

General Dental Practice Inspection (Announced)

Signature Smiles Dental Practice,
Holywell / Betsi Cadwaladr
University Health Board

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2018

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2018

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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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 Signature Smiles Dental Practice Holywell at Panton House Surgery, Panton Place, Holywell, Flintshire, CH8 7LD, within Betsi Cadwaladr University Health Board on the 25 September 2018.

Our team, for the inspection comprised of a HIW inspector 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 Signature Smiles Dental Practice Holywell provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

We found the practice to be well run and meeting the relevant standards and regulations to ensure the health, safety and welfare of staff and patients.

We saw evidence that various maintenance contracts were place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the relevant guidance and audit tools.

We found the practice to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Surgery facilities were well-equipped, visibly clean, tidy and well organised

- Appropriate arrangements were in place for the safe use of x-rays.
- Appropriate arrangements were in place for infection prevention and control
- Good clinical records are being maintained.

This is what we recommend the service could improve:

- Devise and review some key policies
- Ensure all staff are trained in fire safety
- Ensure antibiotic prescribing and smoking cessation audits are undertaken
- Ensure non-clinical staff receive formal staff appraisal.

3. What we found

Background of the service

Signature Smiles Dental Practice Holywell provides services to patients in the Flintshire area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes four dentists, one hygienist, one nurse and two receptionists.

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 evidence that Signature Smiles Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided.

We received a total of 38 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. The vast majority of patients who completed a questionnaire rated the care and treatment received as either very good or excellent.

Some of the comments provided by patients on the questionnaires included:

"Never had any problems, good service"

"I feel that the practice staff are very friendly and welcoming"

"Very good service"

Staying healthy

Health promotion protection and improvement

There was ample, dedicated dental health promotion information available in the reception / waiting area, which meant patients had access to information that could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice and oral health.

The majority of patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We noted that information on prices was available to view in the waiting area which meant patients had access to information on how much their treatment may cost.

A sign displaying 'No Smoking' was displayed by the main entrance which confirmed the emphasis being placed on compliance with smoke free premises legislation¹.

Dignified care

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice. Some patients provided the following comments:

"Staff A1 friendly and helpful"

"Friendly staff"

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

We noted that the 9 Principles as set out by the General Dental Council (GDC)² 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.

¹ The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

² <https://standards.gdc-uk.org/>

Patient information

All patients who completed a questionnaire told us that they felt involved (as much as they wanted to be) in any decisions made about their treatment, and all but one patient who completed a questionnaire told us that they had received clear information about the available treatment options. In addition, the majority of patients also told us that the cost of any treatment was always made clear to them before they received any treatment.

We also found evidence of treatment planning and options noted within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was available on its website and was displayed around the reception and the waiting area. The practice had its own patient information leaflet which was available in the reception area. The leaflet contained all the information required by the regulations.

Communicating effectively

The vast majority of patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

The practice also informed us that arrangements are in place to access translation services when required.

Timely care

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

Just over half of the patients who completed a questionnaire said that they would not know how to access the out of hours dental service if they had an urgent dental problem. An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, provided on the answer phone message and in the patient information leaflet.

All of the patients who completed a questionnaire confirmed that it was very or fairly easy to get an appointment when they needed one.

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were very detailed and of good quality. Treatment options were recorded and consent to treatment was obtained from each patient.

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

The treatments and services offered by the practice were in accordance with the statement of purpose.

People's rights

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

The practice is located over two floors. The clinical facilities are on the ground floor and are fully accessible for patients with mobility difficulties. Wheelchair users could access two surgeries, the reception, waiting area and toilet facilities. The staff facilities are located on the first floor.

Listening and learning from feedback

We saw that the practice had a written complaints procedure in place for both private and NHS treatment. The procedures for making a complaint or how to raise a concern were clearly on display in the waiting area. However, the notice did not include the following details:

- The name, address and contact details of HIW as the regulatory authority for private dentistry
- Sources of support and advocacy, such as the Community Health Council³.

³ <http://www.wales.nhs.uk/sitesplus/899/home>

We brought this to the attention of the staff who immediately amended the procedure during our visit. Details were also included within the patient information leaflet.

We saw evidence that the practice had systems in place to record, monitor and respond to any complaints received. At the point of inspection there had not been any formal complaints received by the practice since it was taken over by the current owner in 2008.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception area. Details of all feedback analysis are discussed with the dental team and we saw the latest survey results which were extremely positive. We also saw that the practice displayed an analysis of the patient feedback in the waiting area. This demonstrated to patients visiting the practice that their feedback had been captured and acted upon to enhance learning and service improvement.

We did advise the practice to provide a comment box in the waiting area in order for patients to provide additional feedback or leave suggestions anonymously which the practice agreed to do.

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 the practice to be well run and meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

We found that patients were provided with safe and effective dental care.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

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

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

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly very clean. However, no sanitary disposal bin was in place for the staff facility. The practice immediately arranged for a sanitary disposal bin to be added to the staff facilities during our visit.

We saw that the testing of portable appliances (PAT) had been completed to ensure the safe use of small electrical appliances within the practice.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months.

