



General Dental Practice Inspection (Announced)

Brynteg Dental Practice, Hywel
Dda University Health Board

Inspection date: 22 February
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 Brynteg Dental Practice at 34 Station Road, Upper Brynamman, Ammanford SA18 1SF, within Hywel Dda University Health Board on the 22 February 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 Brynteg Dental Practice provided a friendly and professional service to their patients.

The practice was patient focused and had appropriate policies and procedures, in place to ensure the safety of both staff and patients.

We noted that the practice was clean and tidy and we saw documentation demonstrating that the dental equipment was maintained and regularly serviced.

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

This is what we found the service did well:

- We observed staff interaction with patients to be professional, kind and courteous
- The practice had a good range of policies and procedures in place
- Appropriate arrangements were in place for the safe use of X-rays.

This is what we recommend the service could improve:

- The practice needs to maintain a record of when they monitor emergency drugs and equipment expiry dates
- All clinical and non-clinical staff should receive up to date training relevant to their roles
- The practice needs to introduce a programme of audits for the purposes of identifying areas for improvement.
- Patient 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

Brynteg Dental Practice provides services to patients in the Ammanford area. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

The practice has a staff team which includes three dentists, two 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 that the practice was committed to providing a positive experience for their patients.

Patients who provided comments indicated that they were treated with respect when they visited the practice and we observed staff being courteous and professional

The practice needs to develop a system for recording informal/verbal patient feedback.

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 22 questionnaires were completed. The majority of completed questionnaires were from patients who had been a patient at the practice for more than two years. Patients were asked on the questionnaires how the dental practice could improve the service it provides; some of the patient comments included:

"No improvements necessary"

"Cost information"

"It's fine as it is".

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.

During the inspection we observed staff being polite and courteous when speaking to patients.

If there was a need to hold a private conversation with a patient, staff told us they would use a free surgery or the staff room. Telephone calls could also be made from the staff room or the X-ray room, affording the patient privacy.

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 and 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.

Whilst it was provided in the practice information leaflet, we saw price lists displaying NHS dental treatment in the waiting area but not for private dental treatment costs. A practice must ensure price lists are displayed including a list of basic items and providing clear information on prices, for both NHS and private dental care. We recommend that the practice display both private and NHS dental treatment price lists.

The practising dentists' details, practice opening hours and emergency number were displayed in the practice's front window. This was duplicated in the practice leaflet which was available to patients.

The practice had a website which contained details of private dental treatment that it provides together with a price list and dental health advice. In order to comply with General Dental Council¹ (GDC) ethical advertising guidance we recommend it is updated to include the correct information regarding the details of those dentists based in this practice.

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)

Improvement needed

We recommend that the practice display both private and NHS dental treatment price lists

The practice needs to review and update its website to include correct information about its resident dentists.

Communicating effectively

Patients were asked in the questionnaires whether they considered themselves to be a Welsh speaker. Eight patients said that they considered themselves to be Welsh speakers. Of those eight patients, half said they were able to speak to staff in Welsh if they wanted to. The majority of patients indicated on the questionnaire that they were always able to speak to staff in their preferred language.

During the inspection we observed staff being polite and courteous when speaking to patients in person and on the telephone

Timely care

15 of the 22 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. Details of how patients could access emergency dental care when the practice was closed were displayed on the front window of the practice, and in the practice information leaflet. This information was also provided on the practice's answerphone message.

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 patient waiting of any delay.

Individual care

Planning care to promote independence

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

People's rights

The main entrance, reception, waiting area and surgeries were on the same level which made them accessible for patients with mobility difficulties.

Toilet facilities were available for patient use on the ground floor with good access and hand rails providing support for patients that require it. We would advise the practice consider installing an alarm in the toilet.

Listening and learning from feedback

The majority of the 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"² and with regard to private dental treatment to the Private Dentistry Wales 2008 Regulations³. The policy was displayed in the waiting area.

The practice maintained a folder containing records of complaints received and outcomes for those practices that the practice manager was responsible for. Some of the information was incomplete. We recommend that the complaints folder contain comprehensive information regarding the complaint, action taken and outcome.

