



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

Wyeclyff Dental Surgery, Aneurin  
Bevan University Health Board

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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 Wyecliff Dental Surgery, St James Field, Pontypool, NP4 6JT, within Aneurin Bevan University Health Board on 24 July 2018.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) 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 identified that Wyecliff Dental Surgery was clean and tidy, and saw documentation demonstrating that electrical and mechanical equipment was safe, maintained appropriately and regularly serviced. We saw that staff were polite, friendly and professional towards patients at all times and we saw evidence that patients rated the service provided by the dental practice as excellent.

However, we identified that the practice was inconsistently providing safe and effective care to patients. There were some but not all of the required policies and procedures in place, and we found some evidence that the practice was not fully compliant with the Private Dentistry (Wales) Regulations 2017 and Health and Care Standards in all areas.

We could also not be assured, in all instances that the practice was maintaining an acceptable quality of service specifically in relation to maintaining patient safety and protecting against healthcare associated infections, in all instances. This was because there were numerous items that had passed their expiry date. Therefore, we could not be assured that the items remained sterile or that they were viable for use.

This is what we found the service did well:

- Patients were provided with relevant information to make informed decisions about their treatment and they were satisfied with the service they received
- Patients were always provided with information on how to keep their mouth and teeth healthy
- Staff felt supported and had access to training opportunities
- The practice was well-equipped, clean and tidy

- Appropriate arrangements were in place for the safe use of electrical and mechanical equipment.

This is what we recommend the service could improve:

- Ensure staff adhere to full guidance when undertaking the cleaning and sterilisation and storage of dental instruments
- Provision of patient information leaflets promoting oral health and hygiene and maintain accurate treatment options
- Ensure patient privacy and dignity is maintained at all times

We identified regulatory breaches during this inspection. Further details of these can be found in Appendix C.

We also identified that the service was not compliant with maintaining safe clinical practice with regards to implementing all policies and procedures required by the Private Dentistry (Wales) Regulations (PDR) 2017. The absence of such a range of policies and procedures poses a risk to maintaining patient and staff safety.

HIW could not be assured that the practice was maintaining an acceptable quality of service as required. This is because the practice did not ensure that:

- All instruments and products used in or for the purposes of the private dental practice is safe and in good condition and suitable for the purpose for which it is to be used
- Patients are protected against identifiable risks of acquiring a health care-associated infection.

and that the appropriate standards of cleanliness and hygiene were maintained for:

- Dental instruments, products and reusable medical devices used for the purpose of carrying on the private dental practice
- Materials to be used in the treatment of service users where such materials are at risk of being unclean, not sterile or unfit for use.

We discovered these issues when reviewing and inspecting the main ground floor stock cupboards and the stock in each of the three dental surgeries within the practice. There were multiple products or instruments that had passed their expiry/use by date and there was the potential for inappropriate use of some products or instruments on patients.

When we discussed this with the registered manager, we were not satisfied that they accepted the seriousness of these findings. We were also not assured that the rationale provided for the use of non-sterile blades being attached to a handset and then sterilised prior to use would occur in all instances. In addition, there were also out of date sterile blades located within all surgeries and stock cupboards.

We were told that all the diamond burs<sup>1</sup> were sterilised and reused however, this is a concern since the packaging clearly stated on numerous burs that they were single use only as well as many packs being out of date.

It was established that there is no process in place to ensure that stock is checked regularly to ensure the sterility of products before using them to treat patients. For example, numerous dental products and antiseptic products used to clean both instruments and work surfaces within the surgery had expired.

The impact of this is that the practice is not maintaining patient safety and protecting against healthcare associated infections, in all instances.

These are serious matters and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

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<sup>1</sup> A Diamond Bur is a rotary device of differing shapes and sizes to shape and prepare teeth for restoration or extraction. It contains diamond particles and is used as an abrasive in dentistry



## 3. What we found

### **Background of the service**

Wyecliff Dental Surgery provides services to patients in the Pontypool area of Torfaen. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes three dentists, two hygienists, three dental nurses and one receptionist (who is also a registered dental nurse).

The registered manager is the principal dentist and is also the practice owner.

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

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, we found the practice was providing a positive patient experience and all patients who completed a HIW questionnaire, rated the service provided as excellent.

Privacy and dignity was maintained in most instances however, we recommend that the practice arrange for the installation of a privacy screen on the window of the ground floor surgery. This will prevent anyone passing by, being able to view patients receiving treatment.

A good selection of patient information was displayed on the walls within the ground floor waiting area, highlighting the treatments provided, price lists and the complaints policy. The practice had a good complaints policy with minimal complaints reported and a good process for documenting the timeline and progress of complaints.

There was a limited selection of oral health and hygiene promotion leaflets available to patients. This needs to be addressed to ensure that all patients attending the practice are able to access relevant information.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. A total of thirty three questionnaires were completed. Patient comments included the following:

*"There is always a very personal touch at the surgery"*

*"Everyone is very kind and helpful"*

*"The treatment I receive is always first class"*

*"Excellent treatment. Very friendly staff. Very approachable"*

## Staying healthy

### Health promotion protection and improvement

On the day of our inspection, we observed no smoking signs within the building and there were leaflets available with information about smoking cessation and on heart health. There were also some information posters for general and oral health promotion on the walls within the reception waiting area.

All patients who completed a HIW questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. However, we noted that there were very few oral health and hygiene promotion leaflets available.

#### Improvement needed

Provide additional oral health and hygiene promotion leaflets in the reception waiting area.

## Dignified care

The staff presented as a small team and we observed them speaking to patients in a respectful and professional manner and demonstrating friendly, polite and courteous interactions with them.

We saw that the doors to the surgeries (where patients received care during the inspection), remained closed to maintain privacy and dignity.

