



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

Pontardawe Dental Centre,  
Abertawe Bro Morgannwg  
University Health Board

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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 Pontardawe Dental Centre, 100 Herbert St, Pontardawe, Swansea SA8 4ED, within Abertawe Bro Morgannwg University Health Board on the 24 September 2018.

Our team, for the inspection comprised of two HIW inspectors and a 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 found evidence that Pontardawe Dental Practice provided a friendly and professional service to their patients.

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

Clinical records were maintained to a high standard as were staff files and practice information.

This is what we found the service did well:

- There was evidence of strong management and leadership from the registered manager and practice manager
- All the patients who completed the HIW questionnaire told us they were treated with dignity and respect
- Appropriate arrangements were in place for the safe use of X-rays
- Clinical records were maintained to a high standard as were staff files and practice information.

This is what we recommend the service could improve:

- The practice should feed back outcomes from their practice questionnaires to patients
- The practice must ensure that appropriate fire safety measures are put in place to ensure the safety of staff and patients in line with the Regulatory Reform (Fire Safety) Order 2005
- The practice must ensure that all clinical staff have appropriate up to date training in line with the requirements set out by the General Dental Council

There were no areas of non compliance identified at this inspection.

We identified a number of regulatory breaches during this inspection regarding safe and effective care. Further details can be found in Appendix C. Whilst this

has not resulted in the issue of a non compliance notice, there is an expectation that the registered person takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

## 3. What we found

### **Background of the service**

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

The practice has a staff team which includes four dentists, one therapist, four dental nurses, one receptionist and one practice manager.

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



## Quality of patient experience

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

We found the practice was committed to providing a positive experience for their patients. All of the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

The practice provided a good range of oral health promotion and treatment information leaflets for patients, and had effective processes in place for supporting patients to make choices about their oral health.

We noted that the practice had a patient feedback procedure but advised that the outcome of this should be communicated with patients.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 32 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; all patients that completed a questionnaire said that they would rate the service provided by the practice as either 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

*"Excellent all around. Fabulous staff, clean efficient and professional"*

*"Service has always been brilliant. I have a fear of dentists but came here after a personal recommendation. Have never had a problem with the work done, service provided or staff"*

*"Excellent service and treatment plan well explained, very satisfied"*

*“Lovely dental practice and I always get good treatment”*

Patients were asked on the questionnaires how the dental practice could improve the service it provides; comments provided by patients were all positive and complementary with no suggestions for improvement.

## **Staying healthy**

### **Health promotion protection and improvement**

Without exception all of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We saw a wide range of information available to patients within the waiting area, covering private and NHS treatments as well as general information around oral health for both adults and children. This was a good example of the practice supporting patients to maintain their oral health and hygiene.

## **Dignified care**

All of the patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. One patient told us:

*“Staff at the practice are always extremely helpful”*

Staff told us that if there was a need to hold a private conversation with a patient, they would take them upstairs. We noted that the practice had a privacy, dignity and confidentiality policy.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We noted that the 9 Principles as set out by the General Dental Council (GDC)<sup>1</sup> was available to patients upon request in the reception area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

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<sup>1</sup> <https://standards.gdc-uk.org/>

## Patient information

All but one of the patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and all patients said they had received clear information about available treatment options.

Where applicable, all of the patients that completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment.

We found the patient information leaflet was available to patients in the waiting area, and gave comprehensive information about the practice. We saw posters displaying private treatment costs and NHS treatment fees displayed in the waiting area, as well as a number of leaflets about dental treatments and issues to help patients to make informed decisions about their oral health and treatment options.

We noted that the external signage only included the name of one dentist within the practice, and would advise that the details of each dentist are added.

## Communicating effectively

All but one of the patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

Whilst written information was available this was predominantly presented in English. Given that the service operates in Wales, arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'<sup>2</sup>.

### Improvement needed

The practice should consider making information available to patients through the medium of Welsh.

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<sup>2</sup> An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

## **Timely care**

Just over a third of the patients that completed a questionnaire said they would not 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 at the entrance to the practice and 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**

Where applicable, all of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

The practice had a dedicated oral health educator in place. This role allows for the practice to work with patients ensuring they understand their treatments, and support patients to make choices to promote good oral health.

### **People's rights**

The practice was accessible for wheelchair users as the surgeries and waiting area were located on the ground floor. There was a step at the front of the building, but a ramp was available for disabled patients. The patient toilet, however, was not wheelchair accessible.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy and equal opportunities policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

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

All of the patients that completed a questionnaire told us that it was "very easy" or "fairly easy" to get an appointment when they needed it.

The practice had a questionnaire where patients could score the service they had received and leave comments. We suggested that any changes made as a result of the comments should be communicated to patients.

