



General Dental Practice Inspection (Announced)

Manor Road Dental Practice Ltd,
Abertawe Bro Morgannwg
University Health Board

Inspection date: 15 January 2018

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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 at Manor Road Dental Practice Ltd, at 72 Manor Road, Manselton, Swansea SA5 9PN within Abertawe Bro Morgannwg University Health Board on the 15 January 2018.

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), 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 the staff at Manor Road Dental Practice provided safe and effective care to its patients.

The practice was patient focussed and during the inspection we observed staff being friendly and professional towards patients.

We saw evidence of strong leadership and the practice had the necessary policies and procedures in place to support the patients, the practice and staff.

The practice needs to ensure that records are maintained in accordance with professional standards for record keeping

This is what we found the service did well:

- There was evidence of strong leadership from the practice manager
- The practice actively sought patient feedback
- The clinical areas were visibly clean and tidy and well equipped.
- Dental equipment was well maintained and regularly serviced

This is what we recommend the service could improve:

- All clinical staff receive up to date training relevant to their role
- Records are to be maintained in accordance with professional standards for record keeping, namely the Private Dentistry (Wales) Regulations 2008 and the General Dental Council Guidance

3. What we found

Background of the service

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

The practice has a staff team which includes four dentists, two hygienists, two therapists, six dental nurses, four trainee dental nurses, one receptionist and one 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.

We found the practice was committed to providing a positive experience for its patients.

Patients who completed the HIW 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 18 questionnaires were completed. Patient comments included the following:

Always greeted either on phone or in person in a friendly and professional manner. This is also reflected in the distance I travel for treatment as stated previously way above average treatment

I have received a very high standard of care while being a part of this practice and would recommend them to anyone who needs a dentist

Great practice. I'm a well cared for patient

Staying healthy

In the waiting area we saw a selection of health promotion information leaflets available. These included leaflets about treatments and preventative advice. In addition, the practice had a large display informing patients about oral cancer.

All patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

All the patients who completed a questionnaire told us that they had been treated with respect when they visited the practice. One patient provided the following comment in the questionnaires praising the staff:

“Manor Rd is the best dental practice that I have been to. I am particularly happy with the manner in which all staff speak to and treat my six year old daughter also”

During the inspection we observed staff being polite and courteous when speaking to patients, including children, and when speaking to patients on the telephone.

If there was a need to hold a private conversation with a patient, staff told us they would use the treatment co-ordinator's office, the practice manager's office, or if the patient was unable to climb the stairs, a free surgery on the ground floor. Telephone calls could also be made from the practice manager's office affording the patient privacy.

Patient medical records were electronic. We were told that archived paper records were stored securely in the practice's attic.

Patient information

All of the patients who completed a questionnaire told us that they felt as involved (as much as they wanted to be) in any decisions made about their treatment. All but one of the patients said that when they need treatment the dental team helps them to understand all available options.

The majority of patients who completed a questionnaire said that the cost of any treatment was made clear to them before they received any treatment and told us that they understood how the cost of their treatment was calculated.

We saw price lists displaying NHS dental treatment and private dental treatment costs in the waiting area.

The practising dentists' details and their respective opening hours were displayed at the entrance to the practice. This display only included names and qualifications of the permanent dentists, not of the locum who worked at the practice on a part time basis. We recommend the practice include the details of the locum dentist.

The practice leaflet which was available to patients did not contain details of the current practising dentists. We recommend this is updated to provide current clinician information.

Improvement needed

The practice to add the details of the locum dentist to those of the resident dentists displayed at the main entrance.

Practice information leaflet to be updated to provide details of current practising dentists.

Communicating effectively

All of the patients who completed a questionnaire, which included Welsh and non-Welsh speakers, told us that they were always able to speak to staff in their preferred language.

The practice has a website, which was in line with General Dental Council (GDC) ethical advertising guidance¹ but needed to be updated to include reference to out of hours dental services contact information.

Improvement needed

The practice needs to review and update its website to include reference to out of hours dental services contact information.

Timely care

The majority of the 18 patients who completed a questionnaire said they would know how to access the out of hours dental services if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were displayed both inside and outside of the practice. This information was also provided on the practice's answerphone message.

¹ [https://www.gdc-uk.org/api/files/Guidance%20on%20advertising%20\(Sept%202013\).pdf](https://www.gdc-uk.org/api/files/Guidance%20on%20advertising%20(Sept%202013).pdf)

During its opening hours 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 advise the patients waiting of any delay.

Individual care

Planning care to promote independence

A review of patient records showed that patients are asked about their medical history at the time of their visit. All of the patients who completed a questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment.