We saw that the practice had a Suggestion Box in the waiting area. We were told that all suggestions received were reviewed regularly to identify if any could

² "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales.

³ [www.dentalprotection.org/uk/help-advice/regulations/wales/private-dentistry-\(wales\)-regulations-2008](http://www.dentalprotection.org/uk/help-advice/regulations/wales/private-dentistry-(wales)-regulations-2008)

be implemented. We advised the practice might wish to consider providing patients with feedback on the suggestions submitted.

We were told that the practice did not record verbal concerns. It is recommended all patients' feedback is recorded to enable any recurring themes to be identified. We would suggest the practice maintain a notebook in reception to record any verbal feedback.

Improvement needed

The practice to develop a process for recording patient concerns, recording the complaint, action taken, timescales and outcome.

The practice to consider implementing a process for recording verbal concerns and 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. We noted that clinical facilities were well equipped and were visibly clean and tidy, although there were some signs of wear and tear which needed addressing.

There were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

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

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 given by patients over the cleanliness of the dental practice; all but two of the patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean.

Externally, the building appeared to be well maintained. Overall, the surgeries were clean with instruments and equipment stored appropriately. We did note at the time of the inspection that following a leak there was some damage to the wall of one surgery where plaster was peeling off. We noted that this had been highlighted in a risk assessment undertaken one month ago and recommend this is rectified as soon as possible. There was also a leather sofa in this surgery and we advise that the surgery develop a disinfection protocol for this furniture. The non clinical areas were clean and uncluttered. There were no concerns expressed by the patients over the cleanliness of the dental 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

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.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. At the time of the inspection the lock on the clinical waste receptacle, situated to the rear of the practice was broken. We saw evidence showing that a replacement had been ordered and delivery was imminent.

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.

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 policy, 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.

At the time of our visit there were facilities to dispose of feminine hygiene products in the patient toilet but not in the staff toilet. We saw evidence to show that a feminine hygiene bin had been ordered last year. We recommend that in keeping with current regulations regarding this provision the practice should provide the necessary amenities.

Improvement needed

The practice to address any signs of wear and tear in the clinical areas

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) 01-05⁴.

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. 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. All clinical staff provided evidence of current infection control training.

The practice had undertaken infection control audits but we noted that these followed HTM 01-05 (England) guidelines. We recommend that these audits are undertaken in accordance with Welsh guidance, WHTM 0105. This guidance also advises that practices review their audit results at least annually, or when a decontamination issue arises, to ensure that good practice is maintained.

Improvement needed

The practice to undertake infection control audits in line with Welsh guidance, WHTM 01-05 and suggest, in keeping with good practice, the results of the audit are forwarded to the Wales Deanery for comment.

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.

⁴ 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

With the exception of the practice manager, staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Healthcare providers have an obligation to provide resuscitation skills in the event of a cardio respiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to each individual's expected role⁵. Best practice would be for non-clinical staff hold current certificates and we would advise that arrangements are made for the practice manager to attend appropriate training.

The practice manager told us she was the appointed First Aider but did not hold a current certificate and is not based in the practice; therefore there are days when there is no first aider on site. We recommend the practice ensure sufficient staff attend First Aid training and ensure that there is a First Aider present in the practice at all times.

We saw that emergency drugs and equipment were stored appropriately and told that, in accordance with the standards set out by the Resuscitation Council (UK)⁶, they were being checked but there was no checklist to confirm this. We would recommend that the practice put in place a log book to show that weekly checks are carried out.

Improvement needed

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

The practice to ensure sufficient staff attend First Aid training and that there is a First Aider present in the practice at all times

The practice to put in place a log book to confirm weekly checks on the emergency drugs and equipment.

⁵ <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

⁶ [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, containing the contact details for the relevant safeguarding agencies.

Not all staff had completed training in one or both aspects of training, i.e. protection of children and protection of vulnerable adults. We recommend the practice ensures that staff, clinical and non-clinical, who have access to patients, complete training in both child and adult protection.

There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in the practice.

