

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

Bridgend Dental Surgery |

Cwm Taf Morgannwg University  
Health Board

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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 Bridgend Dental Surgery at 9A Bank Buildings, Retail Quarter, Bridgend CF31 3SB, within Cwm Taf Morgannwg University Health Board on the 23 September 2019.

Our team for the inspection comprised of two HIW inspectors, one of whom led the inspection, and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017 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 Bridgend Dental Surgery provided a quality patient experience, with friendly and professional staff.

The practice was committed to delivering safe and effective care in a visibly clean, modern and well-maintained environment.

We have made some recommendations in order for the service to be fully compliant with the relevant standards and regulations.

This is what we found the service did well:

- We observed professional and friendly interactions with patients
- Steps had been undertaken to ensure that the service is inclusive for all patients
- The environment was modern and well-maintained, which was supported by comprehensive risk assessments
- Evidence of good management and leadership

This is what we recommend the service could improve:

- Further methods for obtaining patient feedback
- Consistency in the practice's approach to date stamping wrapped equipment
- Appropriately documenting weekly emergency drugs checks
- Additional audit activities in order to quality assure care and treatment
- Ensuring patient records are fully maintained according to the relevant professional standards

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

## 3. What we found

### **Background of the service**

Bridgend Dental Surgery provides services to patients in the Bridgend and surrounding area.

The practice has a staff team which includes two dentists, two dedicated dental nurses, a practice manager, who is also a registered dentist, and a receptionist.

The practice provides a range of private general dental services, including domiciliary care 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 that Bridgend Dental Surgery provided a positive experience for patients at the practice and we found suitable processes in place to support this.

We observed professional and friendly interactions with patients throughout the inspection process. The practice had also undertaken steps to ensure they provide an inclusive service and patient experience.

In order to improve the quality of the patient experience, we recommend that the practice considers additional methods for obtaining patient feedback.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 41 questionnaires were completed.

Overall, patient feedback was very positive; all but one of the patients who completed a HIW questionnaire said that they would rate the service provided by the practice as 'excellent'.

Patient comments included:

*"The staff are always welcoming and friendly, going beyond what you would normally expect..."*

*"You are treated with care and respect. Would recommend this practice to anyone"*

*"I'm always made to feel at ease and the atmosphere is always pleasant. Treatment first class"*

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patient were completely satisfied with the practice and offered no comments for improvements.



## **Staying healthy**

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

We saw that a suitable range of written information on preventative care and good oral hygiene for both children and adults was available within the waiting area for patients to read and take away.

All but one of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

### **Dignified care**

We observed a range of staff speaking to patients in person and on the telephone in a polite and professional manner. Without exception, all of the patients who completed a HIW questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff confirmed that should a patient wish to have a private conversation then this would be carried out in one of the available surgeries or an area behind reception which has a privacy screen available.

The practice had a comprehensive confidentiality and data protection policy in place to protect patient privacy. This covered matters such as protecting patient details, access to records and disclosure to third parties.

We noted that the 9 Principles developed by the General Dental Council (GDC) were on display within the waiting area to ensure patients were aware of the standards of care they should receive from dental professionals.

### **Patient information**

All of the patients who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. They also said that they had received clear information about available treatment options.

We saw that a price list for private treatment charges was on display in the reception area. All of the patients who completed a HIW questionnaire told us the cost was always made clear to them before they received any treatment.

The practice had copies of their patient information leaflet available in the reception area for patients to take away and read. A number of practice policies, such as the complaints procedure, were also on display in the reception. This also

included the statement of purpose<sup>1</sup> which included all of the information required by the regulations.

We saw that the practice had the names and qualifications for all of the dental team displayed in an area where it could be easily seen by patients, as required by the General Dental Council (GDC).

### **Communicating effectively**

The practice confirmed that some of the staff are able to provide a bi-lingual service to Welsh speaking patients. The practice also displayed 'Cymraeg' logo on their reception desk to indicate that a Welsh language service is available.

For patients whose first language was neither English nor Welsh, the practice advised us that they would make every effort to find out about a patient's needs, including their language needs, prior to their first appointment. The majority of patients who completed a HIW questionnaire told us that they were 'always' able to speak to staff in their preferred language.

### **Timely care**

Every patient who completed a questionnaire felt that it was easy to get an appointment when they needed it.

During the inspection we observed patients being treated in a timely manner. Staff told us that patients are informed about any delays upon arrival or as soon as possible thereafter.

We saw that details on how patients can access emergency out hours care was displayed on the outside of the practice and we were told that the same information is relayed to patients on the practice's answerphone system. These details included telephone numbers for the practice's on-call dentist and a contact number for patients on the dental plan scheme. The majority of patients who

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<sup>1</sup> Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used.

completed a HIW questionnaire said they would know how to access out of hours care if they had an urgent dental problem.

