

General Dental Practice Inspection (Announced)

Gupta Dental Surgeons,
Swansea Bay University Health
Board

Inspection date: 8 April 2019

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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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Gupta Dental Surgeons, 41 Forge Road, Port Talbot, SA13 1PG, within Swansea Bay University Health Board, on the 8 April 2019.

Our team, for the inspection comprised of two HIW inspectors including one lead, 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 could not be assured that the service was providing safe and effective care.

This is because we found evidence that the practice was not fully compliant with the regulations and standards in several key areas.

This has resulted in HIW classifying this practice as a service of concern and the issue of a non-compliance notice identifying matters that required immediate action to address.

This is what we found the service did well:

- [The practice was committed to providing a friendly, approachable service to their patients.
- Patients generally provided positive responses within the HIW questionnaire.
- The practice kept the patient waiting areas pleasant, clean and tidy.]

We identified several areas of non-compliance with the regulations as follows:

- Regulation 22(2)(a)&(b) regarding dental records. HIW could not be assured that patient dental records completed by the practice were maintained in accordance with professional standards for record keeping.
- Regulation 31(b) regarding resuscitation. HIW could not be assured on the day that processes were in place for the checking and disposal of out of date equipment and medicines within the emergency drugs kit.
- Regulation 13(2)(a) and 13(4)(a) regarding the safety and condition of equipment and the management of medicines. This is because we could not be assured on the day that processes were in place for the checking and disposal of out of date equipment and medicines.

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.

We also made other recommendations for improvement and these are included in the body of the report and listed in Appendix C.

4. What we found

Background of the service

Gupta Dental Surgeons provides services to patients in the Port Talbot area of South Wales. The practice forms part of dental services provided within the area served by Swansea Bay University Health Board.

The practice has a staff team which includes one dentist, one hygienist, three dental nurses, one receptionist and a practice manager.

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

Quality of patient experience

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

We found that the practice made efforts to ensure that patients were treated with dignity and respect.

There was a welcoming atmosphere and we observed staff welcoming patients to make them feel at ease from the moment they arrived.

The practice had a range of information to support patients in making effective choices about good oral health and treatment options when necessary.

The practice must ensure that it is providing patients with the opportunity to provide feedback on the services they provide. The practice must also have a process in place to respond to patient feedback in a timely manner.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 40 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 majority of patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"Hygienist brilliant, really helpful"

"Happy with current service level"

"Overall treatment is good"

Staying healthy

Health promotion protection and improvement

The majority of patients who 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 about oral health for both adults and children. This was a good example of the practice supporting patients to maintain their own oral health and hygiene.

Dignified care

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

Staff told us that if there was a need to hold a private conversation with a patient, they would take them to a spare surgery to ensure discussions upheld patient confidentiality. We saw 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 saw that the 9 Principles as set out by the General Dental Council (GDC)¹ were displayed 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.

Patient information

Where applicable, all of the 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. All but one of the patients said that they had received clear information about available treatment options, and all but two of the patients said the cost was always made clear to them before they received any treatment.

¹ <https://standards.gdc-uk.org/>

We found that whilst a patient information leaflet existed that gave comprehensive information about the practice, copies were not available to patients in reception; we advised that these should be made available. We saw posters displaying private treatment costs and NHS treatment fees displayed in the waiting area. There were a number of leaflets about dental treatments and issues to help patients make informed decisions about their oral health and treatment options.

Communicating effectively

All but two of the patients who 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. One member of staff was a Welsh speaker. Arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'²

Timely care

Just over half 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 were provided on the practice's answerphone message. However, given the results from the questionnaire the practice may wish to consider how to improve awareness of the out of hours services available.

The majority of patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it.

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 and allow them to reschedule should they need to.

Individual care

² 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>

Planning care to promote independence

All but one of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. However, this was not recorded within the patient records we observed on the day. Further details are provided later in this report on this issue along with other observations on patient records.

Whilst treatment is provided in accordance with the statement of purpose³, we were not able to satisfy ourselves that patients were supported to make choices about their treatment nor that treatment options were discussed with patients. This was the patient records did not contain sufficient detail of the examinations undertaken nor the treatment options available for the patient.