On the ground floor, there was a reception and waiting area. The reception section was a small hatch inside the waiting area which meant that it was possible for patients waiting, to overhear any conversations taking place. However; if there was a need to talk to a patient privately out of the surgeries, staff could conduct such conversations within the practice office, behind the reception.

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

Whilst patient privacy and dignity was maintained in most instances, we identified that when patients arrived at the practice; they had to walk past the ground floor surgery and were able to see inside. Furthermore, there was patient information displayed on the surgery window and when we read this information, it was possible to see a patient receiving treatment in the chair.

We recommend that the practice installs a frosted privacy screen to the lower part of the window in the ground floor surgery. This would maximise the privacy and dignity of the patients receiving treatment in the dental chair.

We identified that the practice did not display the General Dental Council<sup>2</sup> (GDC) Standards<sup>3</sup> for the Dental Team poster, describing nine principles patients should expect from their dental care team whilst delivering care and treatment.

We recommend that the practice displays the GDC standards for the dental team in the reception waiting area.

#### Improvement needed

Install a frosted privacy screen to the lower part of the window of the ground floor surgery, to prevent passers by looking inside at times when patients are receiving treatment

Display the GDC standards for the dental team in the reception waiting area.

#### Patient information

The practice provides a range of private and NHS dental treatments. Information on costs for both NHS and private treatments were clearly displayed in the waiting area.

Where applicable, all but one patient that completed a questionnaire said that the cost of their treatment was always made clear to them before they received the treatment. In addition, all patients said that the dental team helped them

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<sup>2</sup> The General Dental Council is the regulatory body for dental care professionals

<sup>3</sup> <https://standards.gdc-uk.org/>

understand all available treatment options, and that they were involved as much as they wanted to be, with any decisions about their treatment. This demonstrates that patients had all relevant information required to provide informed consent to treatment.

We saw that the patient information leaflet contained information on the practice's opening hours, treatments on offer and other relevant patient information. However, additional information is required within the information leaflet, to comply with the Private Dentistry (Wales) Regulations 2017. We recommend that the arrangement for dealing with patients who are violent or abusive to staff is inserted within the information leaflet.

Whilst the patient information leaflet was displayed on the wall in the waiting area, there were no leaflets available on the day for the patients to read and take away from the surgery. We recommend that the practice provides these for patients within the waiting area.

We saw that signage in the practice was mostly adequate however, there were no signs identifying the two first floor surgeries therefore, we advise that a sign is placed on both first floor surgery doors, to identify them as such. This is because, on the day of inspection, patients were not always escorted to the surgeries when they are called.

#### Improvement needed

The arrangements for dealing with patients who are violent or abusive to staff must be included within the patient information leaflet.

Provide practice information leaflets for patients within the waiting area.

#### Communicating effectively

All patients who completed a questionnaire said that they were English speakers and they could always speak to staff in their preferred language.

Whilst not all staff at the practice could speak Welsh, they told us that if patients wanted to converse in Welsh, then they could do so with one of the dental nurses and in Cantonese with one of the dentists.

The dental nurses we spoke to were unaware of the access the Health Board's language line to aid communication. However, the two dentists we spoke to were aware of this. We recommend that the practice manager communicates this information to the full team so that they are all aware should the need arise to use this service.

### Improvement needed

The registered manager should communicate the availability of the Health Board's language line to all practice staff.

## Timely care

The practice endeavours to provide dental care in a timely manner and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. All patients who completed a questionnaire told us that they found it very easy to get an appointment when they needed to.

One patient provided a positive comment in relation to timely care and two suggested an improvement:

*"The dentist have always fitted me in when I needed emergency treatment"*

*"More frequent hygienist appointments (understand availability may be an issue)"*

*"Make more NHS appointments available"*

All but three patients who completed a questionnaire said that they knew how to access the out of hour's dental service if they had an urgent dental problem. A telephone number for this service was available to patients. The information and telephone number was displayed on the wall in the waiting room, near the practice main entrance, on the answer phone message and within the patient information leaflet.

## Individual care

### Planning care to promote independence

We reviewed a sample of patient records and found that very good records of treatment options and planning. In addition, we were able to see that valid consent was obtained for treatment from each patient.

All patients who completed a questionnaire told us that the dental team helped them to understand all available options when they needed treatment and that

they were involved as much as they wanted to be, in any decisions made about their treatment.

Within the patient records, each patient's medical history was reviewed and updated at each visit. All of the patients who completed a questionnaire confirmed that the dentist enquired about their medical history before undertaking any treatment.

All patients who completed a questionnaire told us that the dental team has also talked to them about how to keep their mouth and teeth healthy.

## People's rights

The practice was located in a converted house with a number of steps from the pavement up to the entrance. There was no dedicated car park but patients could park in a nearby public car park or within the street, if there were spaces available.

The practice was split over two floors. On the ground floor there was one dental surgery and the main reception with a waiting area. There was also an office with the staff toilet and stock room located to the rear. On the first floor, accessed by climbing a staircase, there were a further two dental surgeries, the decontamination room and patient toilet.

We found that access to the practice would be difficult for those with mobility issues and would not be able to accommodate patients who were wheelchair users.

The main entrance led to a corridor and off this was a surgery, practice office and the reception and waiting area. Staff informed us that if less mobile patients required to use the toilet and were unable to climb the staircase, they could use the staff toilet to the rear of the practice office.

Staff told us that they always informed potential new patients of the difficulty accessing all facilities if they had mobility issues and this information was also present within the patient information leaflet. Staff also reported that if a patient required a practice with full wheelchair access to all facilities, they would refer them to a nearby practice.

There was a surgery located on the ground floor which could be accessed by those with some mobility difficulties.

The practice had and up to date Equality Act and Confidentiality Policy in place. In addition, we noted that the practice had an equality and diversity policy in

place, which demonstrated a commitment to ensuring that everyone has access to the same opportunities and to the same fair treatment.