## **Individual care**

### **Planning care to promote independence**

All of the patients who completed a questionnaire stated that the dentist enquires about their medical history before undertaking any treatment. This is required by professional guidelines to help a dentist understand potential diseases or identify medication that might impact on a patient's dental treatment. In the sample of patient records that we reviewed, we saw evidence to confirm that histories were generally being recorded appropriately on patient records.

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

### **People's rights**

The practice had an equal opportunities policy in place which demonstrates a commitment to ensure that everyone has access to fair treatment. In line with the Equality Act 2010, the policy acknowledged the need to deliver services and treatment to all patients regardless of a protected characteristic<sup>2</sup>.

The practice had a new patient policy as required by the regulations which outlined the arrangements for accepting new patients into the practice. A copy of the policy was available to prospective patients to view upon request.

In terms of physical access, the practice had plentiful car parking in front of the property. The practice operates on the ground floor only, therefore ensuring access for all patients. For patients with limited or restricted mobility, a ramp was also available at the entrance to the practice.

It was positive to note that the practice had undertaken a recent Disability Access Audit and had taken steps in order to implement any remedial actions. We advise

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<sup>2</sup> The Equality Act 2010 makes it an offence to discriminate against someone because of a protected characteristic. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

that the practice continues to implement these actions, where it is appropriate to do so.

### Listening and learning from feedback

The practice described that feedback is obtained from patients verbally and through social media in which reviews and comments are posted about the practice. The practice described that feedback is reflected upon in team meetings and provided examples of how they have responded to past feedback, including implementing later opening hours and weekend opening.

We recommend that the practice considers further methods for gaining patient feedback, such as through a suggestion box or feedback forms in the waiting area. This will ensure that patient feedback can be sought from a wide range of patients, particularly for those patients who may not feel comfortable providing feedback verbally, in-person or online.

The formal procedure for patients to raise a complaint or concern about their care was outlined in a complaints policy which was displayed for patients in the waiting area. The procedure enabled staff to handle any such complaints effectively and in a timely manner and was consistent with the Private Dentistry (Wales) Regulations 2017.

The practice manager told us that the practice had not received any formal complaints.

#### Improvement needed

The practice must consider additional methods for gaining patient feedback.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

Overall the practice was committed to providing patients with safe and effective care.

We found the practice to be modern, clean and well-maintained, which was underpinned by a range of appropriate policies, procedures and risk assessments.

However we identified areas for improvement in order to fully promote the delivery of safe and effective care.

### Safe care

#### Managing risk and promoting health and safety

Overall, we found suitable arrangements were in place to protect the safety and wellbeing of staff and visitors to the practice. The practice had various policies, procedures and comprehensive risk assessments in place to ensure the premises were safe and fit for purpose.

We saw that the practice had a domiciliary care policy in place which enabled the care of patients in their home in accordance with the BSDH (British Society for Disability and Oral Health) guidelines.

The reception and waiting areas were welcoming, tidy and free from obvious hazards. 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.

The building appeared to be well maintained internally and externally and we found all areas of the practice to be modern and in a good state of repair.

We found that appropriate arrangements were in place to adequately protect staff and people visiting the practice in the event of a fire:

- a fire risk assessment had recently been undertaken and appropriate actions had been undertaken to mitigate risks identified

- five practice staff had recently undergone fire training
- fire extinguishers throughout the practice had been serviced within the last twelve months and a fire equipment maintenance contract was in place
- emergency exits were appropriately signposted.

A no smoking sign was displayed to remind staff and patients of the smoking free premises legislation. A health and safety poster was displayed within the practice to inform staff how they can best protect their own health and safety within the workplace.

Six practice staff had been trained in first aid to ensure that any persons or patient at the practice can be appropriately treated.

We saw that the practice had a business continuity and disaster recovery policy as required by the regulations which detailed the contingencies in place to ensure the safe running of the practice in the case of an emergency or natural disaster.

### **Infection prevention and control**

We found evidence that suitable infection and control measures were in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05<sup>3</sup>. The dedicated decontamination room was modern and visibly clean, following a dirty to clean decontamination route, and staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections.

We saw that the autoclave recorded its cycles through a paper printer. We saw evidence of a log book that confirmed staff had been undertaking appropriate daily and weekly checks to ensure that sterilisation equipment, including the ultrasonic bath, was functioning correctly and had been meeting validation

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<sup>3</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.

requirements. This also included evidence of a valid maintenance inspection certificate.

We also saw that staff were appropriately transporting clean and used instruments between the surgeries and the decontamination room in secure boxes to help prevent cross-contamination. This included the use of appropriate secure boxes used on domiciliary visits. We also noted that the practice had appropriate methods and tools available to ensure the correct pre-sterilisation of instruments as part of the overall decontamination process.