Emergency exits were visible and a Health and Safety poster was displayed within the practice. Regular fire drills took place which was documented. However, we noted that not all staff at the practice had received fire training.

The practice had a range of policies and procedures, as well as various risk assessments in place, such as, health & safety, fire and legionella. All risk assessments were current and we saw evidence that these were regularly reviewed.

We were fully assured that the premises were fit for purpose and we saw ample documentation which showed that the practice had considered all risks both internally and externally to staff, visitors and patients. However, we noted that the practice did not have a dedicated policy in place detailing the procedures for ensuring the premises are fit for purpose; nor did the practice have a policy for risk management which they agreed to develop.

The practice had a resuscitation policy in place and we saw that all staff had received cardiopulmonary resuscitation (CPR)/emergency resuscitation training. However, we noted that two members of staff were due to renew their CPR training. The practice had named, appointed first aiders.

Improvement needed

Ensure all staff at the practice receive fire training.

Ensure two members of staff renew their CPR training.

Devise a comprehensive policy for:

- detailing the arrangements for ensuring the premises are fit for purpose and
- risk management.

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) 01-05⁴. The facility was very clean, well organised, equipped and uncluttered.

We considered the arrangements for decontamination and our observations of this process were satisfactory. Staff demonstrated the decontamination process and our observations included:

- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection.
- Instrument storage containers were sturdy, with lids and labelled correctly.

We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines. However, we found no formal documentation was available to evidence that all clinical staff had received refresher training in infection control. We were verbally assured that all clinical staff had received this training in-house. We recommend that a formal checklist for decontamination training be introduced which should be reviewed regularly by the registered manager. Evidence of completion of training, such as certificates, should be kept within staff individual training records.

We saw evidence that infection control audits took place on a six monthly basis using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit. The infection control audit had been completed and we saw evidence that the resulting action plan had been actioned.

⁴ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave⁵ and we saw evidence that start and end of the day safety checks were taking place.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

Improvement needed

Introduce a formal checklist for in-house infection control and decontamination training.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and

⁵ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam

ready for use, in accordance with standards set out by the Resuscitation Council (UK).

There was no child size pad for the automated external defibrillator (AED) available in the emergency kit held by the practice. Our concerns regarding the emergency kit were dealt with immediately during the inspection. Further details are provided in Appendix A.

We also found that the practice did not have any spare set of pads for the AED. The Resuscitation Council (UK) guidelines recommend that spare set of pads are made available.

The practice did not have in place a policy detailing the procedures relating to the ordering, recording, administration and supply of medicines to patients. We found that prescription pads were kept securely. Staff evidenced their knowledge of the process to take if there was a medical emergency or had to report an untoward drug related incident.

Improvement needed

Seek assurance from Resuscitation Council (UK) regarding the availability of spare set of pads for the AED within primary dental care settings.

Devise a policy for the ordering, recording, administration and supply of medicines to patients.

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There were safeguarding policies in place to protect children and vulnerable adults. The policies contained the contact details for the local safeguarding team along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise. We found that a copy of the procedures and contact details were available at reception and displayed in all surgeries.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. However, we did recommend that the receptionist and the trainee dental nurse also complete the training, which the practice agreed to arrange. The practice had identified a member of staff as the nominated safeguarding lead who took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and guidance to staff on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the principal dentist and were confident those would be acted upon.

The practice described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and / or undertaking Disclosure and Barring Service⁶ (DBS) checks on staff appropriate to the work they undertake. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

Improvement needed

Receptionist and trainee dental nurse to be trained in the protection of children and vulnerable adults.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients. The surgeries were well organised, clean and tidy.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and regular image quality assurance audits of X-rays were completed. We saw evidence of up-to-date ionising radiation training for all clinical staff.

Effective care

Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that relevant audits had been completed and or

⁶ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

arranged by the practice such as; hand hygiene, cross infection, waste management, COSHH, clinical notes, patients' feedback, X-ray quality and health and safety.

We recommend that the practice also undertakes antibiotic prescribing and smoking cessation audits and schedule these into their planned programme of audits for the year.

We saw that the practice had a safe use of amalgam policy in place. However, we noted that the policy did not include guidelines for use of amalgam on under 15 year olds or pregnant / nursing mothers. We brought this to the attention of the practice who agreed to update the policy.

Improvement needed

Ensure antibiotic prescribing and smoking cessation audits are scheduled to the planned programme of audits.

Review and update the amalgam policy to include guidelines for use on children under 15 or pregnant / nursing mothers.

Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff has been undertaken which contributes to the quality and safety of the care provided to patients.

The practice also informed us that plans are in place to self evaluate using the BDA Good Practice Scheme⁷ within the next six months.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place to guide staff about what was required of them.

⁷ <https://bda.org/goodpractice>

Record keeping

A sample of patient records was reviewed for each of the dentists and hygienist. Overall, there was evidence that the practice as a whole is keeping good clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

In all cases, the records we reviewed were individualised for that patient and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of good quality.

