

General Dental Practice Inspection (Announced)

Cader Dental Practice, Dolgellau

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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 Cader Dental Practice at Cader Road, Dolgellau, Gwynedd, LL40 1RJ on the 24 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 Cader Dental Practice provides a friendly and professional dental service to their patients. However, we identified a number of areas which should be improved to support the safe and effective delivery of care.

This is what we found the service did well:

- The practice is committed to providing a positive experience for patients
- 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
- 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
- Surgery facilities was well-equipped, visibly clean, tidy and well organised
- We found that all chemicals were kept securely
- We found that the practice stored waste appropriately and safely

This is what we recommend the service could improve:

- Radiographic equipment
- Implement a range of clinical audits
- The floor and worktop surfaces should be sealed at the edges for easier cleaning in surgery and decontamination room
- Decontamination facilities to align with WHTM 01-05
- Ensure that sanitary disposal bin is provided in the unisex toilet
- Introduce regular staff meetings and arrange annual staff appraisals

3. What we found

Background of the service

Cader Dental Practice is a private only dental practice.

The practice staff team includes one principal dentist, one dental nurse and one trainee dental nurse.

A range of private dental services is 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 invited patients to tell us about their experiences of using the practice. The feedback gained from the patient questionnaires was positive and confirmed that patients were 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 13 completed questionnaires were returned. There was a good mix of questionnaires received from both relatively new patients at the practice (those that had been a patient for less than two years) and long term patients at the practice (those that had been a patient for more than 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:

“Excellent service given here/very friendly”

“No improvements needed”

“More information about out of hours problems that arise”

“Dental hygienist would be beneficial”

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 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

All patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

We 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

Each patient, 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.

While 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, around half of the 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.

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

We found that patient information was stored securely to ensure that personal and sensitive information was protected.

Communicating effectively

Patients who completed a questionnaire who were Welsh speakers told us that they were only sometimes able to speak to staff in Welsh. All non-Welsh speaking 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 said that they would know 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 and was given on the answer phone message.

Individual care

Planning care to promote independence

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

We considered a sample of patient records and found that 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 that patients' medical histories were reviewed and updated at each treatment appointment.

People's rights

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

The practice is located on the ground floor and is fully accessible for patients with mobility difficulties. Wheelchair users could access the reception, waiting area, toilet facility and the dental surgery.

Listening and learning from feedback

Almost a half of 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 practice did have a procedure in place for dealing with complaints and this was clearly displayed in the waiting area. However, the notice did not include

the correct timescales for responding to complaints nor did it contain the contact details of HIW as the registration authority. We brought this to the attention of the practice who immediately amended the procedure during our visit.

We saw evidence that the practice had a system in place to log formal and informal complaints and concerns. At the point of inspection, no complaints had been received at the practice.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to their patients in the reception area. We were informed by the practice that feedback is acted upon and any improved changes are implemented immediately. We advised the practice to display the patients' feedback analysis, demonstrating to patients that their individual feedback has been captured and acted upon to enhance learning and service improvement.

Improvement needed

Practice to display patients' feedback analysis.

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 regulations and other relevant legislation and guidance to ensure the health, safety and welfare of staff and patients. However, we did find that improvements were needed in the decontamination area, radiographic equipment and clinical audits.

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.

The building appeared to be very well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards.

There were no concerns raised by patients over the cleanliness of the dental practice. All patients who completed a questionnaire felt that, in their opinion, the dental practice was very clean.

There was one unisex toilet for use by patients and staff. The facility was signposted and visibly very clean. However, no sanitary disposal bin was in place. We also advised the practice to replace any open bins 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 practice accident book needed to be replaced with the 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations'

(RIDDOR) book which includes the Health and Safety Executive (HSE) contact details and protocols.

We found that all chemicals were kept securely and none were left in public areas.

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.

Improvement needed

Ensure all accidents are recorded in an approved RIDDOR book.

Ensure that a sanitary disposal bin is provided in the staff toilet and any open bins are replaced with foot operated bins.

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. The facility was clean, well equipped and uncluttered. However, we did recommend that the practice re-seal the worktop surface behind the sink.

Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination. We noted that the training certificates made reference to the Health Technical Memorandum (HTM) 01-05 which is the English equivalent to the Welsh WHTM 01-05. We brought this to the attention of the practice and advised them to ensure that all future training is based on WHTM 01-05.

During the demonstration of the decontamination process, we were informed that instruments are sometimes lifted out of the water bowl to be cleaned and rinsed under running water due to the detergent foam in the bowl. We advised the practice to consider using a non-foaming detergent and also advised that instruments should not be rinsed under running water.

We noted that the autoclave had a printer which automatically captures the sterilisation cycles of the instruments. We were informed that no daily sterilisation tests of the autoclave are undertaken before it is used to sterilise any instruments. We recommended that the practice ensures daily tests are

undertaken before the autoclave is used to demonstrate it has performed successfully. We also advised the practice to ensure that all bagged instruments were dry before they are sterilised.

We saw that instruments were bagged and dated with the expiry date only. We recommended to the practice that the processing date should also be included and any unwrapped and unused instruments should be re-processed at the end of the day.

We were informed by the practice that any impressions are disinfected before they are sent to the dental laboratory; however they are not disinfected on return from the laboratory. We recommended that the practice disinfect all laboratory work on return.

We saw that the practice had undertaken some audits of their infection control. However, the practice had not used the guidance and tool supported by the Wales Deanery¹. We recommended that they use this tool for future audits. The audit tool is aligned to Welsh Health Technical Memorandum 01-05 (WHTM 01-05) which is the standard for decontamination and infection control practices in dental surgeries in Wales.

Improvement needed

Ensure the worktop surface is re-sealed behind the sink in the decontamination room.

Ensure the autoclave is tested before it is used to sterilise any instruments.

Ensure all bagged instruments are dated with the processing and expiry date.

Ensure any unwrapped and unused instruments are re-processed at the end of the day.

Ensure all laboratory work is disinfected on return to the practice.

Ensure the Wales Deanery audit tool is used for future infection control audits.

¹ <https://www.walesdeanery.org/deanery-homepage>

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. The practice also undertakes regular emergency scenarios with staff which is good practice. We saw records indicating that the team had received all relevant training and all clinical staff had up to date cardiopulmonary resuscitation (CPR) training. The practice had a qualified first aider.

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 equipment and emergency drugs to ensure they remained in date and ready for use. We did recommend that the practice introduces a system to monitor the temperature of the fridge ensuring medication is stored at the correct temperature.

We also noted that the oxygen cylinder is checked on a daily basis which is good practice. However, we did recommend that the practice replaces the current size cylinder with the CD² size, which the practice agreed to do. We also recommended that the practice displays a compressed gas warning sign on the door where the gas cylinder is located. We found that a notification sign for the automatic external defibrillator (AED) was on display in the staff room; however we recommended that the AED sign is displayed on the door of the staff room.

We also found that the emergency kit contained latex gloves. As the rate of latex allergy is increasing among health professionals and the general public, we advised the practice that these should be replaced with non-latex gloves, which the practice did immediately.

² Oxygen cylinders should be of such a size to be portable easily, but must also allow for an adequate flow rate (e.g. 15 l.min⁻¹) until the arrival of an ambulance (e.g. a full 'CD' size integral valve cylinder contains 460 l of oxygen and can deliver a flow rate of 15 l.min⁻¹ for approximately 30 min).

Improvement needed

Introduce a system to monitor the temperature of the fridge.

Ensure a compressed gas warning sign is displayed on the staff room door along with an AED sign.

Ensure that the emergency kit contains a CD size oxygen cylinder.

Safeguarding children and adults at risk

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults. We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. However, during our discussions with staff, it was evident that not all team members were fully aware of how to identify any potential safeguarding issues. We recommend that the practice renew their training in safeguarding ensuring all staff at the practice can identify any potential safeguarding issues.

We confirmed that all relevant staff were registered with the General Dental Council (GDC) and all staff at the practice held a valid DBS check. However, details of the DBS disclosure were not available for us to view for the principal dentist.

Improvement needed

All staff at the practice to re-new their training in the protection of children and vulnerable adults.