### Listening and learning from feedback

We saw that the practice had a written complaints policy and procedure in place. Information for patients on how to raise a concern was displayed for patients in the waiting area for both NHS and private patients. The displayed time scale for a response followed that of the NHS Wales Putting Things Right process<sup>4</sup>. However, there were no leaflets for the Putting Things Right process on offer within the waiting area.

We recommend that the NHS Wales Putting Things Right leaflet is available for patients within the waiting area.

The practice had received minimal complaints and the last was in 2015. We found that there was an appropriate process in place to record and address any formal concerns if received. There was also a very good template in place to record a timeline on the progress of each complaint, where all staff could document relevant details. In addition, copies of the original complaint and responses were placed within this file.

The practice had a process in place for obtaining patient feedback about the services and care received. The process was not regular but, they did undertake ad hoc patient satisfaction surveys. We did not see evidence of how the practice later fed back to patients.

We recommend that the practice implements a regular formal process for obtaining patient feedback, and if any change is made following received feedback, then to inform all patients as appropriate, of this.

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<sup>4</sup> '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.



### Improvement needed

The NHS Wales Putting Things Right leaflet must be available for patients within the waiting area.

Implement a regular formal process for obtaining patient feedback and if any changes are made following feedback then inform all patients as appropriate of this.

## 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 some but not all arrangements were in place to protect the safety and well-being of staff and patients or visitors within the practice.

A good process for cleaning and sterilising dental instruments was demonstrated although; we did identify a tray of instruments left uncovered and unattended due to an emergency admission for treatment. However, staff rectified this issue immediately by re-sterilising the relevant tray.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used and maintained safely.

Some improvements were required to ensure all information within patient records was consistently and appropriately recorded.

### Safe care

We had concerns that the practice was non compliant with some of the Private Dentistry (Wales) Regulations (PDR) 2017.

We could not be assured that the practice was maintaining safe clinical practice with regards to implementing all policies and procedures required within the PDR 2017. This is because they had not prepared and implemented written policies and procedures as required for example:

- the arrangements for assessment, diagnosis and treatment of patients;
- ensuring that the premises used for the purpose of carrying on the private dental practice is at all times fit for that purpose,

- monitoring the quality and suitability of facilities and equipment, including maintenance of such equipment.

The absence of such a range of policies and procedures poses a risk to maintaining patient and staff safety.

We could also not be assured, in all instances that the practice was maintaining an acceptable quality of service specifically in relation to maintaining patient safety and protecting against healthcare associated infections, in all instances. This was because there were numerous items that had passed their expiry date. Therefore, we could not be assured that the items remained sterile or that they were viable for use.

These concerns were dealt with under our non compliance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

### **Managing risk and promoting health and safety**

Overall, we found that some, but not all, arrangements were in place to protect the safety and well-being of staff, patients and other visitors at the practice.

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

There were no concerns expressed by patients over the cleanliness of the dental practice and every patient who completed a questionnaire said that, in their opinion, the dental practice was very clean.

There was one ground floor toilet for staff use and one patient toilet on the first floor. Patient toilet facilities were signposted and were visibly very clean and tidy. There was also a poster displaying the correct procedure for hand washing.

There was a bin for sanitary product disposal located in the ground floor staff toilet however; this was a tall non touch operated bin with a clinical waste bag. There was no sanitary bin located in the first floor patient toilet.

The Workplace (Health, Safety & Welfare) Regulation 1992<sup>5</sup> recommends that all businesses should ensure all female toilets are provided with a suitable method for disposing of sanitary waste. Therefore, we recommend that a suitable sanitary disposal bin is placed within both toilets. We raised this with the registered manager during our inspection and she verbally assured us that she would implement this as soon as possible. This has been implemented at the time of the report.

We had significant concerns with the ground floor staff toilet. This toilet was within the rear section of the practice and was a small room off the main stock area and staff kitchen area, where drinks and some food are prepared. There was no hand wash basin inside the staff toilet therefore, staff (or patients) would have to leave the toilet room and then use the kitchen sink to clean their hands.

During our inspection, we saw that the kitchen sink contained a wash bowl with numerous kitchen items soaking within it. Therefore, anyone using the toilet could not effectively wash their hands and could also risk contaminating the kitchen items.

We recommend that a wash hand basin is placed inside the ground floor toilet room. We discussed this with the registered manager and she verbally assured us that she would make appropriate arrangements for this to be installed.

All clinical waste bins inside the surgeries were stored securely however; the external clinical waste bins, located at the rear of the practice, were not secure and one bin was also unlocked.

We recommend that the outdoor clinical waste bins are kept locked at all times and are secure to that they cannot be easily removed from the practice. For example, chain both to the wall or house within a lockable shed.

We identified that portable appliance testing (PAT) was regularly undertaken to ensure that equipment was safe for use.

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<sup>5</sup> Workplace (Health, Safety and Welfare) Regulations 1992 is a United Kingdom Statutory Instrument that stipulates general requirements on accommodation standards for nearly all workplaces

Fire extinguishers were secure throughout the building and were serviced regularly. We also saw that the practice had undertaken a fire risk assessment within the past 12 months and we were told that fire drills were carried out regularly during the monthly staff meetings. Directions for the emergency exits were clearly visible and the Health and Safety poster was on display.

Only two staff members had received fire safety training in the past 12 months therefore, we recommend that all staff undertake fire safety training as soon as possible. The registered manager verbally assured us that she would arrange this.

Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002<sup>6</sup>, employers must prevent or minimise staff exposure to substances that are hazardous to their health. We found that all chemicals were stored securely and none were left in public areas. There was a file available containing all relevant data sheets and local guidance for the management of COSHH and a COSHH policy and relevant risk assessments were in place and had been recently reviewed.

The practice had a policy and process in place to manage waste appropriately and safely. Contract documents were 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 or containers in accordance with the correct method of disposal and stored securely while awaiting collection (apart from the unsecure external bins referred to, above).