Our concerns regarding the above 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.

People's rights

There was a small step over the door frame at the front of the practice, which may prevent access to some patients using wheelchairs. We were told that in these cases patients could use the rear entrance. All patient areas within the building were accessible to all patients. We saw that surgery doors were closed when a patient received treatment; this ensured privacy and dignity was maintained.

We found that there were a number of policies in place to support staff and patients in ensuring comprehensive and inclusive care for patients, including a patient acceptance policy and an equality and diversity policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

Listening and learning from feedback

³ A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

We found there was a complaints policy in place that was compliant with NHS Putting Things Right⁴ and the Private Dentistry Regulations. There was also a comments and suggestion book that had recently been placed in reception.

We were told that the practice was in the process of creating patient surveys but had not undertaken this at the time of the inspection. The practice must ensure that it is providing opportunities for patients to provide feedback to the practice, and respond to feedback where appropriate.

Improvement needed

The practice must ensure that it is providing patients with the opportunity to provide feedback on the services they provide.

The practice must have a process in place to respond to patient feedback in a timely manner.

⁴http://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 could not be assured that the service was providing safe and effective care. This is because we found evidence was not compliant with the regulations and standards in several key areas.

HIW identified concerns with out of date medicines and materials in the dental surgeries, stock room and the emergency drug kit. Our review of patient records found that they contained insufficient detail to confirm treatment options were offered to patients and did not in several cases provide sufficient evidence to justify the actual treatment provided. HIW has issued a non-compliance notice in respect of these findings as they present a significant risk to patient safety.

Medicines management needs to be improved to ensure that staff are aware of their responsibilities and patient safety is not compromised.

We found the service had taken steps to protect the health, safety and welfare of staff and patients and had appropriate safeguarding policies in place.

Safe care

[As outlined above HIW could not be assured that the service was providing safe care to patients. This section of the report provides more detail on our concerns and Appendix B provides details of the immediate improvements that practice was required to address. We identified a number of concerns during our inspection that impacted on the ability of the practice to deliver safe care to patients. These related to the following:

- Treatment provided to patients
- Standard of patient record keeping

- Checks of drugs and equipment used in patient emergencies
- Checks on equipment and medicines within the surgeries.

Our concerns regarding the above issues were dealt with under our immediate non compliance process. Details of the immediate improvements we identified are provided in Appendix B.]

Managing risk and promoting health and safety

There were no concerns given by patients over the cleanliness of the dental practice. Every patient who completed a questionnaire felt that, in their opinion, the dental practice was “very clean” or “fairly clean”.

The building appeared to be well maintained both internally and externally. The premises were airy and in a good state of repair internally and externally with suitably equipped surgeries. On the ground floor there were two separate waiting rooms, one for each surgery and there was a wheelchair accessible toilet available.

The first floor was for staff use only and included a staff rest room, kitchen and decontamination area as well as the managers' office. There were also facilities for changing and storage.

There were unlocked cupboards containing electric circuit boards within the waiting room that could not be seen by reception, and we recommended that these should be secured to ensure patients cannot gain access to dangerous areas.

We found that the sharps bins were kept balanced on a small ledge in the rear surgery, and advised that these should be secured in order to protect both staff and patients from sharps injuries.

There were a number of policies in place to ensure that the premises were fit for purpose including health and safety, emergency contingencies, domiciliary care and medical emergencies policies.

A fire risk assessment had been undertaken and actions were ongoing. Fire equipment was securely stored and had been recently checked as part of the fire risk assessment. The fire log book that should be completed for alarm tests, fire drills and emergency lighting checks as we noted that the log had not been completed since 2017. We advised that this should be completed in order to support the practice in managing the risks identified in the fire risk assessment.

Improvement needed

Unlocked cupboards within the waiting areas should be secured to ensure patients cannot gain access to dangerous areas.