People's rights

We found access to the practice to be good. The waiting and reception areas were on the ground floor. Patients enter into the waiting area which is separated from the reception area by a step. Those with mobility difficulties were able to enter the reception area by a separate entrance and they were also able to access the surgeries on the ground floor.

Toilet facilities were available for patient use on the ground floor with good access and hand rails providing support for patients that require it.

Listening and learning from feedback

The majority of patients that completed a questionnaire said they would know how to raise a concern or complaint about the services they received at the dental practice.

The practice had a complaints policy for both NHS and private dental treatment. Where relevant the policy was aligned to the NHS complaints process "Putting Things Right" and with regard to private dental treatment to the Private Dentistry Wales 2008 Regulations. The policy was available bilingually, in patient information folders in the waiting area, as well as being displayed in the waiting and reception areas.

The practice maintained a folder containing comprehensive records of complaints received, action taken and outcomes. Some of this information was also being stored on patient records. We would recommend that information relating to a formal complaint is not added to the patient record. The practice also recorded verbal/informal concerns on patient records. It is recommended patients' feedback is kept separate from their medical notes and advise that the practice maintain a notebook in reception to record any verbal feedback.

Together with the information on the complaints folder, this would enable the practice to identify any recurring themes.

The practice undertakes patient surveys annually and there is a suggestion box in the waiting area. Patients that completed a questionnaire seemed to be aware of these surveys; all but one patient said that the practice asks for their views on the dental practice, for example, through patient questionnaires. Feedback from the surveys and suggestion box are analysed and results are fed back to all staff at a practice meeting.

Improvement needed

The practice to develop an alternative process for recording patient complaints and informal feedback.

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 practice had dedicated facilities for the decontamination of dental instruments and we saw contracts were in place that ensured the facilities and environment were safe and well maintained

The practice needs to ensure patient medical records are completed in line with professional standards for record keeping at each visit

Safe care

We raised concerns regarding the requirement for all clinical staff to hold current certificates in respect of infection control, Ionising Radiation and the protection of vulnerable adults during the inspection. When these were brought to the attention of the practice manager arrangements were made for the relevant clinical staff to attend appropriate courses. Details of the immediate improvements we identified are provided in Appendix A.

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 well maintained and during the inspection external work was underway to resolve an issue with the chimney. The emergency resuscitation kit was kept in a cupboard on the first floor. The vacuum cleaner was also stored in the same cupboard. At the time of the inspection the cleaner's electrical cord was loose and was a trip hazard if someone was reaching for the emergency kit. When brought to the practice manager's attention this was resolved immediately. We observed the surgeries and public areas to be clean and uncluttered. We noted a heavy layer of dust in an unused

ventilation vent in the decontamination room. The vent was cleaned as soon as it was brought to the practice manager's attention.

There were no concerns expressed by the patients who completed a questionnaire, about the cleanliness of the practice.

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice. We did note that the paper shredder sited at the reception desk had not been tested. We recommend this is included in the next scheduled test. We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out with the last twelve months to ensure that the equipment worked properly. Directions for the emergency exits were visible.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. The practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist, relevant safety data sheets providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice.

The practice has a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book which included the Health and Safety Executive (HSE) contact details and protocols. We noted that there was a health and safety poster in place.

At the time of our visit there were facilities to dispose of feminine hygiene products in the patient toilet and one of the staff toilets but not in the second staff toilet and shower room. We recommended that the practice review current regulations regarding this provision and provide the necessary amenities.

Improvement needed

The practice to ensure that all relevant electrical equipment is included in the next scheduled portable appliance testing.

Facilities need to be made available for the hygienic disposal of feminine hygiene waste in the staff toilet.

Infection prevention and control

The practice had dedicated and appropriate facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05².

Sterilisation equipment underwent maintenance checks in accordance with manufacturer guidance and we saw evidence that the log books for checking the sterilisation equipment were maintained. There was also a daily task checklist on the wall for use by staff. The practice had an infection control policy in place.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination room.

With the exception of one dental nurse, who was booked to attend a forthcoming course, all staff had received training within the last twelve months, we saw evidence that all clinical staff had certificates on file to confirm their infection control training was up to date.

The practice had undertaken infection control audits as recommended by WHTM 01-05 guidelines.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy. To ensure all members of staff know their role if there is a medical emergency we would recommend the practice's medical emergencies policy is amended to include information on roles and responsibilities of staff if an emergency arose.

With the exception of one dentist and three trainee dental nurses, staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The

² 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

practice must ensure that all staff hold current certificates for appropriate training. The practice had three appointed first aiders.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance. These were stored securely and could be accessed easily.

We noted that the practice had in place a system to check monthly that emergency drugs and equipment were in date and ready for use. We would recommend these checks are done weekly.