During our inspection of the surgeries, we observed that all sharps boxes were correctly assembled and labels completed appropriately. However; none of these were wall mounted or placed in a secure cradle or stand, which posed a risk for sharps spillage and potential risk of sharps injury.

We recommend that all sharps bins are wall mounted or stored securely in a sharps cradle or stand.

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<sup>6</sup> The Control of Substances Hazardous to Health Regulations 2002, as amended is a United Kingdom Statutory Instrument that states general requirements on employers to protect employees and other persons from the hazards of substances used at work by risk assessment, control of exposure, health surveillance and incident planning

The practice had a record book for reporting any incidents or injuries, and staff were aware of their requirement for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013)<sup>7</sup>.

We found that some, but not all, policies and procedures were in place to manage health and safety at the practice. The absence of these has been addressed under our non compliance notification process as discussed above.

There were appropriate resuscitation policies and procedures in place that are reviewed annually. All staff had been recently updated with CPR training and all necessary emergency equipment and medication was available.

#### Improvement needed

A suitable sanitary disposal bin to be placed within both staff and patient toilets

A wash hand basin to be installed in the ground floor toilet

The outdoor clinical waste bins must be kept locked at all times and are secured so that they cannot be easily removed from the practice

All staff must complete fire safety training as soon as possible

All sharps bins should be wall mounted or stored securely in a sharps cradle or stand.

#### Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>8</sup>. The facility was very clean, well

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<sup>7</sup> RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences or near misses

<sup>8</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

organised, well equipped and uncluttered and had the relevant personal and protective equipment available for staff such as, eye protection, aprons and gloves.

Staff demonstrated the decontamination process well and we found that the procedures in place for cleaning and sterilisation of instruments were in line with latest best practice guidelines. However, when we entered the decontamination room we noticed a tray of instruments were placed on the clean work surface and were not covered with a sterile sheet or other means for maintaining sterility.

We were told that this occurred on the day of inspection because the practice had an emergency patient attend the practice and once the instruments were removed from the autoclave, nobody was available to place them in a sterile bag after cooling. We were verbally assured that the usual practice as per local policy and procedure is that; the instruments were left to cool inside the autoclave before placing in a sterile bag.

We were assured that the unpacked instruments were re-sterilised in the autoclave during inspection.

We also noted that the dental instruments were stored and transported in line with the current decontamination policy following the sterilisation process other than the one incident discussed above.

On inspection of the stock room and three surgeries, we were not assured that that there were appropriate procedures in place to minimise the risk of cross infection to protect patients and reduce the risk of developing a healthcare associated infection. This is because there was a significant amount of expired dental instruments and products in all four areas.

When we discussed this with the Registered Manager, we were not satisfied that they accepted the seriousness of these findings. We were also not assured that the rationale provided for the use of non-sterile blades being attached to a handset and then sterilised prior to use would occur in all instances. In addition,

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there were also out of date sterile blades located within all surgeries and stock cupboards.

We were also told that all the diamond burs were sterilised and reused. This is a concern since the packaging clearly stated on numerous burs that they were single use only, as well as many of the packets being out of date.

We identified that there was no process in place to ensure that stock is checked regularly to ensure the sterility of products before using on patients. For example, the antiseptic products used to clean both instruments and work surfaces within the surgery had expired and numerous expired items were also present.

We identified that all but one clinical staff member had evidence of relevant up to date infection control training. Therefore, we recommend that all remaining staff undertake infection control training as soon as possible.

We did not identify a process in place for regular audits for example, WHTM 01-05 audit and antibiotic audits not completed. The WHTM audit (paper checklist) commenced over a year ago in February 2017, but had not been completed or submitted electronically on the day of inspection. The last antibiotic audit undertaken was in 2012.

We recommend that the registered manger ensures that the practice undertakes regular audits and develops a policy for audit.

There were numerous policies absent as required within the PDR 2017 as discussed earlier in relation to our non compliance process. This was consistent with our findings above such as:

- To ensure that the premises used for the purpose of carrying on the private dental practice are at all times fit for that purpose;
- To monitor the quality and suitability of facilities and equipment, including maintenance of such equipment;

#### Improvement needed

All staff to complete infection control training as soon as possible.

The practice must undertake regular audits and specifically the WHTM 01-05, and submit these as applicable.



## Medicines management

The practice held appropriate emergency drugs and emergency resuscitation equipment, as recommended within the UK Resuscitation Council guidance<sup>9</sup>. All were available for use in an emergency situation (for example, patient collapse), and were easily accessible. The drugs and equipment were being checked on a regular basis to ensure they remained in date and safe to use. A poster for the correct resuscitation procedure was also displayed in each surgery and the waiting area.

We found that all staff had received training within the last 12 months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice also had two appointed first aiders however, one required update training.

We recommend that both appointed first aiders have up to date first aid refresher training. The practice manager verbally assured us that both would undertake refresher training as soon as possible, and full training for the second, who's certificate was due to expire in September 2018.

In the event of an adverse drug reaction, a staff member was unaware of the procedure for reporting any adverse reactions and we recommend the practice should ensure that all staff are aware of how to report any adverse reactions with medicines or medical devices via the MHRA Yellow Card Scheme<sup>10</sup>.

### Improvement needed

Both appointed first aiders to have up to date first aid training and annual refresher training.

All staff to be made aware of how to report any adverse reactions with medicines or medical devices via the MHRA Yellow Card Scheme.

## Safeguarding children and adults at risk

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<sup>9</sup> <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

<sup>10</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

The practice had appropriate policies in place to promote and protect the welfare of children and adults who are vulnerable or are at risk, which also contained the contact details for the relevant safeguarding agencies. All staff members had completed training which was up to date in both adult and child protection.