We found that patients' informed consent, diet advice and cancer screening was not always consistently recorded for one of the dentists. However, it was clear from the patients' records that informed consent was obtained during their consultation but not always recorded. We also saw evidence of fully completed treatment plans signed by the patients. We advised the practice to ensure that informed consent is always recorded and that cancer screening and any diet advice given to patients is consistently recorded.

Quality of management and leadership

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

We found the practice to have good leadership and clear lines of accountability.

The staff team appeared very happy in their roles and were competent in carrying out their duties and responsibilities. Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas which helped to ensure they had up-to-date skills and knowledge to assist them with their work.

We saw that the practice had a range of policies and procedures in place.

Governance, leadership and accountability

The principal dentist / owner of Signature Smiles Dental Practice is the registered manager⁸ and the area manager for the practice is the nominated responsible individual⁹.

⁸ "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

⁹ "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

We found the practice to have good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the area manager and compliance manager. Staff told us that they were confident in raising any issues or concerns directly with the principal dentist, area manager or the compliance manager and felt well supported in their roles. Since most of the staff had worked together for some time, there was a good rapport amongst them.

We found that staff were clear and knowledgeable about their roles and responsibilities. All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. We saw evidence showing staff had signed the policies to confirm they had been read and understood. All policies and procedures contained an issue and review date. This ensured that policies were reviewed regularly to confirm local practices were up to date.

We were provided with a copy of the Statement of Purpose which conformed to the Private Dentistry (Wales) Regulations 2017. However, we found that the Statement of Purpose did not include a list of all staff working at the practice. We brought this to the attention of the area manager who immediately updated the document.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had a current public liability insurance certificate available.

Staff and resources

Workforce

We noted that staff had a contract of employment that was retained on staff files. We also saw that the practice had an induction programme in place, which covered training and relevant policies and procedures.

We saw evidence that regular staff appraisals took place for the clinical team, which were documented. However, the receptionists do not have a formal appraisal. We were informed that the area manager receives weekly catch-ups with the receptionists. We recommended that all staff must receive regular staff appraisal which should be documented.

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.

Staff told us that the practice holds regular team meetings and we saw there were detailed records being kept on file. For any member of staff unable to attend, the minutes are brought to their attention by the compliance manager. This ensures that all staff are aware of the issues and discussions taking place regarding the practice.

The Private Dentistry (Wales) Regulations 2017 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. As previously mentioned in the report, we saw evidence that DBS clearance checks had been carried out for all clinical staff.

The registered provider confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

Improvement needed

Ensure all staff working at the practice receives a staff appraisal.

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, measurable, 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
There was no child size pad for the automated external defibrillator (AED) available in the emergency kit held by the practice.	This meant that children were at risk in an emergency situation.	We brought this to the attention of the staff who immediately arranged for the items to be purchased.	The practice immediately ordered the item on the day of our inspection for delivery the next day.

Appendix B – Immediate improvement plan

Service: Signature Smiles Dental Practice Holywell

Date of inspection: 25 September 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
There were no immediate non-compliance concerns identified on this inspection.				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Signature Smiles Dental Practice Holywell

Date of inspection: 25 September 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
Quality of the patient experience				
N/A				
Delivery of safe and effective care				
Ensure all staff at the practice receive fire training.	2.1 Managing risk and promoting health and safety; PDR 8, 22	All staff have now completed fire training.	Hazel Beaudin	Completed
Ensure two members of staff renew their CPR training.		All staff now have completed CPR training	Hazel Beaudin	Completed
Devise a comprehensive policy for: <ul style="list-style-type: none"> detailing the arrangements for ensuring the premises are fit for 		Completed and now sits in the policy handbook.	Hazel Beaudin	Completed

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
<p>purpose and</p> <ul style="list-style-type: none"> risk management. 				
Introduce a formal checklist for in-house infection control and decontamination training.	2.4 Infection Prevention and Control (IPC) and Decontamination	All staff have completed in house training.	Hazel Beaudin	Completed
Seek assurance from Resuscitation Council (UK) regarding the availability of spare set of pads for the AED within primary dental care settings.	2.6 Medicines Management; Resus Council (UK)	Guidance been sought from Resuscitation Council.	Hazel Beaudin	Completed
Devise a policy for the ordering, recording, administration and supply of medicines to patients.		Completed	Hazel Beaudin	Completed
Receptionist and trainee dental nurse to be trained in the protection of children and vulnerable adults.	2.7 Safeguarding children and adults at risk; PDR 14	Training will be completed by end of December 2018	Hazel Beaudin	31/12/2018
Ensure antibiotic prescribing and smoking	3.1 Safe and	In progress with the Dentists doing Peer	Hazel Beaudin	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
cessation audits are scheduled to the planned programme of audits.	Clinically Effective care; PDR 8	audits		
Review and update the amalgam policy to include guidelines for use on children under 15 or pregnant / nursing mothers.		Completed	Hazel Beaudin	Completed
Quality of management and leadership				
Ensure all staff working at the practice receives a staff appraisal.	7.1 Workforce; PDR 17	Being completed 12 th December 2018	Hazel Beaudin	Completed

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

Service representative

Name (print): Hazel Beaudin

Job role: Practice Manager/Compliance Manager/Training Manager

Date: 4th December 2018