During an inspection of one of the surgeries that was currently not in use we observed that a small number of wrapped sterilised dental equipment was inconsistently date stamped with either a date of processing or a date of expiry. We recommend that the practice adopts a clear policy position to ensure consistency in their approach to date stamping. The practice showed us evidence that a secondary stamp had been ordered on the day of the inspection.

A contract was in place with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste. We saw that clinical waste was stored securely on the exterior of the premises. We also saw evidence that the practice had a mercury spillage kit available.

We looked at staff records and found an acceptable 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 this blood borne virus.

Staff and patient toilet and changing facilities were available within the practice. We saw that the toilet had appropriate feminine hygiene facilities and a shower, for staff use. Sufficient space for staff to store personal items was also available within the practice.

#### Improvement needed

The practice must adopt a clear policy position to ensure consistency in their approach to date stamping wrapped dental equipment.

#### Medicines management

We saw evidence that the practice had emergency drugs and emergency resuscitation equipment available that met the Resuscitation Council (UK)

standards<sup>4</sup> and that this was stored appropriately. We also saw a valid service maintenance certificate of the practice's oxygen cylinder.

We saw that the practice had a list of drugs with their expiry dates available and staff confirmed that this was frequently checked. However, the practice did not have a log sheet to formally record these weekly checks. We therefore recommend that the practice creates a log sheet to record weekly documented checks of emergency drugs. The practice created a log sheet at the time of the inspection.

The practice had a policy in place for resuscitation and managing medical emergencies in line with national guidelines for resuscitation. We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

Staff were aware of the need to report any adverse reactions to medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme<sup>5</sup> to help the MHRA ensure healthcare products are acceptably safe for patients and those that use them.

Prescription pads were not in use at this practice.

#### Improvement needed

The practice must create a log sheet to record weekly documented checks of emergency drugs.

### Safeguarding children and adults at risk

The practice had an up-to-date safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in

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<sup>4</sup> <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

<sup>5</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>



the event of any safeguarding concerns. The policy included contact details for staff to appropriately report any concerns to the relevant local safeguarding agencies.

The safeguarding lead for the practice was the registered manager who had oversight of safeguarding matters. The practice manager confirmed that knowledge of safeguarding issues is disseminated through induction and training. We saw evidence that all clinical and non-clinical staff were formally trained to an appropriate level.

A link to the All Wales Child Protection Procedures 2008, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales, was available for staff to access.

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

We inspected the clinical facilities at the practice and found that the dental equipment in the dental surgeries was modern and well maintained.

We looked at the arrangements in place for the safe use of radiographic (X-ray) equipment and found that the practice was meeting the guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. This is because:

- Staff had received up-to-date ionising radiation training
- a radiation policy was in place and local rules<sup>6</sup> were displayed by the X-ray equipment to set out the working procedures to ensure that radiation exposure to staff is restricted
- x-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment.

### **Effective care**

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<sup>6</sup> Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

## Safe and clinically effective care

We saw evidence that an audit on compliance with the Welsh Health Technical Memorandum (WHTM) 01-05 decontamination best practice guidelines is undertaken annually and that the changes recommended as a result of this audit had been implemented.

We recommend that the practice undertakes further audit activities, such as patient record keeping, antibiotic prescribing, and smoking cessation in order to further quality assure the care and treatment being provided. This includes training of clinical staff in Brief Intervention in Smoking Cessation.<sup>7</sup>

We also recommend that the practice undertakes clinical peer review in order to fulfil CPD requirements and to identify areas in which changes can be made with the objective of improving the quality of service offered to patients.

The practice should also consider making use of the Health Education and Improvement Wales Maturity Matrix Dentistry<sup>8</sup> practice development tool which encourages the dental practice team to work together to identify key areas for improvement based on professional guidelines and on legislative requirements.

We also saw evidence of a consent policy which outlined how the practice assesses patient consent and capacity for treatment.

### Improvement needed

The practice should undertake additional audit activities in order to further quality assure the care and treatment being provided.

## Information governance and communications technology

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<sup>7</sup> Brief intervention is a method of discussing smoking and quitting in a positive, non-confrontational way to encourage smokers to think about giving up and enable them to access specialist support when they are ready (Public Health Wales).

<sup>8</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

The practice had a data protection and security policy in place that set out procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulation (GDPR).

Patient records were electronically stored on password protected computers. Copies of the electronic records are regularly backed-up and stored off site so that the original data can be accessed if required.