We found there was a complaints policy in place that was compliant with NHS Putting Things Right<sup>3</sup> and the Private Dentistry Regulations.

Improvement needed

The practice must feed back outcomes from the questionnaires to patients.

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<sup>3</sup>[http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166\\_Putting%20Things%20Right\\_a5%20leaflet\\_English\\_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf](http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf)

## 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. Medical records were maintained to a high standard.

We noted that clinical facilities were well equipped and there were arrangements in place for the safe treatment of patients.

We recommend the practice ensures that all staff have appropriate training in areas such as radiography, fire and safeguarding.

### Safe care

#### Managing risk and promoting health and safety

There were no major concerns given by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire felt that, in their opinion, the dental practice was “very clean”.

Overall we found arrangements were in place to protect the safety and wellbeing of staff working at, and people visiting the practice. The outside of the building appeared to be well maintained. Inside, the building was light and spacious.

We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety, suitability of facilities and equipment policies; as well as evidence that environmental risk assessments had been undertaken. These risk assessments were readily available to all staff on the notice board. A risk management policy was also in place.

It was noted that only some policies were signed and agreed to by staff. We suggested that to show that staff had read and understood relevant policies and procedures, the practice may wish to consider implementing a process to confirm staff have done this.

Evidence of full environmental risk assessments were seen, in accordance with the regulations.

We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months. Smoke detectors were also placed throughout the building; however the building did not have a fire alarm system in place. The practice was also missing a specific risk assessment to look at fire safety, as well as a fire policy and appropriate fire training for staff. In line with the Regulatory Reform (Fire Safety) Order 2005<sup>4</sup>, the practice must ensure that appropriate fire safety measures are taken to ensure the safety of staff and patients.

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

Under the Control of Substances Hazardous to Health Regulations 2002<sup>5</sup>, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist and relevant safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice.

The practice had an accident reporting policy and an accident and incident reporting file. We also noted the practice had both a resuscitation policy and a business continuity policy in place.

#### Improvement needed

The practice must ensure that appropriate fire safety measures are taken to ensure the safety of staff and patients in line with the Regulatory Reform (Fire Safety) Order 2005.

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<sup>4</sup> <http://www.legislation.gov.uk/ukxi/2005/1541/contents/made>

<sup>5</sup> [http://www.hse.gov.uk/foi/internalops/ocs/200-299/273\\_20/](http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/)

## Infection prevention and control

The practice had a dedicated room for the cleaning and sterilisation (decontamination) of dental instruments within the surgery, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>6</sup>. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

We saw evidence that the protocol for checking the sterilisation equipment were available and up to date, and there was an infection control policy and a sharps safety policy for staff. The practice also had a cleaning schedule for staff to follow to ensure all areas were kept clean and tidy.

Staff had access to, and used personal protective equipment (PPE) when undertaking decontamination activities.

We saw evidence that all staff had up to date infection control training. We also saw evidence that the practice undertakes regular infection control audits in accordance with WHTM 01-05.

We noticed that the kickboards within surgery one were damaged and unsealed. This could inhibit effective cleaning and pose an infection risk. In order to prevent this, the kickboard must be repaired and sealed between the floor and kickboard. We also noticed in the same surgery that there was a fabric chair for patients could sit. We recommended that the practice should give consideration as to how they can uphold the standards of WHTM 01-05 in regards to cleaning and infection control for this item of furniture.

We noticed that there were no facilities for feminine hygiene in the staff toilet, the practice must arrange for a feminine hygiene bin to be installed.

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<sup>6</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



### Improvement needed

The practice must repair the kickboards and ensure that there is a seal between the floor and the kickboards.

The practice must ensure that all furnishings such as chairs within the surgeries can be cleaned as set out in WHTM 01-05.

The practice must arrange for a feminine hygiene bin to be installed in the staff toilet

### Medicines management

The practice had procedures in place to deal with patient emergencies including a resuscitation and medical emergency procedure. All but one member of staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation. We were sufficiently assured on the day that training had been scheduled.

The practice had two appointed first aiders.

The practice had appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>7</sup>. The practice's first aid kit was complete and in date.

We noted in surgery one that prescription pads were left in an unlocked drawer. When this was discussed with the practice manager, it was agreed that they would be stored in a secure staff area instead, and were removed immediately.

When reviewing the surgeries, we noted that there were two needles out of date and one anaesthetic out of date. When we brought this to the attention of staff, these were immediately removed. We recommended that regular checks should be undertaken to ensure all items are in date.

The practice had in place a medication policy.

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<sup>7</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration might want to ad

We were told that all drug-related adverse incidents are recorded via the MHRA Yellow Card<sup>8</sup> scheme.