We noted that prescription pads were kept securely. The practice records concerns about adverse reactions to drugs in its accident book. We recommend the practice report problems experienced with medicines or medical devices via the MHRA Yellow Card³ scheme.

Improvement needed

The practice to ensure that all staff have access to and complete relevant Medical Emergencies and CPR training.

The practice to amend its medical emergencies policy to include information on roles and responsibilities of staff should an emergency arise.

The practice to introduce weekly checks for its emergency drugs and resuscitation equipment.

The practice to report any adverse drug reactions to the MHRA through its Yellow Card Scheme.

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, containing the contact

³ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

details for the relevant safeguarding agencies. All bar one dental nurse had completed training in the protection of vulnerable adults. Before the end of the inspection arrangements had been made for the nurse to complete an online training course.

There were arrangements in place for staff to raise any concerns, and staff told us they felt able to do this in the practice. All staff held Disclosure and Barring Service (DBS) certificates.

Medical devices, equipment and diagnostic systems

We saw that the surgeries were visibly clean and contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and contained all the essential information. The X-ray machine on the ground floor was situated in a separate room to the surgeries. We noted that there were no markings on the floor indicating a safe area for the operator to stand. We would advise appropriate markings are put in place to ensure safe use of the X-ray machine.

In accordance with the requirements of the General Dental Council⁴ and Ionising Radiation (Medical Exposure) Regulations⁵ (IR(ME)R) 2000 all clinical staff, with the exception of one dental nurse, had completed the required training. Arrangements had been made for the nurse to attend relevant training by the end of January 2018.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence that the practice had undertaken audits in a

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

⁵ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

number of areas, including waste management and X-rays taken. It also undertook one audit in accordance with WHTM 01-05⁶ in 2015, together with more recent self assessments. WHTM 01-05 guidance advises that practices review their audit results at least annually, or when a decontamination issue arises, to ensure that good practice is maintained.

The practice has also undertaken a number of additional audits, including patient records, hand washing and an inspection of all clinical instruments.

Improvement needed

In accordance with guidance, the practice to undertake annual audits in line with WHTM 01-05.

Quality improvement, research and innovation

The dentists hold twice monthly meetings for the purposes of peer reviews. Dental nurses also meet separately following the practice meetings to discuss clinical issues. In addition the practice completed the Wales Deanery Maturity Matrix Dentistry⁷ practice development tool. The tool is a dental practice development tool that allows a dental team to focus on how they work.

Information governance and communications technology

The practice had a data protection policy in place to protect patients' data. The practice had mainly electronic files that were backed up regularly. Non-electronic patient information was stored securely in the practice's attic.

Record keeping

⁶ 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.

⁷ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

We reviewed a sample of patients' records. We found that in some cases there were some omissions, namely:

- Lack of evidence of smoking cessation advice being given
- Lack of evidence of cancer screening being undertaken
- No evidence of soft tissue checks being undertaken
- Basic Periodontal Examination⁸ (BPE) levels not always recorded
- Treatment plans were not always recorded

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:

- Smoking cessation advice
- Cancer screening
- Soft tissue checks
- Treatment plans

⁸ 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

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.

During the inspection we found evidence of good leadership and lines of accountability. The practice manager was responsible for the day to day management of the practice.

There were good management structures in place for the benefit of staff including staff appraisals and there were a comprehensive range of relevant policies and procedures in place.

The minutes of staff meetings need to be circulated to all staff.

Governance, leadership and accountability

Manor Road Dental Practice Ltd is co-owned by the principal dentist and practice manager. We found the practice to have strong leadership and staff understood their roles and responsibilities.

The practice was well organised and there was a wide range of policies and procedures in place to ensure the safety of both staff and patients. We saw evidence that the policies were reviewed annually by the practice manager. We noted that only the trainee dental nurses had signed to demonstrate that they had read the policies. We advise that all staff sign each policy to confirm that they have been read and to evidence knowledge and understanding.

Staff and resources

Workforce

Staff told us that they enjoyed working in the practice and we observed a strong rapport between all practice staff. We noted that all staff had employment contracts and we saw evidence on staff files that the practice had an induction programme in place that was reviewed at one month and three months of employment. There was also a programme of staff appraisals and personal

development plans, for both clinical and non-clinical staff. We saw certificates that evidenced the majority of staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The practice holds regular staff meetings after which minutes are drawn up but are not circulated to staff. We would recommend that after each meeting the minutes are circulated to all staff. The minutes demonstrated that the meetings provided an opportunity for staff to learn from each other, for example, how to greet and speak to patients and completion of patient notes.