### Record keeping

Overall we found there to be satisfactory record keeping in the sample of patient records that we reviewed which support the practice to deliver quality patient care. This is because the patient records we reviewed:

- included computerised patient notes which were clear and are appropriately backed-up.
- documented previous dental, social history and reason for attendance
- included clear, legible and documented discussions held with patients about the treatment options available to them
- provided patients with appropriate oral health promotion information

However, we also found some inconsistencies in the sample of patient records that we reviewed. We recommend that the practice ensures that all dentists record the following matters in patient notes: :

- all medical histories to be updated on a regular basis
- written treatment plans to be countersigned and retained on patient files
- justifications and clinical findings of radiographs to be recorded at all times
- type and amount of anaesthetic to be recorded at all times. Including the dosage and duration of antibiotics.
- risk assessments, such as caries, periodontal and oral cancer, to be recorded in patient notes at all times
- baseline BPE to be recorded at all times
- oral cancer screening to be recorded at all times

### Improvement needed

The practice must ensure that all patient records are fully maintained according to the relevant professional standards.

## 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 evidence of good management and leadership which was evidenced through regular staff meetings and annual staff appraisals.

Staff appeared to work well together and had access to the appropriate training opportunities in order to fulfil their roles and responsibilities.

The practice should consider undertaking further audits and tools to help monitor and quality assure patient care and effective team working.

## Governance, leadership and accountability

Bridgend Dental Surgery is co-owned by the principal dentist who is the responsible individual and the registered manager. The practice is supported by a wider team of clinical and non-clinical staff.

We found the practice to have good leadership and clear lines of accountability. We observed staff working well together, evidenced by their interaction with patients and their co-operation and demeanour throughout the inspection process.

As already mentioned in this report, the practice should consider making use of the Health Education and Improvement Wales Maturity Matrix Dentistry<sup>9</sup> practice

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<sup>9</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

development tool which encourages the dental practice team to work together to identify any areas for improvement.

We found a wide range of policies and procedures were in place to ensure the safety of both staff and patients. We saw that policies had been regularly reviewed in line with the regulations and that staff had been made aware of these during their induction process.

All clinical staff were registered to practice with the General Dental Council in order to practice and had appropriate indemnity insurance cover in place. We noted that certificates were on display evidencing that the practice had public liability insurance.

## **Staff and resources**

### **Workforce**

Overall, we found suitable governance arrangements in place at the practice. Staff had a contract of employment and a job description setting out their roles and responsibilities and we saw that these were retained on staff files. New members of staff are provided with an induction programme and a probationary period.

We saw evidence that all staff receive appraisals on a minimum of an annual basis and that staff had attended training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements.

Practice meetings are held regularly to allow staff to identify lessons learned and provide an opportunity for staff to raise any issues they may have. Minutes of each meeting are taken and sent to all staff to ensure any absent members of staff are aware of what was discussed.

We were told that the practice manages to maintain an appropriate number of qualified staff working at the practice at all times without having to use temporary locum dental nurses.

A recruitment policy was in place that set out the process to follow to recruit potential new members of staff and described appropriate pre-employment checks the practice would undertake to ensure new staff are suitably qualified and protected to work with patients.

The regulations 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 both clinical and non-clinical staff to help ensure the safety of patients and staff.

The practice had a whistleblowing (speaking-up) policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care. The policy had clear signposting for raising concerns both internally and externally, including HIW.

We saw that the practice had an inoculation injury policy in place, including a sharps injuries protocol to follow in the event of a needlestick injury. The practice told us that occupational health is available to them through a local hospital. However given that the practice is solely private and given the recent health board border changes, we advise that the practice confirms in writing that these arrangements for occupational health support is still available to the practice.

## 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 2017](#), 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:**                      **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 non-compliance concerns were 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:** Bridgend Dental Surgery

**Date of inspection:** 23 September 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
<b>Quality of the patient experience</b>				
The practice must consider further methods for gaining patient feedback.	6.3 Listening and Learning from feedback,	Feedback via Facebook site Feedback box on reception	NS	Done Immediately
<b>Delivery of safe and effective care</b>				
The practice must adopt a clear policy position to ensure consistency in their approach to date stamping wrapped dental equipment.	2.4 Infection Prevention and Control (IPC) and Decontamination,	Red stamp as well as black ordered on day of inspection	SS	Done

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must create a log sheet to record weekly documented checks of emergency drugs.	2.6 Medicines Management;	Log sheet done	SS	Done
The practice should undertake further audit activities in order to further quality assure the care and treatment being provided.	3.1 Safe and Clinically Effective care;	Starting new audits (as listed)	SS	Immediately
The practice must ensure that all patient records are fully maintained according to the relevant professional standards.	3.5 Record keeping; I	More in depth record keeping	CR	Done

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):** Zoe Clarkes

**Job role:** Practice Manager

**Date:** 10.11.19