

General Dental Practice Inspection (Announced)

Ben Brookshaw Dental
Laboratory

Inspection date: 15 October 2019

Publication date: 16 January 2020

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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**

Contents

| | | |
|----|---|----|
| 1. | What we did | 5 |
| 2. | Summary of our inspection..... | 6 |
| 3. | What we found | 7 |
| | Quality of patient experience | 8 |
| | Delivery of safe and effective care | 12 |
| | Quality of management and leadership | 19 |
| 4. | What next? | 22 |
| 5. | How we inspect dental practices | 23 |
| | Appendix A – Summary of concerns resolved during the inspection | 24 |
| | Appendix B – Immediate improvement plan | 25 |
| | Appendix C – Improvement plan | 26 |

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 Ben Brookshaw Dental Laboratory at Albion House, Albion Square, Chepstow, NP16 5DA within Aneurin Bevan University Health Board on the 15 October 2019.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, 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 Ben Brookshaw Dental Laboratory was committed to providing patients with a positive patient experience and safe and effective care.

We have made some recommendations for improvement in order for the service to be fully compliant with the current regulations, standards and best practice guidelines.

This is what we found the service did well:

- Excellent mechanism in place to capture and act upon patient feedback about their care and treatment
- Excellent record keeping in place to promote safe and effective care
- Modern, visibly clean and well-maintained premises
- Evidence of good management and leadership.

This is what we recommend the service could improve:

- Implementation of regular (weekly as a minimum) emergency equipment checks
- Implementation of a business continuity policy
- Ensuring clinical waste and cleaning materials are securely stored at all times.

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

3. What we found

Background of the service

Ben Brookshaw Dental Laboratory provides dental technician services to patients in the Chepstow and surrounding area.

The service has a staff team which includes four staff, including a Clinical Dental Technician, a Dental Technician, the Registered Manager and a part-time member of staff who provides administrative support.

The practice provides a range of private dental services, including:

- A range of dentures
- Denture repairs and relines
- Mouthguards, nightguards and whitening trays

A domiciliary care service is also available.

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 Ben Brookshaw Dental Laboratory was committed to providing a positive experience for patients at the practice and we found suitable processes in place to support this.

The practice had an excellent mechanism in place to capture patient feedback and regularly monitored and assessed the service it provides.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Unfortunately no HIW questionnaires were received. However we reviewed a selection of the service's own patient feedback questionnaires and we saw that comments from patients were positive about the service and care provided.

Staying healthy

Health promotion protection and improvement

The service had a small range of relevant written information made available within the waiting area for patients to read and take away. This included information on smoking cessation and treatments offered by the service.

Dignified care

We observed a range of staff speaking to patients in person and on the telephone in a polite and professional manner.

Staff confirmed that patients are provided with a one-to-one consultation in private. The registered manager told us that should patients wish to have a conversation in private, then this can be carried out in the surgery.

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

We also noted that the 9 Principles¹ developed by the General Dental Council (GDC) were on display within the surgery to ensure patients were aware of the standards of care they should receive from dental professionals.

Patient information

We saw that a comprehensive price list for all treatment charges was on display in the reception area. We noted that the service offered a range of different types of dentures in order to appropriately meet the needs of its patients.

The service 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 purpose² which was fully compliant with the regulations.

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

Communicating effectively

The service confirmed that some of its staff are able to provide a bi-lingual service to Welsh speaking patients.

For those patients who have difficulty in communicating, the registered manager told us that the service welcomed patients to attend their appointment with either a chaperone or a relative.

¹ The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

² 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.

Timely care

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.

The registered manager told us that the service offers a standard one-hour denture repair service for patients without the need to book an appointment beforehand. This ensures patient dignity and timely care, as patients are not left without their dentures for prolonged periods of time. We also saw evidence to confirm that the practice has arrangements in place to provide emergency treatment for patients treated on a domiciliary care basis.

The service also offers an answerphone system for patients to leave a message out-of-hours.

Individual care

Planning care to promote independence

In the sample of patient records that we reviewed, we saw evidence to confirm that medical histories were consistently obtained from patients at each appointment.

We found evidence that comprehensive treatment plans were being completed and that there was a strong focus on delivering person-centred care, which was achieved through collecting comprehensive patient histories in support of identifying patient needs. This is in line with best practice and meant that patients were provided with sufficient information in order to make an informed choice about their treatment.

We confirmed that the treatments and services offered by the practice were in accordance with their statement of purpose.

People's rights

The service 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 characteristic³.

The service 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.

The service had access to a public car park a short distance from the premises. The service operates on the ground floor, therefore ensuring physical access for all patients.

In support of providing an inclusive service, the service also provides a home care (domiciliary) service for those patients who are unable to visit in person or who live in a care / residential setting.

Listening and learning from feedback

We found evidence that the service was operating an excellent model in obtaining, listening and learning from feedback. The registered manager described that feedback is obtained from all patients 4-6 weeks post treatment by means of a postal questionnaire. The registered manager told us that the service provides patients with a stamped address envelope to return their completed questionnaires in, which was reflected in a positive response rate.