Forward to HIW details of the DBS disclosure 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 and was visibly very clean and in good condition. However, we did recommend that the practice re-seal the flooring by the cabinetry units.

The surgery has two doors. One door is used by the patient to enter the surgery and one door is used by staff to access the staff room. We were informed that the nurse and dentist stand outside the staff room door when taking x-rays and

we noted that a 'controlled area' sign was on display in the staff room. However, there was no 'controlled area' sign on the door used by patients which leads to the waiting room. We recommended that the practice displays a 'controlled area' notification sign on the surgery door and on the Orthopantomogram (OPG) room to prevent unauthorised entry during x-rays being taken. We also noted that the surgery door contained an internal lock and advised the practice to consider using the lock when taking x-rays.

We noted that there was no rectangular collimator³ on the x-ray machine which limits the radiation dose a patient receives during routine dental X-rays.

We also observed that the x-ray machine had been left on whilst not in use. The local rules stated that the x-ray machine must be switched off when not in use. We brought this to the attention of the practice and advised them to ensure that the x-ray machine is switched off when not in use.

We saw that the X-ray machine and the OPG / CT scanner had been serviced and we saw the maintenance documentation. However, it was disappointing to note that the practice had not fully acted upon the recommendations. We immediately brought this to the attention of the practice and we were verbally assured that the identified actions will be investigated and implemented.

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

We found no evidence that the practice had undertaken any annual image quality assurance audits of X-rays.

³ The Ionising Radiation (Medical Exposure) Regulations 2000 recommend the use of rectangular collimation to limit the radiation dose a patient receives during routine dental X-rays.

Improvement needed

Re-seal the flooring by the cabinetry units in the surgery.

Ensure a 'controlled area' notification sign is displayed on the surgery door and outside the OPG room.

Ensure that a rectangular collimator is installed on the x-ray machine.

Ensure that all the maintenance check recommendations for the x-ray machine and OPG /CT scanner are carried as soon as possible.

Ensure annual quality assurances of audits are undertaken.

Effective care

Safe and clinically effective care

The practice did not have a programme in place for undertaking a wide range of clinical audits with the aim of identifying areas for improvement. We recommend that the practice implement a programme of audits across the year.

Improvement needed

Implement a range of clinical audits with a view to identifying areas for improvement.

Quality improvement, research and innovation

The practice confirmed that they have not 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 also informed us that no peer review of clinical staff have taken place at the practice.

Improvement needed

Self evaluate using the Maturity Matrix Dentistry tool.

Implementation of clinical peer review.

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

A sample of patients' records completed by the principal dentist was reviewed.

Overall, there was evidence that the practice as a whole is keeping good clinical records. However, we did identify some areas of improvement to the clinical notes. We discussed with the principal dentist the importance of recording the baseline BPE for patients and recording cancer screening. We also strongly recommended that the principal dentist reviews the British Periodontal Society guidelines and also review the Delivering Better Oral Health guidelines.

Improvement needed

Recording of baseline BPE and cancer screening.

Principal dentist to review the British Periodontal Society guidelines and the Delivering Better Oral Health guidelines.

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.

We identified some improvements needed in the governance and management of the practice. No audits have been undertaken or any quality assurance checks. No evidence of formal team meetings or staff appraisals being undertaken.

However, the staff team appeared very happy in their roles and were competent in carrying out their duties and responsibilities with strong commitment to providing high quality service to their patients.

Governance, leadership and accountability

The principal dentist is responsible for the day to day operation of the practice and we found some improvements needed in governance and management. Although the daily operation of the practice was underpinned by a range of clinical procedures there were no quality assurance processes to ensure that these policies were being adhered to. We know this because we were not able to consistently confirm these arrangements when looking at a variety of records and policies.

Staff and resources

Workforce

We saw some of the staff induction folders and overall these were well arranged. However, not all training certificates were easily to hand for all members of the team. We advised the practice to ensure that all personal information and relevant training certificates are kept within staff individual files at the practice and a system put in place to monitor their Continuing Professional Development (CPD) training records which the practice agreed to do.

We were informed that the team meets informally, on a regular basis, to discuss any issues. However, no records were kept of these meetings and we recommended to the practice that all team meetings, formal or informal should be minuted and recorded. We were also informed that no staff appraisals have taken place.