#### Improvement needed

The practice must ensure regular checks are undertaken on medical supplies to ensure all items are in date.

The practice must ensure prescription pads are kept securely.

#### Safeguarding children and adults at risk

We saw that the practice had comprehensive 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.

All staff had completed training in safeguarding children and young people however for the dentist and the therapist this training had been completed in their previous 5-year CPD cycle. This meant that more than 5 years had elapsed since they have received training in this area and we would advise that this is prioritised to ensure they knowledge in this area is kept up to date.”

We suggested that the safeguarding lead for the practice consider attending a higher level of safeguarding training.

#### Improvement needed

The practice should ensure that all staff have up to date training on the protection of children and vulnerable adults.

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<sup>8</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

## Medical devices, equipment and diagnostic systems

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

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We noted that the local rules<sup>9</sup> were displayed in the surgeries.

In accordance with the requirements of the General Dental Council<sup>10</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>11</sup> all but one dental nurse had completed the required training. We were satisfied during the course of the inspection that training would be undertaken in the near future.

### Improvement needed

The practice must ensure that all clinical staff have appropriate up to date training in line with the requirements set out by the General Dental Council.

## Effective care

### Safe and clinically effective care

We saw evidence that the practice had in place a number of clinical audits. We noted audits such as radiation protection and patient records needed to be carried out.

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<sup>9</sup> Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/474136/Laser\\_guidance\\_Oct\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

<sup>10</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>11</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)

We noted the practice had a Quality Assurance procedure for the assessment, diagnosis and treatment of patients.

#### Improvement needed

The practice should ensure that comprehensive audits are carried out for radiation and patient records.

#### Quality improvement, research and innovation

We were told that the dentists discuss clinical and practice issues with one another informally, and with dental nurses to support and enhance their skills. We advised that this could be further developed and formalised to ensure dentists and nurses have clear mechanisms in place for learning and improvement.

We were told that the practice was using the Welsh Deanery Maturity Matrix Dentistry practice development tool<sup>12</sup>. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work

#### Information governance and communications technology

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. We observed during the inspection that during the lunch hour the front door was locked to ensure the security of information kept within the practice when staff were unavailable. We noted the practice had also had a records management policy.

#### Record keeping

We reviewed a sample of patient records. We found that generally the records were of a very high standard, and in only a minority of cases there were omissions, namely in the following areas:

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<sup>12</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

- QA by other dentists
- Justification of x-rays
- Details of referrals

#### Improvement needed

The practice must ensure patient records are completed in keeping with professional standards for record keeping.

## 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 registered manager was responsible for the day to day management of the practice and we found evidence of good leadership and lines of accountability.

The practice had a comprehensive range of relevant policies and procedures in place that were reviewed annually.

There were robust management procedures in place to support staff, with regular appraisals in place and support to complete their CPD requirements, as well as opportunities to develop.

## Governance, leadership and accountability

Pontardawe Dental Centre is owned by Responsible Individual. This is a sister practice to Belgrave Dental Centre. The daily running of the practice is managed by the practice manager.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. The Statement of Purpose and Patient Information Leaflet contained all the relevant information required by the regulations.

The registered manager confirmed that he was aware of his duties regarding notifications, including serious injury to patients and absence or changes to the registered manager that must be sent to HIW<sup>13</sup>.

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We noted the practice's public liability insurance certificate was displayed in the reception area.

## **Staff and resources**

### **Workforce**

The practice had a number of human resources related policies and procedures in place including a recruitment policy. Staff also completed regular appraisals and all had personal development plans for the upcoming year. We also saw evidence that all staff had contracts of employment.

With the exception of training referred to earlier in this report, we saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements

We were told that the practice holds meetings regularly. We saw minutes relating to these meetings and staff unable to attend were updated by the practice manager and minutes were posted on the staff board. The practice may wish to consider asking staff to sign the minutes to show that they have read and understood them.

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<sup>13</sup> Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

The Regulations for Private Dentistry require that at the time of registration, 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 for all staff.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all but one member of clinical staff. During the day we were shown evidence of previous testing for immunity, and were sufficiently reassured that testing was ongoing to gather up to date assurance of immunity.

#### Improvement needed

The practice must ensure that all staff are sufficiently protected from Hepatitis B, either through immunity or from completion of actions arising from a risk assessment.



## 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
No immediate concerns identified			

## Appendix B – Immediate improvement plan

**Service:**                      **Insert name**

**Date of inspection:**        **Insert date**

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
No immediate improvements were found.				