Sharps bins should be secured in order to protect both staff and patients from sharps injuries

Infection prevention and control

There were appropriate infection control policies and procedures in place that covered the arrangements for infection control, hand hygiene and safe handling of hazardous materials. Personal Protective Equipment (PPE) was used by staff, however the patient safety glasses we saw were dirty and needed to be cleaned.

The seal in the rear surgery window should be replaced to ensure that dirt and dust does not collect within these areas. We also noted, particularly within the front surgery, that there were areas of built up dirt around the drawer areas. The practice should ensure that a deep clean is undertaken in order to ensure that the surgeries are kept in line with The Welsh Health Technical Memorandum (WHTM01-05)⁵

The log books for checking of the autoclave were complete and up to date and showed that periodic tests and maintenance were appropriate and had been performed in accordance with the guidelines set out in WHTM 01-05. Further staff training is required to ensure that they are aware of the need to use magnification (to see residual contamination, debris or damage) and the need to ensure that instruments are covered when cooling to avoid contamination.

The practice had not undertaken an infection control audit in accordance with WHTM 01-05. We recommend these are undertaken annually.

We were not satisfied that there were appropriate arrangements in place for the handling and disposals of amalgam and extracted teeth with or without

⁵ <http://www.wales.nhs.uk/sites3/documents/254/WHTM%2001-05%20Revision%201.pdf>

amalgam. Additionally we saw there were multiple full boxes of used amalgam capsules within the surgeries which needed to be disposed of.

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

Improvement needed

The practice must ensure that safety glasses are cleaned between each patient.

The practice must ensure that a deep clean is undertaken.

The practice must conduct infection control audits, in accordance with WHTM 01-05 are undertaken annually.

The practice must make sure that appropriate arrangements are put in place for the safe handling, collection and disposal of waste amalgam and extracted teeth.

Medicines management

The practice did not have a medicines management policy in place to ensure there were appropriate and safe arrangements for the ordering, handling and disposal of medicines. The practice must make sure that appropriate arrangements are put in place. Training for staff must be provided to ensure that they are fully informed of the procedures to enable safe and effective medicines management. Emergency medicines were stored in a plastic box in a cabinet in the main surgery. The necessary emergency equipment and medication was available. However, the needles used to inject adrenaline were out of date.

There was no clear record of medicines administered, and we found that it was not always possible to decipher on the day what medicines were administered.

We found during the inspection that there were no processes in place for the checking and disposal of out of date emergency drugs and equipment. We also found that there was a significant amount of items within the surgeries and the store room that were out of date by up to 19 years. This puts patients at risk as using out of date items could impact the effectiveness of the equipment or safety of using the equipment on patients.

Our concerns regarding the above issues were dealt with under our immediate non-compliance process. Details of the immediate improvements we identified are provided in Appendix B.

We saw evidence for all staff that they had received training within the last twelve months on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

The only fridge on the premises was used to store both medicines and staff items such as food. Clinical items such as medicines must be kept in their own fridge to prevent cross contamination.

On the day of the inspection we noted a prescription pad was left unattended in one surgery and recommend that these are kept securely.

Improvement needed

A medicines management policy must be implemented and training provided to staff to make sure that it is fully understood.

A clear record of medicines administered needs to be maintained, separate from the clinical records of patients.

The practice must make sure that clinical items, such as medicines, are kept in their own fridge away from non-clinical items.

The practice must make sure that prescription pads are kept securely at all times to prevent unauthorised access.

Safeguarding children and adults at risk

Staff we spoke with were aware of the need to safeguard children and adults at risk. All staff records checked showed that staff had received online training on safeguarding children and vulnerable adults.

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults. These also contained the contact details for the relevant safeguarding agencies.

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. The practice provided documentation to show that the X-ray machines were regularly serviced. The practice had a radiation protection file that was maintained and contained all the essential information, including a radiation policy. The practice had a written radiation protection policy.

In accordance with the requirements of the General Dental Council⁶ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000⁷, of those staff files that we reviewed, all demonstrated that they had completed the required training.

Whilst the practice had an inventory of equipment, recording the manufacturer, model and serial numbers and year of manufacture, this was not up to date and we advised this is updated.