We saw that the HIW registration certificate was prominently displayed in the waiting area as required by the Private Dentistry (Wales) Regulations 2008. However, the certificate contained the incorrect address for HIW. We advised the practice to contact the Registration Team at HIW in order for a replacement certificate to be issued.

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 contained a review date and / or were version controlled. We advised the practice to ensure all policies and procedures contain a review date and / or are version controlled, along with staff signatures demonstrating that these have been read and understood.

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

Improvement needed

Ensure all staff personnel folders are kept at the practice, are well organised and contain all relevant training certificates and CPD records.

Ensure that all team meetings are minuted and formally recorded.

Ensure all staff receive formal annual appraisals.

Ensure all policies and procedures are regularly reviewed, contain review dates and / or version controlled and contain staff signatures.

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
There were no immediate concerns identified during the inspection.			

Appendix B – Immediate improvement plan

Service: Cader Dental Practice

Date of inspection: 24 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 identified during the 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: Cader Dental Practice

Date of inspection: 24 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
Quality of the patient experience				
Practice to display patients' feedback analysis.	GDC Guidance, Section 2.1	We have decided to create charts each quarter to display our patient feedback.	Dr Uday Georgis BDS, MSc	Completed
Delivery of safe and effective care				
Ensure all accidents are recorded in an approved RIDDOR book.	Health and Safety Executive (HSE)	A new HSE approved accident/ RIDDOR book has been purchased for the correct recording of accidents or incidents.	Dr Uday Georgis BDS, MSc	Completed.
Ensure that a sanitary disposal bin is provided in the staff toilet and any open bins are replaced with foot operated bins.	Workplace (Health, Safety and Welfare) Regulations	Sensor operated sanitary disposal bins have been placed in both bathrooms, and open bins have been replaced with	Dr Uday Georgis BDS, MSc	Completed.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	1992	foot operated bins where required.		
Ensure the worktop surface is re-sealed behind the sink in the decontamination room.	WHTM 01-05	Work surface in decontamination room has been resealed.	Dr Uday Georgis BDS, MSc	Completed.
Ensure the autoclave is tested before it is used to sterilise any instruments.	WHTM 01-05	As discussed with one of the inspectors, the Autoclave is tested on the first cycle each day and we agreed that if it wasn't sufficient the cycle could be repeated. The autoclave automatically records its readings and also prints, this includes temperatures and times.	Dr Uday Georgis BDS, MSc	Completed.
Ensure all bagged instruments are dated with the processing and expiry date. Ensure any unwrapped and unused instruments are re-processed at the end of the day.	WHTM 01-05	We now write the sterilisation date on packaging as well as the expiry date. All opened or unwrapped instruments are re-sterilised at the end of the working day.	Dr Uday Georgis BDS, MSc	Completed.
Ensure all laboratory work is disinfected on return to the practice.	WHTM 01-05	All laboratory work is disinfected before being sent and is disinfected on its return to the practice.	Dr Uday Georgis BDS, MSc	Completed.
Ensure the Wales Deanery audit tool is used for	Wales	We will begin to use the Wales Deanery auditing tool when carrying out our	Dr Uday Georgis	1 month