There were arrangements in place for staff to raise any safeguarding concerns, and staff told us they felt able to do this in the practice. The process for safeguarding concerns was displayed in all surgeries and in the waiting area.

We identified that that the practice did not have robust policies and procedures in place to ensure safe recruitment and induction of new members of staff, including all pre-employment checks, to help protect both staff and patients against inappropriate personnel employment. This was addressed through our non compliance process.

All practice staff held full Disclosure and Barring Service (DBS)<sup>11</sup> certificates.

### **Medical devices, equipment and diagnostic systems**

We inspected the clinical facilities within the surgeries and found that they contained relevant, maintained and fully serviced mechanical equipment, to sustain the safety of patients and staff. The surgeries were also well organised (with the exception of expired stock) and tidy however, we identified some aspects which required improvement.

We found that some surgeries required floor sealant around the perimeter of the surgery, fitted floor units and around the dental chairs. We recommend that the sealant is implemented where applicable within each surgery. This is to maintain robust cleaning as required within infection prevention and control, guidelines.

All radiography equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of

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<sup>11</sup> The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involving children or vulnerable adults, and provides wider access to criminal record information through its disclosure service for England and Wales.

radiographic (X-ray) equipment. We also saw evidence of up to date ionising radiation training for all relevant clinical staff and there was a comprehensive radiation policy in place.

The practice also provided evidence of servicing for the compressor on the day of inspection.

#### Improvement needed

Floor sealant to be implemented around the perimeter of the surgery walls, fitted floor units and around the dental chairs as applicable within each surgery.

### Effective care

#### Safe and clinically effective care

We were not assured that the practice was seeking to continuously improve the service provided, as addressed in our non compliance process, and we did not identify that up to date audits had been fully completed as highlighted earlier. However, we did identify audits for X-ray use and emergency equipment.

We did not identify a process to ensure that staff had immediate access to, or the display of any up to date guidance for example, the latest National Institute for Health and Care Excellence (NICE) guidance, safety alerts, and practice initiatives or developments. However, some staff stated that any updates as such were discussed in the monthly practice meetings. However, there was minimal detail of this in the meeting minutes that we reviewed.

We recommend that the registered manager implements a robust process to ensure that staff can access and are aware of the most relevant up to date guidance, safety alerts and development required for the practice.

There was no policy in place for arrangements to accept patients and assessment, diagnosis and treatment of patients as discussed earlier.

There was some evidence to show that the practice does access relevant professional advice for example, when referring patients for other dental

services not undertaken at the practice. However, we were concerned on discussion with one dentist that they would not follow the advice of some consultant cardiology experts for example, by refusing to prescribe antibiotics for patients with tooth extraction, when advised by a cardiologist for patients deemed high risk of acquiring endocarditis<sup>12</sup>.

We recommend that the registered manager develops a policy for antibiotic prescribing. This should include the process for a consultation with the referring consultant and the patient, to establish what is in the best interest for each individual patient. The policy should also highlight delegating the responsibility to the relevant prescriber, for example, the cardiologist.

#### Improvement needed

Implement a robust process to ensure that staff can access and are aware of the most relevant up to date guidance, safety alerts and development required for the practice

Develop a policy for antibiotic prescribing, and which should include the medical and patient consultation process and relevant prescriber's responsibility.

#### Quality improvement, research and innovation

On inspecting the staff personal files and from discussions with some staff, we identified that there was evidence of annual appraisals for the dental nurses and reception staff. However, there was no evidence of annual appraisals in place for the dentists and hygienists.

We recommend that a process is implemented to ensure that all staff working within the practice has an annual appraisal, to ensure that competence is maintained and any training needs are identified.

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<sup>12</sup> Endocarditis is an infection of the inner lining of the heart (endocardium). Endocarditis generally occurs when bacteria or other germs from another part of your body, such as the mouth, spread through the bloodstream and attach to damaged areas in your heart.

There was also no evidence of peer reviews between the clinical teams, whereby if undertaken, may contribute to the quality and safety of the care provided to patients.

The practice informed us that they do not use the Wales Deanery Maturity Matrix Dentistry (MMD) tool. The Maturity Matrix is a dental practice team development tool that encourages the team to focus on best practice, quality and safety, legislative requirements and on how they work as a practice team. The practice might wish to consider using the MMD practice development tool to help them focus on improving the service.

We saw evidence from recorded minutes that regular meetings were held and information was shared throughout the team.

#### Improvement needed

Annual appraisals to be undertaken for all staff working at the practice.

#### Information governance and communications technology

An information governance policy was in place and all staff had completed information governance training. The storage of most patient files was electronic and 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 and password protected.

X-rays were not stored electronically and hard copies were stored securely within lockable filing cabinets inside the practice office. Some of the folders for the X-rays were worn or torn which increased the risk of mixing the data with other patient records that were stored manually.

We recommend that the registered manager reviews all storage folders and replace where applicable or ensure they are stored securely inside vinyl folders and are not overly full.

#### Improvement needed

Review all patient storage folders for X-rays and replace where applicable or ensure they are stored securely inside vinyl folders and are not overly full.

#### Record keeping

There was evidence that the practice was keeping good clinical records with most of the dentists and hygienists, demonstrating that care was planned and delivered to a high standard, maintaining patients' safety and dental wellbeing.

We found the records contained sufficient information regarding discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. There was also evidence of treatment planning and treatment plans were given to most patients. However, we identified some issues with some record keeping in relation to the frequency and justification<sup>13</sup> of radiography, which potentially impacted on care and potential treatment planning and options for maintaining patients' health and well-being.

We discussed our findings with the registered manager and recommended that the dentists undertake clinical record peer reviews of each others record keeping and radiology. The registered manager verbally assured us that she would implement a process for this.

#### Improvement needed

Implement a process for all dentists to undertake regular clinical record peer reviews of each others record keeping and radiology.