Effective care

Safe and clinically effective care

We did not find evidence that the practice completed a range of regular audits. Patients benefit from a practice that seeks to continuously improve the services it provides. Therefore, we recommended that the practice implements a comprehensive programme of regular audits such as medical records (including medical histories), radiography, infection control (including anti-microbial) and smoking cessation.

Improvement needed

The practice should put in place a programme of clinical audits.

Quality improvement, research and innovation

There was no evidence of dental peer reviews taking place. We recommended that formal and regular meetings should be arranged between the principal

⁶ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁷ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

dentist and other surgeries for this purpose. We also advise that the dental nurses consider regular meetings for the purpose of discussing clinical issues.

The practice was aspiring to be BDA Compliant in accordance with BDA Good practice programme⁸.

Improvement needed

The practice should consider a programme of peer review for clinical staff.

Information governance and communications technology

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. The practice also had a records management policy. Electronic records were regularly backed up to protect patient information and help prevent loss.

Record keeping

Following a review of ten patient records HIW concluded that we could not be assured that the principle dentist was applying professional clinical judgement with regards to treatment provision which was predominantly as a result of poor standards of record keeping. The key elements supporting this conclusion were:

- Exams were not recorded
- Risk Assessments are not being consistently recorded.
- Intra and extra oral examination records do not contain enough detail and are not consistently recorded
- Radiographs were not used consistently during routine examinations.

These findings meant that HIW could not be assured that the principle dentist was applying appropriate professional clinical judgement in regards to treatment planning and provision. This is a serious risk to patients safety as treatments undertaken without appropriate pre-treatment checks,

⁸ <https://www.bda.org/goodpractice> BDA Good Practice is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities

comprehensive justification and risk assessments leaves patients at risk of serious complications and poor outcomes which could pose a risk to patients' oral and overall health.

Our concerns regarding the above issues were dealt with under our immediate non-compliance process. Details of the immediate improvements we identified are provided in Appendix B.

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 had clear lines of accountability.

We saw that the staff had completed training in a number of areas which helped to ensure they had up-to-date skills and knowledge to assist them in their work.

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

Governance, leadership and accountability

Gupta Dental Surgeons is owned by the Registered Manager⁹. The Registered Manager also acted as the Responsible Individual¹⁰ and principal dentist.

We saw there was a wide range of policies and procedures 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. We saw that policies were signed and agreed by staff. This meant that staff were up to date with the policies and procedures in place to support them in their roles.

⁹ “registered manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

¹⁰ “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

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 HIW¹¹.

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We saw 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. The recently appointed Practice Manager had started the process of completing annual appraisals for staff that included a personal development plan for the upcoming year.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles to support their continual professional development.

We were told that the practice had started holding staff meetings. These covered a range of topics in relation to the practice including information which may impact staff. We saw brief notes relating to this meeting and staff unable to attend were updated by the Practice Manager and signed the copy of the notes.

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

¹¹ 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.

5. 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.

6. 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 were identified on this inspection. | | | |

Appendix B – Immediate improvement plan

Service: Gupta Dental Surgeons

Date of inspection: 8 April 2019

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 |
|--|--|--|---------------------|-------------------------------------|
| <p>HIW could not be assured that the principle dentist was applying professional clinical processes in regards to record keeping.</p> <p>The practice is required to provide record keeping in order to ensure that;</p> <p>Exams are recorded</p> <p>Risk Assessments are being consistently recorded</p> <p>Intra and extra oral examination records contain enough detail and are not</p> | <p>Regulation 14 (1) (b) of the Private Dentistry (Wales) Regulations 2017</p> | <p>In Order to Reassure HIW for my Record Keeping and recording clinical exams I have decided to undertake following steps:-</p> <p>a) a) I shall work in Tandem with “Swansea Bay Health Board Dental Advisers” Chris Wills-wood and Richard Jones who have kindly agreed to help me in doing my record keeping audit on an</p> | <p>Amrish Gupta</p> | <p>Ongoing starting immediately</p> |