We saw evidence to see that the patient feedback was analysed and reflected upon appropriately. Feedback was regularly audited by the registered manager for themes and that feedback was followed-up with patients where appropriate. We also noted that patients were able to return their questionnaires anonymously should they wish to.

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 regulations.

³ 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>

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 service was committed to providing patients with safe and effective dental care.

Patient records were maintained to an excellent standard and captured comprehensive patient information in order to support the delivery of effective treatment.

All areas of the service were modern, visibly clean and maintained to a high standard.

We have made a small number of recommendations in order for the service to be fully compliant with the regulations.

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 service had various policies, procedures and localised health and safety risk assessment in place to ensure the premises were safe and fit for purpose.

We saw evidence to confirm that the dental laboratory was registered with the Medicines & Healthcare products Regulatory Agency (MHRA)⁴ to manufacture and provide custom made dentures.

We saw that the service had a domiciliary care policy in place which enabled the care of patients in their own home or nursing / residential home. We found that

⁴ Manufacturers of custom-made dental appliances are legally required to register with the UK Medicines and Healthcare Products Regulatory Agency (MHRA).

the policy and procedure was appropriate to the type of services being provided by the service.

The building appeared to be well maintained internally and externally. The reception, waiting area and surgery was welcoming, tidy and free from obvious hazards. The laboratory space was visibly clean and in a good state of repair.

We noted that eye protection and eye wash was available within the laboratory area due to the hazard presented by the machinery and equipment which is used in the production of dentures.

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
- three of the staff had recently undergone fire training, with one staff member due to attend training shortly after the date of the inspection
- 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 legislation⁵. 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.

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

Staff toilets and changing facilities were also available. The service advised us that, if requested, toilet facilities would be made available to patients. However we observed that sanitary hygiene facilities were not available. We also noted

⁵ 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.

that cleaning materials were being stored in the toilet and that these should be moved to a separate and secure space.

As required by the regulations, we noted that the service did not have business continuity and disaster recovery policy which should detail the contingencies in place to ensure the safe running of the practice in the case of an emergency or natural disaster. We recommend that the services rectifies these issues accordingly.

Improvement needed

The registered manager must implement a business continuity and disaster recovery policy.

The registered manager must ensure that sanitary hygiene facilities are made available.

The registered manager must relocate cleaning materials from the toilet and ensure that these are securely stored elsewhere.

Infection prevention and control

We found evidence that suitable and relevant 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) 01-05⁶.

This is because the service had an appropriate infection control policy and procedure in place which contained all of the necessary details, as required by the regulations.

We observed an appropriate disinfection procedure of denture materials (e.g. impressions) and noted that single-use dental equipment was in use by the service, which were appropriately disposed of after use.

⁶ 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.

A contract was in place with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste. On the day of the inspection, whilst awaiting collection that day, a small amount of clinical waste was being stored in an unlocked bin in an area which could be accessed by patients. To prevent unauthorised access and to prevent cross-infection, we recommend that any clinical waste removed from the surgery is stored in a secure locked container / storage area.

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.

We saw that appropriate hand hygiene and changing facilities were available.

Improvement needed

The registered manager must ensure that any clinical waste which is removed from the surgery is securely stored in a locked container / storage area.

Medicines management

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. We also saw a valid service maintenance certificate of the practice's oxygen cylinder.

We saw evidence that the practice had emergency resuscitation equipment available and that this was stored appropriately. However in line with Resuscitation Council (UK) standards⁷, the service did not have paediatric defibrillator pads available, which is requirement because the service accepts child patients. We confirmed with the service that paediatric defibrillator pads had been ordered on the day of the inspection.

⁷ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

We found that whilst the service had implemented and had maintained a list of expiry dates of the emergency kit and equipment, there were no regular (weekly as a minimum) checks taking place. We recommend that the service undertakes and logs regular checks in order to assure themselves of the condition and availability of the emergency equipment.

In line with the requirements for this type service, we confirmed that no emergency drugs or prescription-only medication were stored for patient use.⁸

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 Scheme⁹ to help the MHRA ensure healthcare products are acceptably safe for patients and those that use them.

Improvement needed

The registered manager must provide written confirmation that paediatric pads have been received and included in their emergency resuscitation equipment.

The registered manager must undertake and log regular (weekly as a minimum) checks of the emergency equipment.

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

⁸ Human Medicines Regulations 2012 prohibit clinical dental technicians from purchasing or holding the prescription-only medicines contained within an emergency drugs kit.

⁹ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

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

Effective care

Safe and clinically effective care

We found that the service was appropriately accepting and treating patients in line with the requirements for this type of service. This is because the service had a clear patient acceptance policy and adherence to the policy was confirmed through reviewing a sample of patient records.

In situations where patients are unable to directly self-refer to the service and do not regularly attend their own dentist, the service described to us an arrangement that they have in place with a dental practice within the vicinity of the service in order for patients to obtain a timely and appropriate referral. Details of this arrangement were outlined in the patient acceptance policy.