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
future infection control audits.	Deanary	audits here at the practice. This will help us to compare with established good practice.	BDS, MSc	January 2018.
Introduce a system to monitor the temperature of the fridge.	WHTM 01-05	A new fridge has been purchased. And a thermometer has been placed within the fridge and the temperature is recorded daily.	Dr Uday Georgis BDS, MSc	Completed.
Ensure a compressed gas warning sign is displayed on the staff room door along with an AED sign.	WHTM 01-05	We are in the process of purchasing additional AED and Gas signs.	Dr Uday Georgis BDS, MSc	1 month January 2018.
Ensure that the emergency kit contains a CD size oxygen cylinder.	Resuscitation Council UK	A new CD size oxygen cylinder has been purchased.	Dr Uday Georgis BDS, MSc	Completed.
All staff at the practice to re-new their training in the protection of children and vulnerable adults.	GDC GUIDANCE 4.3.3, 8.5	Waiting for appropriate course to become available from the Wales Deanery.	Dr Uday Georgis BDS, MSc	On going.
Forward to HIW details of the DBS disclosure for the principal dentist.	Regulation 13 (3) (c) Schedule 2	Principal Dentist has E-mailed details of DBS disclosure to the HIW.	Dr Uday Georgis BDS, MSc	Completed.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Re-seal the flooring by the cabinetry units in the surgery.	WHTM 01-05	Surgery Flooring has all been re-sealed using a special heating method.	Dr Uday Georgis BDS, MSc	Completed.
Ensure a 'controlled area' notification sign is displayed on the surgery door and outside the OPG room.	IR(ME)R 2000	'Controlled Area' signs are now in place outside of the surgery and also the OPG room.	Dr Uday Georgis BDS, MSc	Completed.
Ensure that a rectangular collimator is installed on the x-ray machine.	IR(ME)R 2000	Request has been sent to all the related companies regarding this part of the x-ray machine	Dr Uday Georgis BDS, MSc	On going.
Ensure that all the maintenance check recommendations for the x-ray machine and OPG /CT scanner are carried out as soon as possible.	IR(ME)R 2000	All maintenance work and any recommendations made will be carried out for both machines, and will be done so to meet the standards set by IR(ME)R 2000.	Dr Uday Georgis BDS, MSc	On going.
Ensure annual quality assurances of X-ray audits are undertaken.	WHTM 01-05, Section 2.23	We will begin to carry out quality assurances of any X-Ray audits completed.	Dr Uday Georgis BDS, MSc	1 month January 2018.
Implement a range of clinical audits with a view to identifying areas for improvement.	Private Dentistry Regs	Clinical audits are already carried out, however we will begin to use the Wales Deanery audit tool. We will identify	Dr Uday Georgis	1 month January

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	2008	areas for improvement and decide on the best ways to over-come any issues which may arise.	BDS, MSc	2018.
Self evaluate using the Maturity Matrix Dentistry tool.	Wales Deanery	We have looked at the Maturity Matrix on the Wales Deanery website and will self-evaluate using this method.	Dr Uday Georgis BDS, MSc	1 month January 2018.
Implementation of clinical peer review.	Private Dentistry Regs 2008	Requests have been sent to nearby practices, awaiting responses.	Dr Uday Georgis BDS, MSc	On going now requests have been sent.
Recording of baseline BPE and cancer screening.	GDC Guidance	Recording of baseline BPE is done according to the GDC guidance, any abnormal soft tissue is made known to the patient and immediate action is taken by referral to secondary care.	Dr Uday Georgis BDS, MSc	Continuous.
Principal dentist to review the British Periodontal Society guidelines and the Delivering Better Oral Health guidelines.	British Periodontal Society guidelines; and Delivering Better Oral	Principal Dentist has begun reading journals of recent updates of the periodontal society, which is helping to provide better oral health advice for our patients.	Dr Uday Georgis BDS, MSc	Has begun and is Continuous.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Health guidelines.			
Quality of management and leadership				
Ensure all staff personnel folders are kept at the practice, are well organised and contains all relevant training certificates and CPD records.	GDC Standards	A personal folder has been created for each member of the practice team to keep all documentation together and in order.	Dr Uday Georgis BDS, MSc	Completed and continuous.
Ensure that all team meetings are minuted and formally recorded.	GDC Standards 6	All team meetings now have minutes taken, are formally recorded, signed and dated as evidence of attendance and understanding.	Dr Uday Georgis BDS, MSc	Completed and continuous.
Ensure all staff receives formal annual appraisals.	GDC Standards 6	Annual appraisals will be put in place for each member of the practice staff.	Dr Uday Georgis BDS, MSc	1 month January 2018.
Ensure all policies and procedures are regularly reviewed, contain review dates and / or version controlled and contain staff signatures.		Practice policies and procedures have been read by each member of the practice team, have been signed and dated as evidence of understanding and all staff have a willingness to review each policy regularly.	Dr Uday Georgis BDS, MSc	Completed and continuous.

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): Uday Georgis, BDS, MSc

Job role: Principal Dentist

Date: 13/12/2017