| Description of non compliance/ Action to be taken | Regulation | Service action | Responsible officer | Timescale |
|---|------------|--|---------------------|-----------|
| <p>consistently recorded</p> <p>Radiographs are consistent during routine examinations.</p> | | <p>ongoing basis until I achieve an acceptable standard in record keeping.</p> <p>b) I am also liaising with Dr Johnstone from HEIW to do CAPRO approved audit on Record Keeping.</p> <p>c) To do a Record Keeping CPD on 25/05/2019 conducted by HEIW.</p> <p>d) I have booked a number of Courses in order to address issues which arose from recent record keeping during inspections These are listed in my PDP and cover the following areas:</p> <p>i) Radiographs – I shall undertake</p> | | |

| Description of non compliance/ Action to be taken | Regulation | Service action | Responsible officer | Timescale |
|---|------------|---|---------------------|-----------|
| | | <p>an audit of radiographs taking/frequency</p> <p>ii) Treatment planning – courses booked and reflective writing to be done following the course.</p> <p>iii) NHS regulation – Course Booked and reflective writing to be done.</p> <p>iv) Reflective writing on FGDP standards on record Keeping</p> <p>Treatment planning</p> <p>I will also carry out reflective writing on my treatment planning</p> | | |

| Description of non compliance/ Action to be taken | Regulation | Service action | Responsible officer | Timescale |
|---|------------|---|---------------------|-----------|
| | | <p>in conjunction with my mentors</p> <p>Practice Management</p> <ul style="list-style-type: none"> a) I realise I am only as strong as my team, I will therefore embark on management training for both myself and the practice manager b) Look to recruit a Therapist or Associate to free time for practice management and increase my appointment times | | |

| Description of non compliance/ Action to be taken | Regulation | Service action | Responsible officer | Timescale |
|---|---|---|---------------------|--------------------------------------|
| <p>HIW found during the inspection that there were no processes in place for the checking and disposal of out of date emergency drugs and equipment.</p> <p>A process is required to provide evidence of how the practice will ensure emergency drugs and equipment are checked, monitored and disposed of appropriately.</p> | <p>Regulation 13(2)(a), 13(4)(a) and Regulation 31(b) of the Private Dentistry Regulations 2017</p> | <p>Regarding Medicines and Equipment are in Date:-</p> <ul style="list-style-type: none"> a) I have created a standardised protocol for the medical emergency drugs and equipments. b) I have replaced the old needles with new ones which have expiry date of 08/2023. Also all the team is trained to use them during IN HOUSE medical emergency Course. c) Surgery was closed on 10/04/19 and deep cleaning of the whole practice was undertaken. All the | <p>Amrish Gupta</p> | <p>Ongoing effective immediately</p> |

| Description of non compliance/ Action to be taken | Regulation | Service action | Responsible officer | Timescale |
|---|------------|--|---------------------|-----------|
| | | <p>stock cupboard and surgeries were cleaned and checked.</p> <p>Any Out of date/expired material equipment was removed from the premises.</p> <p>d) Going forward I have created a Protocol in which all the surgeries and stock cupboard will be checked on a monthly basis and any stock which is nearing expiry will be removed. Also stock cupboard needs to arrange according to expiry of the materials meaning materials that have expiry first needs to be in front and materials which can last longer</p> | | |

| Description of non compliance/ Action to be taken | Regulation | Service action | Responsible officer | Timescale |
|---|------------|--|---------------------|-----------|
| | | <p>goes at the back of the cupboard.</p> <p>e) I will conduct spot checks in the surgeries and the stock cupboard to make sure that the protocols are adhered too. I will do this by blocking my diary for spot checks. This way it is a “sacrosanct time” to ensure this does happen.</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): Amrish Gupta