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

We also saw evidence of a consent policy which outlined how the service assesses patient consent and capacity for treatment. The service encouraged patients to attend with a chaperone or relative should they wish to.

Information governance and communications technology

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).

Record keeping

Overall we found there to be excellent 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:

- clearly documented initial and updated consent and patient medical histories
- 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
- included clear referral pathway notes from the patient's dentist (where referred)
- included detailed treatment plans for each stage of treatment, including post-treatment, which were signed for by the patient and counter-signed by the clinical dental technician.

Patient records were stored as hard paper copies. We saw that records were stored securely when not in use and were subject to a suitable retention period, in line with the regulations.

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 annual staff appraisals and personal development planning.

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

Governance, leadership and accountability

Ben Brookshaw Dental Laboratory is co-owned by the principal Clinical Dental Technician and the registered manager who is also the responsible individual. The practice is supported by small, committed team consisting of a dental technician and a qualified dental nurse, who does not undertake any clinical duties, but supports the registered manager in the day-to-day administration of the service.

We found the service 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 the service develops its workforce and its team begins to settle into their roles, the practice may wish to consider making use of the Health Education and Improvement Wales Maturity Matrix Dentistry¹⁰ practice development tool which

¹⁰ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

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.

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

The registered manager was aware of their responsibility to report certain incidents to HIW and had created a policy to ensure awareness of these obligations.

Staff and resources

Workforce

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

Due to the team being small and only expanded in recent times, the service has not held regular team meetings in order to reflect upon their practice and to provide an opportunity for staff to raise any issues. However the service was keen to take this forwards with its current workforce.

The regulations require that at the time of registration, all professional dental staff 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 service had a whistleblowing 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 with HIW and the GDC.

We saw that the service had a procedure to follow in the event of coming into contact with blood or bodily fluids. As mentioned earlier within this report, we saw evidence to confirm that hepatitis B vaccinations were in place.

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 |
|--|--|---|--|
| A small amount of clinical waste was being stored in an area that could be accessed by patients. | Clinical waste must be stored securely in order to be prevent unauthorised access and to reduce the risk of cross-infection. | We spoke to the service on the day of the inspection to remind them of clinical waste storage requirements, in line with WHTM 01-05 | The clinical waste was awaiting collection and was collected on the day of the inspection. The practice agreed to retain clinical waste in the surgery until a secure container / secure area is found. |

Appendix B – Immediate improvement plan

Service: Ben Brookshaw Dental Laboratory Ltd

Date of inspection: 15th October 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 |
|---|------------|----------------|---------------------|-----------|
| No immediate non compliance issues identified | | | | |
| | | | | |

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: Ben Brookshaw Dental Laboratory Ltd

Date of inspection: 15th October 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 | | | | |
| Delivery of safe and effective care | | | | |
| The registered manager must implement a business continuity and disaster recovery policy. | The Private Dentistry (Wales) Regulations 2017 s 8(1)(o) | A comprehensive Business Continuity and Disaster Recovery Policy is now in place which details the course of action the business would take to minimise disruption in the event of a range of significant events. The Policy has been read, understood and signed by all staff members. | Registered Manager, Pamela Brookshaw | Completed on 14.11.19 |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|---|---|---|---------------------------------------|---|
| The registered manager must ensure that sanitary hygiene facilities are made available. | s 22 <i>See also</i> Health and Safety at Work Regulations | Sanitary hygiene facilities have been ordered from our waste management provider and are being delivered by courier within the next 5 working days | Registered Manager, Pamela Brookshaw. | Facilities ordered on 12.11.19 and in place by 20.11.19 |
| The registered manager must remove cleaning materials from the toilet and are stored securely. | s 22 <i>See also</i> Health and Safety at Work Regulations | Cleaning materials have been removed from the toilet area and are being stored securely in a lockable storage cupboard fitted in the staff room. | Registered Manager, Pamela Brookshaw | Completed 13.11.19 |
| The registered manager must ensure that any clinical waste which is removed from the surgery is securely stored in a locked container / storage space. | s 22 <i>See also</i> WHTM 01-05 | A secure lockable storage cupboard has been fitted in the staff room for the purposes of storing cleaning materials and clinical waste which has been removed from the surgery and awaiting collection. | Registered Manager, Pamela Brookshaw | Completed 13.11.19 |
| The registered manager must provide written confirmation that paediatric pads have been received and included in their emergency resuscitation equipment. | s 31(3)(b) | Paediatric pads have been ordered, received and included in the emergency resuscitation equipment. | Registered Manager, Pamela Brookshaw | Completed 14.11.19 |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|--|-------------------------|--|--------------------------------------|--------------------|
| The registered manager must undertake and log regular (weekly as a minimum) checks of the emergency equipment. | s 31 | A spreadsheet log of weekly checks of the emergency equipment has been drawn up and added to the 'daily/weekly must do' folder which is kept at reception and is in operation on a daily basis | Registered Manager, Pamela Brookshaw | Completed 14.11.19 |

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): Pamela Brookshaw
Job role: Registered Manager
Date: 14.11.19