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:** Pontadawe Dental Centre

**Date of inspection:** 24/09/2018

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>				
	1.1 Health promotion, protection and improvement;			
	4.1 Dignified Care;			
	4.2 Patient Information,			
	3.2 Communicating			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	effectively;			
	5.1 Timely access;			
	6.1 Planning Care to promote independence;			
	6.2 Peoples rights;			
The practice must feed back outcomes from the questionnaires to patients.	6.3 Listening and Learning from feedback, Private Dentistry Regulations 16	The Practice has now displayed a patient notice board in the patient waiting area and we intend to post relevant information and newsletters accordingly	Vanessa Williams	immediate
<b>Delivery of safe and effective care</b>				
The practice must ensure that appropriate fire safety measures are taken to ensure the safety of staff and patients in line with the Regulatory Reform (Fire Safety) Order 2005.	2.1 Managing risk and promoting health and safety; Private Dentistry	Our Principal Dentist is undertaking HABC Level 2 award in Fire Safety on the 10 <sup>th</sup> of January 2019 and will carry out in-house training with all staff and policies will be put into place.	Huw Hopkins	Jan 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulations 22(4)			
<p>The practice must repair the kickboards and ensure that there is a seal between the floor and the kickboards.</p> <p>The practice must ensure that all furnishings such as chairs within the surgeries can be cleaned as set out in WHTM 01-05.</p> <p>The practice must arrange for a feminine hygiene bin to be installed in the staff toilet</p>	2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05	<p>The Kickboards have already been replaced and the floor sealed appropriately.</p> <p>Vinyl chairs have been ordered from UK Healthcare Chairs and we are awaiting delivery.</p> <p>An additional feminine hygiene bin is being installed by Cathedral Hygiene</p>	Vanessa Williams	<p>Dec 2018</p> <p>20 Nov 2018</p>
<p>The practice must ensure regular checks are undertaken on medical equipment to ensure all items are in date.</p> <p>The practice must ensure prescription pads are kept securely.</p>	2.6 Medicines Management; Private Dentistry Regulations 13	<p>The Practice has carried out training for all clinical staff and a robust record of monitoring introduced.</p> <p>Prescription pads are stored in the practice safe and requested individually when required</p>	Vanessa Williams	Immediate
The practice should ensure that all staff have up	2.7 Safeguarding children and	The Practice Dental Therapist has now completed training.	Richard Jones	26 <sup>th</sup> Sept 2018

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
to date training on the protection of children and vulnerable adults.	adults at risk; Private Dentistry Regulation 14(1)	The Practice Manager has booked a Child protection course for 28 <sup>th</sup> November 2018.  We are currently searching for a Child Protection Level 3 provider and if HIW are aware of anyone who provides this training we would greatly appreciate any suggestions.		
The practice must ensure that all clinical staff have appropriate up to date training in line with the requirements set out by the General Dental Council.	2.9 Medical devices, equipment and diagnostic systems; Private Dentistry Regulations 17(3)	All staff comply with GDC CPD requirements.  One staff member has now completed appropriate radiography training.	Richard Jones	17th of October 2018
The practice should ensure that comprehensive audits are carried out for radiation and patient records.	3.1 Safe and Clinically Effective care; Private Dentistry Regulations 8(1)	The Practice has commenced a Radiographic Audit in-house for all practitioners. On evaluation the practice will consider carrying out this Audit with CAPRO funding.	Huw Hopkins	Completion by FEB 2019



Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	3.3 Quality Improvement, Research and Innovation;			
	3.4 Information Governance and Communications Technology;			
The practice must ensure patient records are completed in keeping with professional standards for record keeping.	3.5 Record keeping; Private Dentistry Regulations 20(2)	We carry out QA by other dentists on a sample of record cards. The recording of this will show this in the sample patient record accordingly. Justification and Grading of radiographs is recorded in the patient record. Staff training and improved communication (Staff Meetings) have identified a regular peer review on a monthly basis with a sample of 10 radiographs per practitioner.	Vanessa Williams	Immediate
<b>Quality of management and leadership</b>				
	Governance, Leadership and			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The practice must ensure that all staff are sufficiently protected from Hepatitis B, either through immunity or from completion of actions arising from a risk assessment.</p>	<p>Accountability;</p> <p>7.1 Workforce; Private Dentistry Regulations 18(2)</p>	<p>The Staff at the practice are sufficiently protected from Hep B. One staff member requested an immunisation history report and screening results on 2<sup>nd</sup> of October 2018 from Morriston Occupational Health Department following a 5 yearly booster. This report has been received and is satisfactory.</p> <p>Another staff member has recently undergone a full Occupational Health Screening at Morriston Hospital and all reports received are satisfactory and confirm his Immunity.</p>	<p>Vanessa Williams</p>	<p>Immediate</p>

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

### Service representative

**Name (print):**        **Huw Hopkins**

**Job role:**        **Dentist/Director/Responsible individual**

**Date:**        **19/11/2018**