Job role: Registered Manager

Date: 24/04/2019

Appendix C – Improvement plan

Service: Gupta Dental Surgeons

Date of inspection: 8 April 2019

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 | | | | |
| <p>The practice must ensure that it is providing patients with the opportunity to provide feedback on the services they provide.</p> <p>The practice must have a process in place to respond to patient feedback in a timely manner.</p> | 6.3 Listening and Learning from feedback; PDR s16 | <p>Conducted a patient satisfaction survey.</p> <p>Also decided to do a satisfaction survey on a quarterly basis with small samples of 10 patients. This will enable us to get a snap shots of patient views at different times in a year. For eg. during school holidays.</p> <p>As our Practice manager is settling in the last 6 months now, she and myself have been able to dealt with patient complaints within given timeframe. Patient complaints handling protocol has been reviewed and team made aware of</p> | <p>Amrish Gupta</p> <p>Amrish Gupta</p> | <p>Done</p> <p>Done.</p> |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|--|--|---|---|---|
| | | "Raising a concern" protocol. | | |
| Delivery of safe and effective care | | | | |
| <p>Unlocked cupboards within the waiting areas should be secured to ensure patients cannot gain access to dangerous areas.</p> <p>Sharps bins should be secured in order to protect both staff and patients from sharps injuries</p> | 2.1 Managing risk and promoting health and safety; PDR s22 (4) | <p>Unlocked cupboards in the waiting area have been sealed as they were not in use.</p> <p>Sharps bin has been securely wall mounted in the surgeries.</p> | Amrish Gupta | done |
| <p>The practice must ensure that safety glasses are cleaned between each patient.</p> <p>The practice must ensure that a deep clean is undertaken.</p> <p>The practice must conduct infection control audits, in accordance with WHTM 01-05 are undertaken annually.</p> <p>The practice must make sure that appropriate arrangements are put in place for the safe handling, collection and disposal of waste</p> | 2.4 Infection Prevention and Control (IPC) and Decontamination; PDR s8 and s13 | <p>New safety glasses are ordered and discussed with the whole team about the importance of cross infection and decontamination in between patients.</p> <p>WHTM01-05 Audit has been completed and awaiting feedback from Wales deanery.</p> <p>We have got a contract with SRCL waste collector. Contract includes dental package with 8 pots for lead foil, tooth box, sludge drums, Amalgam and capsule container, sharps bin.</p> | <p>Amrish Gupta</p> <p>Amrish Gupta</p> <p>Amrish Gupta</p> | <p>Done</p> <p>30/06/2019</p> <p>Done</p> |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
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| amalgam and extracted teeth. | | I have reviewed the practice of waste disposal in the practice and informed the whole team about correctly segregating the dental waste. | | |
| <p>A medicines management policy must be implemented and training provided to staff to make sure that it is fully understood.</p> <p>A clear record of medicines administered needs to be maintained, separate from the clinical records of patients.</p> <p>The practice must make sure that clinical items, such as medicines, are kept in their own fridge away from non-clinical items.</p> <p>The practice must make sure that prescription pads are kept securely at all times to prevent unauthorised access.</p> | 2.6 Medicines Management; PDR s8 and s13 (4) | <p>Medicine management policy has been reviewed and new emergency drug protocol has been implemented in the practice. Since 30/04/19.</p> <p>In case of medical emergency any drugs that are administered a separate record of administered drugs has to be kept. New log has been kept alongside drug kit.</p> <p>A separate refrigerator has been installed to segregate the medicines from non- clinical items.</p> <p>Prescription pads are locked in cabinet In the ground floor surgery overnight.</p> | <p>Amrish Gupta</p> <p>Amrish Gupta</p> <p>Amrish Gupta</p> <p>Amrish Gupta</p> | <p>Done</p> <p>Done</p> <p>Done</p> <p>Done</p> |
| The practice should put in place a programme of clinical audits. | 3.1 Safe and Clinically Effective care; PDR s16 | We have decided to conduct regular clinical audits on an annual basis. We are currently doing record keeping audit. | Amrish Gupta | Already underway |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|---|---|--|---------------------|---------------|
| The practice should consider a programme of peer review for clinical staff. | 3.3 Quality Improvement, Research and Innovation; PDR s16 | I have decided to place another surgery in practice and bring in associate/locum/partner dentist in practice to share my patient workload. This will also give me an opportunity to conduct peer review within the practice. | Amrish Gupta | December 2019 |

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): Amrish Gupta
Job role: principal Dentist/registered manager
Date: 06/06/2019