## **Effective care**

### **Safe and clinically effective care**

Patients benefit from a practice that seeks to continuously improve the service it provides. We recommend the practice put in place a programme for undertaking a wide range of clinical audits, including image quality assurance, medical records and peer reviews, with the aim of identifying areas for improvement.

#### **Improvement needed**

We recommend the practice put in place a programme for undertaking a wide range of clinical audits, including image quality assurance, medical records and peer reviews.

### **Information governance and communications technology**

The practice had a combination of paper and electronic records. Paper records were stored in a room which was unlocked. We would recommend that this door is kept locked to ensure security of personal data. Electronic data was regularly backed up and stored off site. Access to computer screens was secure and discreet.

The practice currently has no system in place for monitoring referrals of patients into secondary care. We recommend that a process is put in place to ensure such referrals are monitored and if necessary, followed up.

#### Improvement needed

The practice to ensure that the access door to the medical records is kept locked.

We recommend the practice develop a system for monitoring referrals of patients into secondary care.

#### Record keeping

We reviewed a sample of patients' records. Overall we found there was some good quality record keeping and patient care. We did find in some cases there were omissions, namely there was no record as to the following:

- Justification for the use of X-rays
- Basis Periodontal Examination<sup>5</sup> (BPE) levels
- Patient's social history, including alcohol use
- Patients' consent to treatment
- Cancer screening
- Medical histories to be signed by the patient and countersigned by the clinician.

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<sup>5</sup> Careful assessment of the periodontal tissues is an essential component of patient management. The Basic Periodontal Examination (BPE) is used as a basic screening method to check the periodontal status of a patient

### Improvement needed

In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record:

- Justification for the use of X-rays
- Basis Periodontal Examination (BPE) levels
- Patient's social history, including alcohol use
- Patients' consent to treatment
- Cancer screening
- Medical histories to be signed by the patient and countersigned by the dentist.

## 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 Private Dentistry Regulations and relevant professional standards.*

The day to day management of the practice was provided by the practice manager.

We found that the practice had systems and processes in place to ensure the practice and staff are supported and committed to providing a high quality service to patients.

The practice needed to introduce a formal appraisal system for the benefit of its staff.

## Governance, leadership and accountability

Lodge Dental Practice was owned by the principal dentist who is based there part time, spending the remainder of his time at the sister practice in New Inn.

We found the practice to have very good leadership and staff understood their roles and responsibilities. The day to day management of the practice was provided by the practice manager. We noted a good rapport between the practice staff.

The practice was well organised with good record keeping being maintained across most areas. We noted a wide range of policies and procedures in place to ensure the safety of both the staff and patients. In addition having a folder containing all the policies, the practice also displayed relevant policies, e.g., personal protective equipment policy and transportation and manual cleaning procedures in each surgery. We would advise that all the policies have issue and review dates, ensuring they are all up to date and staff have confidence that they have access to the most relevant/current information and guidance. We also advise that staff sign each document to evidence knowledge and understanding.

We noted that whilst the practice had a joint child protection and adult protection policy, it did not contain details of the local safeguarding teams.

#### Improvement needed

It is recommended for consistency that all policies have issue and review dates and records are kept of whether they have been read by all staff.

## Staff and resources

### Workforce

All clinical staff were registered with the General Dental Council. The dentists' HIW certificates were on display as required by the Private Dentistry (Wales) Regulations 2008.

The practice holds regular staff meetings after which minutes are drawn up. We were also told that the dental nurses also hold informal meetings to discuss issues pertinent to their role. We saw evidence that the practice has an induction programme and there was evidence of staff appraisals, although we were told that these are not carried out regularly. We recommend the practice introduce a formal and regular appraisal process for all practice staff.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection<sup>6</sup>. The practice was unable to provide proof of immunity with regard to the immunisation records for two members of clinical staff, only that they had received the vaccination. The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.

We saw certificates that evidenced that the majority of staff had attended training on a range of topics relevant to their role and meeting the Continuous Professional Development (CPD) requirements. However, there were

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<sup>6</sup> Welsh Health Circular (2007) 086

exceptions, and we noted that not all clinical staff had up to date training on Infection Control, IR(ME)R and Cardio Pulmonary Resuscitation.

The Regulations for Private Dentistry require that all dentists providing private dental services have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. The majority of clinical staff held a current certification.

#### Improvement needed

The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.

## 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

Our dental practice inspections are usually announced. Dental practices will receive up to 12 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.

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 details about how HIW inspects [dental practices](#) and [independent healthcare services](#) 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
The practice complaints policy and procedures relating to private dental treatment did not include contact for the registration authority, namely, Healthcare Inspectorate Wales	Patients may not be able to refer a concern or complaint to the registration authority.	During the course of the inspection the practice manager was advised of the omission.	The policy was amended before the end of the inspection.
Not all staff had received appropriate cardiopulmonary resuscitation training within the last twelve months	It is important that staff are trained in dealing with patient medical emergencies, including resuscitation, and possess up to date evidence of capability	During the course of the inspection the practice manager was advised of this.	The practice manager enrolled the staff on an appropriate training course.
There was no automatic external defibrillator on the site, and the practice	It is important that when dealing with a patient medical emergency to have	During the course of the inspection the practice manager	At the end of the inspection the practice manager showed us an email confirming the order of a

did not have access to one	appropriate equipment	was advised of this.	defibrillator for installation in the practice.
<p>The Radiation Protection file was maintained but was not complete. The following documents were not on the file:</p> <ul style="list-style-type: none"> <li>• A contract with the Radiation Protection Advisor.</li> <li>• Detailed critical examination reports, including dosage and beam direction / control zone</li> <li>• Service report for the digital X-ray machine</li> </ul>	<p>For the protection and safety of staff and patients the practice needs to ensure equipment is maintained and retains relevant documentation</p>	<p>During the course of the inspection the practice manager was advised of the omissions from the file.</p>	<p>Following the inspection the practice manager forwarded copies of the certificates and relevant documentation.</p>