The Regulations for Private Dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out on all members of clinical and non-clinical staff.

We saw evidence that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place. Private Dentistry (Wales) Regulations 2008 require original registration certificates to be displayed. One dentist had only provided a photocopy and another dentist's certificate did not relate to this practice. The practice needs to ensure that the original certificates are displayed and not photocopies, and that the certificates relate to the practice. Under the Private Dentistry (Wales) Regulations 2008 the requirement for a practice to ensure that original certificates are displayed and not photocopies, and that the certificates relate to the practice would be a recommendation. The Private Dentistry (Wales) Regulations 2017 will come into effect on 1st April 2018 and given the proximity of this change of regulation HIW recognises that it would not be practicable for a practice to obtain new certificates at this point in time.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all members of clinical staff.

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

Appendix B – Immediate improvement plan

Service: Manor Road Dental Practice

Date of inspection: 15 January 2018

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				

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: Manor Road Dental Practice

Date of inspection: 15 January 2018

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	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
[The practice to add the details of the locum dentist to those of the resident dentists displayed at the main entrance.]	[4.2 Patient Information]	[Details of the locum dentist has been added to the list in the main entrance]	[Karen Miles Practice Manager]	[Already Displayed]
[Practice information leaflet to be updated to provide details of current resident dentists.]		[The Practice Information leaflet has been updated to reflect the current resident dentist]	[Karen Miles Practice Manager]	[Already Amended]
[The practice needs to review and update its website to include reference to out of hours]	[3.2 Communicating]	[The website Technician will be informed of the additional information needed to]	[Karen Miles Practice Manager]	[1 month]

Improvement needed	Standard	Service action	Responsible officer	Timescale
dental services contact information]	effectively]	be added]		
[The practice to develop an alternative process for recording patient complaints and informal feedback.]	[6.3 Listening and Learning from feedback]	[Formal complaints will no longer be recorded on the patient records. Verbal and informal concerns will be recorded on a separate log book. This new procedure will be brought to the next staff meeting]	[Karen Miles Practice Manager]	[2 months]
Delivery of safe and effective care				
[The practice to ensure that all relevant electrical equipment is included in the next scheduled portable appliance testing.]	[2.1 Managing risk and promoting health and safety]	[PAT test has taken place on 26 th February 2018 and all electrical appliances have been tested]	[Karen Miles Practice Manager]	[PAT test taken place on 26 th February 2018]
[Facilities need to be made available for the hygienic disposal of feminine hygiene waste in the staff toilet.]		[The company dealing with the feminine waste hygiene will be contacted and an extra disposal bin will be put in place.]	[Karen Miles Practice Manager]	[2 months]
[The practice to ensure that all staff have access to and complete relevant Medical Emergencies and CPR training.]	[2.6 Medicines Management]	[Staff who have not completed a relevant CPR / Medical Emergency course have been made aware.]	[Karen Miles Practice Manager]	[3 months]
[The practice to amend its medical emergencies		[Policy has been amended to reflect the	[Karen Miles	[Policy has

Improvement needed	Standard	Service action	Responsible officer	Timescale
policy to include information on roles and responsibilities of staff should an emergency arise.]		roles of staff if an emergency should arise]	Practice Manager	been amended]
[The practice to introduce weekly checks for its emergency drugs and resuscitation equipment.]		[Chart has been produced for weekly checks and added on to weekly checklist]	[Karen Miles Practice Manager]	[New chart being used]
[The practice to report any adverse drug reactions to the MHRA through its Yellow Card Scheme]		[Posters and forms have been produced and staff are to be made aware of Yellow card Scheme in the next practice meeting]	[Karen Miles Practice Manager]	[1 month]
[In accordance with guidance, the practice to undertake annual audits in line with WHTM 01-05.]	[3.1 Safe and Clinically Effective care]	[An audit will be carried out in line with WHTM 01-05. Wales Deanery has been contacted and all relevant documentation will be sent.]	[Karen Miles Practice Manager]	[2 months]
[In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record: Smoking cessation advice Cancer screening	[3.5 Record keeping]	[A pro forma has been created to use at every patient examination which covers all relevant points. This is currently in use.]	[Karen Miles Practice Manager]	[New pro forma in use]

Improvement needed	Standard	Service action	Responsible officer	Timescale
Soft tissue checks Treatment plans]				
Quality of management and leadership				
[In accordance with Private Dentistry (Wales) Regulations 2008 the practice is to display all dentists' original HIW certificates so that they can be seen by patients.]	[7.1 Workforce]	[]	[]	[]
[The practice to ensure all HIW certificates are practice specific]		[]	[]	[]

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): [Karen Miles]

Job role: [Managing Director]

Date: [20/03/2018]