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<sup>13</sup> Justification of radiation for medical imaging (X-rays), for the use of radiation for diagnosis and treatment for oral or dental diseases.

## 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.*

The practice is owned by the principal dentist who is also the registered manager and is responsible for the management of the practice. However, some day to day administrative duties were delegated to the receptionist who was also a registered dental nurse.

We observed good relations between all staff and we identified clear lines of accountability.

We saw evidence that regular staff meetings were held and minutes were recorded and shared with those not in attendance.

There was a range of some, but not all, relevant policies and procedures in place.

Annual appraisals for all staff were not being completed.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance in place.

## Governance, leadership and accountability

The practice has been operating from the premises since the 1940's and is owned by the principal dentist, who is the registered manager. The registered manager is supported by a wider team of clinical staff and some of the day to day administrative duties are delegated to a dental nurse, who undertakes regular reception duties.

The practice had a statement of purpose and patient information leaflet, as required within the Private Dentistry (Wales) Regulations 2017. Both were displayed within the practice.

There were clear lines of accountability and reporting, and this was described by all of the practice team that we spoke to during our inspection. Where we identified areas for improvement and discussed these with the registered manager, they were somewhat verbally challenging with some of our recommendations. During our inspection feedback session, the registered manager did not always demonstrate a willingness and commitment to address all the identified areas for improvement, along with our recommendations.

Since the practice provides both NHS and private services, during the feedback session, we reminded the registered manager of the Private Dentistry (Wales) Regulations (PDR) 2017, and specifically pointed out within the regulations, where the practice was non compliant. The practice manager was informed that we would issue a non compliance notification letter within two to three days following the inspection, as highlighted earlier in the report.

Staff working on the day of our inspection told us that they were happy and felt well supported in their roles by all members of the practice team. We found that staff were mostly aware and knowledgeable about their roles and responsibilities. Staff also told us that communication within the practice was good and we saw evidence that regular staff meetings were held and meeting minutes recorded. However, there were some issues with non compliance as highlighted earlier.

We identified a range of policies and procedures in place to maintain staff, patient and visitors' safety but not all were present as required within the PDR 2017. We saw that all of the policies that were in place were reviewed and dated. There were some, but not all, staff signature sheets attached with the policies and meeting minutes, to record confirmation that they had read and understood these. We reminded the registered manager that all policies must be dated and reviewed every three years or sooner if amendments are made.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance in place. We also saw the practice's valid public liability insurance certificate.

## **Staff and resources**

### **Workforce**



We observed a good rapport between all practice staff that were present on the day of inspection. Every staff member was courteous, polite and welcoming to the patients.

We saw that the practice had some elements of a recruitment and induction policy in place, and some completed checklists were filed for the most recent recruits. There were also some, but not all, employment contracts with references on file.

The non-compliance notice issued following this inspection requires the practice to develop and implement a robust recruitment and induction policy to ensure that all documentation is in place as required by the regulations for those working at a private dental practice.

The registered manager is maintaining annual appraisals for dental nurses, but there is no formal process in place for the annual appraisals of dentists and hygienists. As highlighted earlier in the report, we recommend that the practice implements a formal annual programme of appraisals for all staff.

We saw evidence that all staff had attended training on a broad range of topics relevant to their roles and were therefore meeting their continuing professional development (CPD) requirements. However, as discussed earlier, not all staff held a current certificate in relation to recent infection control training, one staff member did not have up to date training for first aid, and all but two had evidence of fire safety training.

We recommended that the registered manager develops a training matrix to ensure that an overall record of staff training is easily accessible. This would help to ensure that compliance with essential training is maintained in a timely manner and identify if training is required prior to expiry.

All clinical staff must be immunised against Hepatitis B to protect patients and themselves against this viral infection. The practice provided proof of immunity for all members of clinical staff.

#### Improvement needed

A training matrix should be developed to ensure that a record of staff training is easily accessible to confirm whether compliance with essential training is maintained and identify if training is required prior to expiry date.

## 4. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). 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
On entering the decontamination room, we identified that a tray of instruments removed from the autoclave were placed on the clean work surface and were not covered with a sterile sheet or other means for maintaining sterility.	This posed a risk for cross contamination and the potential risk of a patient acquiring a healthcare associated infection.	We identified this during the sterilisation demonstration and discussed this immediately with the dental nurse. The registered manger was also informed.	The dental nurse re-sterilised the instruments identified. We were assured that the normal practice is to allow instruments to cool within the autoclave prior to inserting in a sterile bag.

## Appendix B – Immediate improvement plan

**Service:** Wyecliff Dental Surgery

**Date of inspection:** 24 July 2018

The table below includes any immediate non-compliance 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.

Description of non compliance / Action to be taken	Regulation	Service action	Responsible officer	Timescale
The registered person and responsible individual is not maintaining safe clinical practice by not implementing all policies and procedures required within the PDR 2017.	Private Dentistry (Wales) Regulations 2017.	ABUHB Dental Advisor has contacted Practice Manager to arrange a visit	ABUHB	2 Weeks
The registered person must prepare and implement written policies and procedures for; <ul style="list-style-type: none"> <li>the arrangements for acceptance of patients</li> <li>the arrangements for assessment, diagnosis and treatment of patients</li> <li>ensuring that the premises used for the purpose of carrying on the private dental practice are at all times fit for that purpose</li> </ul>	<b>8</b> (1) (a), (b), (c), (d), (g), (h), (i), (j), (l), (n)	Policy completed & implemented	Steffan Thomas	Completed 01/08/2018
		Policy completed & implemented	Sandra Wilkins	Completed 05/08/2018
		Policy completed & implemented	Sandra Wilkins	Completed 05/08/2018