Improvement needed

The practice must ensure that all staff have access to and complete relevant safeguarding training.

Medical devices, equipment and diagnostic systems

During the inspection we saw that all 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 machine was regularly serviced. The radiation protection file was maintained and contained all the essential information.

In accordance with the requirements of the General Dental Council⁷ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000⁸ all clinical staff had completed the required training.

We did not see evidence that the compressor was being serviced.

⁷ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁸ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Improvement needed

The practice to provide HIW documentation to confirm that the compressor is being serviced regularly in accordance with manufacturer's instructions.

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 an audit of radiographs in 2017 but not in line with guidance provided by the Wales Deanery. The principle dentist has also undertaken an audit of patient records. The practice also undertook an audit in accordance with HTM 01-05 (England). 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.

Quality improvement, research and innovation

We were told that the dentists meet informally to discuss cases relevant at the time. They do not meet for the purpose of peer reviews. We would recommend formal and regular meetings are arranged between the dentists for this purpose. We would suggest these include dentists from some or all of the sister practices within the Brynteg group.

Improvement needed

The dentists to arrange formal and regular meetings for the purpose of peer review.

Information governance and communications technology

The practice held paper records that were stored within filing cabinets in the staff room which is accessed via one of the surgeries. On the day of the inspection we noted that four of the filing cabinets did not have keys and would recommend that they are all kept locked at all times.

The practice had appropriate policies and procedures in place, including a data protection policy and freedom of information policy.

Improvement needed

The practice to ensure the filing cabinets in which patient records are stored are kept locked at all times.

Record keeping

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

- Charting was not being dated
- Radiographs to be graded by the dentist
- Reasons for recall, in accordance with NICE guidance, were not always being recorded.

We would recommend that the practice undertake a full clinical record audit.

Improvement needed

In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information.

In accordance with NICE guidelines, the practice is to record on patient records reasons for recall.

The practice to undertake a full clinical audit of its patient records.

Quality of management and leadership

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

We found 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 had in place a comprehensive range of relevant policies and procedures but must ensure they are practice specific.

Governance, leadership and accountability

Brynteg Dental Practice, Brynamman is one of five practices (Carmarthen, Ammanford, Tenby and Sketty) in the Brynteg group. Day to day management is provided by the practice manager who was also responsible for the Carmarthen and Tenby practices. On the day of the inspection one member of staff said they would like to see the practice manager visit the practice more often. Staff understood their roles and responsibilities.

The practice was 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 by the practice manager. We advise that all staff sign each policy to confirm that they have been read and to evidence knowledge and understanding. The policies were universal for the Brynteg Dental Group and we recommend that they are reviewed to ensure that where applicable they are practice specific.

We noted that a wide programme of risk assessments in respect of the practice and staff, including fire safety, COSHH, First Aid, manual handling, had also been undertaken.

Improvement needed

The practice to ensure that where applicable the policies are practice specific.

Staff and resources

Workforce

During the inspection we observed a strong rapport between the 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. There was also a programme of staff appraisals for dental nurses 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 were meeting the Continuing Professional Development (CPD) requirements.

The practice holds regular staff meetings after which minutes are drawn up. We would recommend that after each meeting the minutes are circulated to all staff and a form is signed to demonstrate that they have been read. The practice also arranges "lunch and learn" events for all staff.

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 staff with the exception of one dentist.

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. Only one dentist provides private dental treatment and we saw their HIW certificate clearly displayed.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection⁹. The practice was unable to provide proof of immunity with regard to the immunisation records for one member of clinical staff. The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.