## Appendix B – Immediate improvement plan

**Service:** Lodge Dental

**Date of inspection:** 11 October 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	Regulation/ Standard	Service action	Responsible officer	Timescale
There were no immediate assurance issues				

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:** Lodge Dental

**Date of inspection:** 11 October 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	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The practice set up a dedicated file to record all patient feedback and where applicable the practice's actions and responses.	Private Dentistry (Wales) Regulations 2008 Regulation 16	A file has been set up to record general feedback. The file is reviewed periodically by the practice management team.	Chris Lodge	November 2017
<b>Delivery of safe and effective care</b>				
We recommend that whilst refurbishment activities are underway, arrangements are made to secure the fire extinguishers sited on the first and second floors to ensure they are safe and	Private Dentistry (Wales) Regulations 2008 Regulation 14 (1)	All fire extinguishers are now re-secured to the walls.	Chris Lodge	October 2017

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
cannot be knocked over.	(d)			
The practice to ensure it disposes of its waste via the correct method, i.e. not to mix hazardous and non-hazardous waste.	Private Dentistry (Wales) Regulations 2008 Regulation 14	Procedures have been amended and implemented to ensure all out of date materials are disposed of correctly and not with the hazardous waste.	Chris Lodge	November 2017
The practice to ensure burs are stored in sealed packaging that is dated, as in the case of decontaminated instruments.	Private Dentistry (Wales) Regulations 2008 Regulation 14 (4)	Bur blocks have been purchased. All burs are stored within these blocks and are now contained within a sealed, bagged instrument tray.	Jan Porter	October 2017
We recommend that the practice uses distilled or ionised water for the final rinse of instruments.	Private Dentistry (Wales) Regulations 2008 Regulation 14 (4) WHTM 01-05	Distilled water is now being used for the final rinse of instruments	Jan Porter	October 2017
The practice must ensure all clinical staff have current certificates indicating that they have received appropriate infection control training in line with current CPD requirements	General Dental Council – Continuing Professional Development	All clinicians have now undertaken appropriate infection control training and certificates provided to the Practice Manager and filed in the individual staff's folder	Helen Knifton	October 2017

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The practice must make appropriate arrangements for the recording of obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used	Private Dentistry (Wales) Regulations 2008 Regulation 14 (2)	Arrangements for handling medicines are now in place and all relevant staff have been provided with training. See attached policy. Our waste disposal contractors Professional Hygiene now provide a blue pharmaceutical bin in which all out of date medicines are placed and collected.	Chris Lodge	November 2017
Reception staff to receive child and adult safeguarding training	General Dental Council – Continuing Professional Development	All reception staff will undertake child and adult safeguarding training in January 2018	Helen Knifton	January 2018
The practice must ensure all dentists providing private dental treatment hold current DBS Certificates.	Private Dentistry (Wales) Regulations 2008 Regulations 6 and 13 (3)(a)	The practice will ensure all dentists hold current DBS certificates. The DBS application for Stephen Lodge will be submitted immediately and the certificate provided to HIW.	Chris Lodge	January 2018
We recommend the practice put in place a programme for undertaking a wide range of clinical audits, including image quality	Private Dentistry (Wales) Regulations 2008	A programme will be established to undertake clinical audits, medical records and peer reviews during 2018. The practice intends to make use of the	Chris Lodge	January 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
assurance, medical records and peer reviews	Regulation 14 (2)	audits provided by the Wales Deanery		
The practice to ensure that the access door to the medical records is kept locked	National Minimum Standards for Independent Healthcare Services Standard 20	A lock has been placed on the door	Chris Lodge	November 2017
The practice to develop a system for monitoring referrals of patients into secondary care.	Private Dentistry (Wales) Regulations 2008 Regulation 14 (1)(a)	A referral book is kept on the main reception desk and all details of the referral are logged and monitored.	Helen Knifton	November 2017
<p>In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record:</p> <ul style="list-style-type: none"> <li>• Justification for the use of X-rays</li> <li>• Basis Periodontal Examination (BPE) levels</li> <li>• Patient's social history, including alcohol</li> </ul>	GDC: Standards for the Dental Team Standard 4.1	<p>All dentists provided with full details of record keeping requirements and regular audits will be carried out to ensure the consistency and quality of all record keeping.</p> <p>The medical history questionnaire has been updated to include full social history and is countersigned by the dentist.</p>	Helen Knifton	December 2017

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>use</p> <ul style="list-style-type: none"> <li>• Patients' consent to treatment</li> <li>• Cancer screening</li> <li>• Medical histories to be signed by the patient and countersigned by the dentist.</li> </ul>				
<b>Quality of management and leadership</b>				
<p>It is recommended for consistency that all policies have issue and review dates and records are kept of whether they have been read by all staff.</p>	<p>Private Dentistry (Wales) Regulations 2008 Regulation 14 (1) and (2)</p>	<p>Issue and review dates have been added to all policies and records will be kept to show that the policy has been read by staff.</p>	<p>Helen Knifton</p>	<p>November 2017</p>
<p>The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B</p>	<p>Private Dentistry (Wales) Regulations 2008 Regulation 14 (1)(d) and (2)</p>	<p>The practice has obtained confirmation that all clinical staff have the necessary immunity from Hepatitis B</p>	<p>Helen Knifton</p>	<p>November 2017</p>

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): Chris Lodge**

**Job role: Practice Manager**

**Date: 8<sup>th</sup> December 2017**