<ul style="list-style-type: none"> <li>• monitoring the quality and suitability of facilities and equipment, including maintenance of such equipment</li> <li>• the provision of information to patients and others including clear notifications to patients of any charges payable for private dental services</li> <li>• the recruitment, induction and retention of employees, their employment conditions and training requirements</li> <li>• ensuring safe recruitment of staff including undertaking checks appropriate to the work that staff are to undertake</li> <li>• ensuring that, where research is carried out in a private dental practice, it is carried out with the consent of any patient or patients involved, is appropriate for the practice concerned and is conducted in accordance with any up-to-date and authoritative published guidance on the conduct of research projects</li> <li>• the ordering, recording, administration and supply of medicines to patients</li> <li>• the arrangements for clinical audit</li> </ul>		<p>Policy completed &amp; implemented</p> <p>Policy completed &amp; implemented</p> <p>Policy completed &amp; implemented</p> <p>Policy completed &amp; implemented</p> <p>Policy completed &amp; implemented</p> <p>Policy completed &amp; implemented</p> <p>Policy completed &amp; implemented</p> <p>Policy completed &amp; implemented</p>	<p>Sandra Wilkins</p> <p>Steffan Thomas</p> <p>Sandra Wilkins</p> <p>Sandra Wilkins</p> <p>Sandra Wilkins</p> <p>Sandra Wilkins</p> <p>Sandra Wilkins</p> <p>Sandra Wilkins</p>	<p>Completed 05/08/2018</p> <p>Completed 01/08/2018</p> <p>Completed 05/08/2018</p> <p>Completed 05/08/2018</p> <p>Completed 05/08/2018</p> <p>Completed 05/08/2018</p> <p>Completed 05/08/2018</p> <p>Completed 05/08/2018</p>
<p>The practice was not maintaining an acceptable quality of service as required.</p>	<p>Private Dentistry (Wales) Regulations</p>	<p>Clinical Lead QPS ABUHB has contacted and discussed the actions already taken with the</p>	<p>Karen Rogers</p>	<p>Completed 01/08/2018</p>

<p>The registered person must ensure that;</p> <ul style="list-style-type: none"> <li>all equipment used in or for the purposes of the private dental practice is safe and in good condition and suitable for the purpose for which it is to be used</li> <li>patients are protected against identifiable risks of acquiring a health care associated infection</li> <li>the appropriate standards of cleanliness and hygiene are maintained for; <ul style="list-style-type: none"> <li>equipment and reusable medical devices used for the purpose of carrying on the private dental practice</li> <li>materials to be used in the treatment of service users where such materials are at risk of being contaminated</li> </ul> </li> </ul>	<p>2017. <b>13</b> (2) (a) (5) (a) (6) (b) (ii) &amp; (iii)</p>	<p>Senior Dental Nurse</p> <p>All out of date equipment/material has been removed from clinical rooms and storerooms.</p>	<p>Karen Rogers Michelle Palmer Kay Jones</p>	<p>Completed 01/08/2018</p>
		<p>Checking process and log now in place for all clinical equipment/material used. Dental Nurses are now responsible for this.</p>	<p>Karen Rogers Michelle Palmer Kay Jones</p>	<p>Completed 01/08/2018</p>
		<p>Single use diamond burs are not re-used and will no longer be ordered. Any ordered in error will be disposed of immediately. Antiseptic wipes new containers have been ordered and will be labelled with expiry date</p>	<p>Steffan Thomas Karen Rogers Kay Jones Karen Rogers Steffan Thomas</p>	<p>Completed 01/08/2018</p>
		<p>Surgical blades are now kept in the original packing and not attached to handles. Diamond Burs, as above.</p> <p>ABUHB Clinical Lead will arrange practice visit will be arranged to undertake audit with the Senior Dental Nurse</p>	<p>Karen Rogers Steffan Thomas</p> <p>ABUHB &amp; Karen Rogers</p>	<p>Completed 01/08/2018</p> <p>2 Weeks</p>

## Appendix C – Improvement plan

**Service:** Wyecliff Dental Surgery

**Date of inspection:** 24 July 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/ Regulation	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
Provide oral health and hygiene promotion leaflets for patients to read and take away.	1.1 Health promotion, protection and improvement;	Leaflets obtained and displayed in waiting room – checked daily and refilled when necessary	Sandra Wilkins	Completed
Install frosted privacy screen to the lower part of the window of the ground floor surgery.	4.1 Dignified Care;	Frosted sticky plastic placed on lower part of windows to ground floor surgery and checked to make sure that anyone receiving treatment within the surgery is not visible	Sandra Wilkins	Completed
Display the GDC standards for the dental team in the reception waiting area.		The GDC Standards for the dental team are displayed on the notice board in the	Sandra Wilkins	Completed



Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		waiting room		
The arrangements for dealing with patients who are violent or abusive to staff is inserted in the patient information leaflet.	4.2 Patient Information	These arrangements have now been inserted into the Patient Information Leaflet.	Sandra Wilkins	Completed
Provide practice information leaflets for patients within the waiting area.		Practice information leaflets are placed within the waiting room and checked daily and refilled when necessary	Sandra Wilkins	Completed
The registered manager must communicate the availability of the Health Boards language line to all practice staff.	3.2 Communicating effectively;	All staff members have been advised of the language line and issued with the flowchart for contacting this service. Cascading of information throughout the practice.  Each surgery has the flowchart to refer to when needed	Sandra Wilkins	Completed
The NHS Wales Putting Things Right leaflet is available for patients within the waiting area.	6.3 Listening and Learning from feedback	These leaflets are available in the waiting room, checked daily and refilled when necessary	Sandra Wilkins	Completed
The practice implements a regular formal process for obtaining patient feedback. If any changes are made following feedback then inform patients of this.		Patient questionnaires are available at all times in the waiting room with a box provided for patients to submit their questionnaires anonymously. A formal	Sandra Wilkins	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		process has been implemented for the reviewing/discussing of the questionnaires and for any actions that may be needed to be undertaken and any feedback to be displayed on the notice board in the waiting room		
<b>Delivery of safe and effective care</b>				
A suitable sanitary disposal bin is placed within both staff and patient toilets.	2.1 Managing risk and promoting health and safety;	Sanitary disposal bins are located in both patient and staff toilets. Initial Medical is contracted for their disposal	Sandra Wilkins	Completed
A wash hand basin is fitted inside the ground floor toilet.		A local plumber has been commissioned to install the wash hand basin. Until this is installed staff are informed to use the Desderman Pure Gel placed on the toilet windowsill before leaving the toilet and using the washing facilities just outside the door.	Sandra Wilkins	5 months
All staff undertakes fire safety training as soon as possible and maintain annually.		All staff are now registered with NHS E-Learning Wales and Isopharm websites for training courses to be completed online. All staff who did not have the Fire Safety training have now completed the Fire Safety course provided by NHS	Sandra Wilkins	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The outdoor clinical wastes bins are kept locked at all times and are secure so that they cannot be easily removed from the practice.</p> <p>All sharps bins are wall mounted or stored securely in a sharps cradle or stand.</p>		<p>E-Learning Wales</p> <p>The outdoor clinical waste bins are secured together with chains and a padlock. They are secured in such a way that the bin with the broken lock cannot be opened unless unlocking the padlocked chain</p> <p>Specific SafeClip wall brackets have been supplied by our clinical waste contractor SRCL Ltd and have been installed in each surgery</p>	<p>Sandra Wilkins</p> <p>Sandra Wilkins</p>	<p>Completed</p> <p>Completed</p>
<p>All staff undertakes infection control training as soon as possible.</p> <p>That the practice undertakes regular audits and specifically WHTM 01-05, and submits these as applicable.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination,</p>	<p>Although all staff have valid certificates for Infection Control training, one was absent on the day of inspection, this is now available. All staff now registered with NHS E-Learning Wales and Isopharm for online courses.</p> <p>Wales Deanery has been contacted at to establish if our existing WHTM 01-05 audit can be submitted or if we need to re-register.</p> <p>We have also printed the Clinical Audit and Peer Review for Dental Teams in</p>	<p>Sandra Wilkins</p> <p>Sandra Wilkins</p>	<p>Completed</p> <p>4 weeks</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		Wales – Cookbook from Wales Deanery to help us with clinical audits in the future		
<p>Both appointed first aiders have up to date first aid training (including refresher training).</p> <p>Registered manager must ensure that all staff know how to report any adverse reactions with medicines or medical devices via the MHRA Yellow Card Scheme</p>	2.6 Medicines Management;	<p>All staff now registered with NHS E-Learning Wales and Isopharm for online courses</p> <p>Posters downloaded from Yellowcard.MHRA.gov.uk and placed on each surgery notice board and reception notice board. Information card and guidance on reporting printed for each surgery and reception and cascaded to each member of staff. Shortcut to Yellocard.MHRA.gov.uk added to desktop of surgery and reception pcs and all staff members informed. Copies kept in Health &amp; Safety folder including paper copies of report forms</p>	<p>Sandra Wilkins</p> <p>Kay Jones</p>	<p>4 weeks</p> <p>Completed</p>
Floor sealant is implemented around the perimeter of the surgery walls, fitted floor units and around the dental chairs as applicable	2.9 Medical devices, equipment and diagnostic	All surgeries have been checked to make sure sealant is intact across all surfaces required. The sealant will now be checked every Tuesday morning	Sandra Wilkins	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
within each surgery.	systems;	within the routine practice inspection and noted and acted upon accordingly as with any other actions needed.		
<p>Implement a robust process to ensure that staff can access, and are aware of the most relevant up to date guidance, safety alerts and development required for the practice.</p> <p>Develop a policy for antibiotic prescribing, and which should include the medical and patient consultation process and relevant responsibility of the prescriber.</p>	3.1 Safe and Clinically Effective care;	<p>A process is in place so all information received is cascaded to all staff members and also recorded in a specific folder showing names of all members of staff who received the information. All information – including emails are printed and given to each member of staff.</p> <p>A policy is now in place setting out the process for antibiotic prophylaxis with a consent form for the patient if antibiotic prophylaxis has been agreed with the patient’s cardiologist</p>	<p>Sandra Wilkins</p> <p>Sandra Wilkins</p>	<p>Completed</p> <p>Completed</p>
A process must be implemented to ensure that all staff working within the practice has an annual appraisal.	3.3 Quality Improvement, Research and Innovation;	A process has been implemented to ensure that all staff members have an annual appraisal. An alert has been set up on the office pc and the surgery pcs to inform all members of staff of the upcoming appraisals and for reception to distribute the required appraisal forms	Sandra Wilkins	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
A process must be implemented for the dentists to undertake regular clinical record peer reviews of each others record keeping and radiology	3.5 Record keeping	A process has been implemented for the dentists to undertake an in-house peer review of each other's record keeping and radiology etc. An alert has been set up on the office pc for November [Annually] for reception to alert each dentist and also an alert has been set up on each surgery pc to notify each dentist that the peer review needs to be carried out the following month. The Clinical Audit and Peer Review for Dental Teams in Wales Cookbook has been downloaded and printed for help with carrying out peer reviews and clinical audits, also the audit sample from the BDA website has been downloaded.	Sandra Wilkins	Completed
<b>Quality of management and leadership</b>				
A training matrix is developed to ensure that a record of staff training is easily accessible.	7.1 Workforce;	All members of staff are registered with NHS E-Learning Wales and Wales Deanery Max-Course websites and Isopharm online learning  A spreadsheet has been set up on the	Sandra Wilkins	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		office pc with each member of staff's training record also in the Practice CPD records folder		

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):** Dr Sandra Wilkins BDS

**Job role:** Registered Manager / Practice Owner

**Date:** 04/10/2018