Improvement needed

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

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

⁹ Welsh Health Circular (2007) 086

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 |
|--|---|-------------------------------|------------------------------|
| No immediate concerns were identified on this inspection | | | |

Appendix B – Immediate improvement plan

Service: Brynteg Dental Practice

Date of inspection: 22 February 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: Brynteg Dental Practice

Date of inspection: 22 February 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 | | | | |
| We recommend that the practice display both private and NHS dental treatment price lists | 4.2 Patient Information | Private fees displayed | Louise Anderson | Completed |
| The practice needs to review and update its website to include correct information about its resident dentists. | | Contact web designer, website currently being updated | Louise Anderson | May 2018 |
| The practice to develop a process for recording | 6.3 Listening and | New complaints file, with checklist for | Louise Anderson | Completed |

| | | | | |
|---|--|---|-----------------|-----------|
| patient concerns, recording the complaint, action taken, timescales and outcome. | Learning from feedback | recording, action taken, timescales and outcome | | |
| The practice to consider implementing a process for recording verbal concerns and feedback. | | Have a notebook at reception | Louise Anderson | Completed |
| Delivery of safe and effective care | | | | |
| The practice to address any signs of wear and tear in the clinical areas | 2.1 Managing risk and promoting health and safety | Small amount of rain damage to be sanded, treated and repainted | Louise Anderson | Completed |
| Facilities need to be made available for the hygienic disposal of feminine hygiene waste in the staff toilet. | | Ordered -chase up PHS | Lowri Thomas | Completed |
| The practice to undertake infection control audits in line with Welsh guidance, WHTM 01-05 and suggest, in keeping with good practice, the results of the audit are forwarded to the Wales Deanery for comment. | 2.4 Infection Prevention and Control (IPC) and Decontamination | English version completed instead of Welsh, now have the WHTM0105 audit | Lowri Thomas | Completed |
| The practice to amend its medical emergencies policy to include information on roles and responsibilities of staff should an emergency | 2.6 Medicines Management | Policy amended | Lowri Thomas | Completed |

| | | | | | |
|--|---|---|--------------|---------------|---|
| arise. | | | | | |
| The practice to ensure sufficient staff attend First Aid training and that there is a First Aider present in the practice at all times | | All staff to do first aid training | Lowri Thomas | Within month | 1 |
| The practice to put in place a log book to confirm weekly checks on the emergency drugs and equipment. | | Log book already in place at time of inspection | Lowri Thomas | Completed | |
| The practice must ensure that all staff have access to and complete relevant safeguarding training. | 2.7 Safeguarding children and adults at risk | All staff to do Level 3 child protection training | Lowri Thomas | Within month | 1 |
| The practice to provide HIW documentation to confirm that the compressor is being serviced regularly in accordance with manufacturer's instructions. | 2.9 Medical devices, equipment and diagnostic systems | Compressor was serviced and engineers report shown to inspectors, test certificate to follow from DBG | Lowri Thomas | Completed | |
| We recommend the practice put in place a programme for undertaking a wide range of | 3.1 Safe and Clinically Effective care | Clinical audits to be completed | Lowri Thomas | Within months | 3 |

| | | | | | |
|--|--|--|-----------------|-----------------------|---|
| clinical audits. | | | | | |
| The dentists to arrange formal and regular meetings for the purpose of peer review. | 3.3 Quality Improvement, Research and Innovation | To organise peer review meetings | All dentists | Within month | 1 |
| The practice to ensure the filing cabinets in which patient records are stored are kept locked at all times. | 3.4 Information Governance and Communications Technology | To replace filing cabinets without keys | Louise Anderson | Within month | 1 |
| In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information. | 3.5 Record keeping | Dentists to record comprehensive information | All dentists | Completed and ongoing | |
| In accordance with NICE guidelines, the practice is to record on patient records reasons for recall. | | NICE pathways used | All dentists | Completed and ongoing | |
| The practice to undertake a full clinical audit of its patient records. | | | All staff | Ongoing | |

Quality of management and leadership

| | | | | |
|---|---|--|-----------------|-----------|
| The practice to ensure that where applicable the policies are practice specific. | Governance, Leadership and Accountability | All policies are practice specific | Louise Anderson | Completed |
| The practice must ensure all dentists providing private dental treatment hold current DBS Certificates in accordance with the Private Dentistry (Wales) Regulations 2008. | 7.1 Workforce | The dentist that did not have a current DBS does not provide private dentistry however we have now performed a DBS check | Louise Anderson | Completed |
| The practice to obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B | | Hep B blood test obtained | Louise Anderson | Completed |

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): Louise Anderson

Job role: Practice Manager

Date: 8/5/18