

General Dental Practice Inspection (Announced)

Cox and Hitchcock Dental Group,
Llanthewy Road /

Aneurin Bevan University Health
Board

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2020

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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 Cox and Hitchcock Dental Group at 2 Llanthewy Road, Newport, NP20 4JR within Aneurin Bevan University Health Board on the 11 February 2020.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Cox and Hitchcock Dental Group was providing safe and effective patient centred care in a pleasant environment with friendly, professional and committed staff.

Patients who completed HIW questionnaires rated the service provided at the practice as excellent or very good.

Staff were supported in their roles by good management and leadership arrangements.

This is what we found the service did well:

- Staff were polite, respectful and professional to patients
- Oral hygiene information for both children and adults was available in the waiting room
- Patients were provided with sufficient information to make an informed choice about their treatment
- Arrangements were in place to ensure the premises and clinical facilities were fit for purpose
- Clinical staff were registered to practice with the General Dental Council and had received the necessary training for their roles and responsibilities.

This is what we recommend the service could improve:

- A no smoking sign needs to be displayed inside the practice.
- Patient records must consistently reflect the findings and discussions had with patients during appointments.

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

3. What we found

Background of the service

Cox and Hitchcock Dental Group provides services to patients in Newport and the surrounding area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice employs a large team of 27 staff members which includes dentists, hygienists, registered dental nurses, receptionists, a practice manager and a clinical 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.

Overall, Cox and Hitchcock Dental Group had suitable processes in place for patients to receive a positive experience at the practice.

A range of written information on maintaining good oral hygiene for both adults and children was available in the waiting room.

Patients said they had been treated with dignity and respect by staff at the practice and that it was easy to get an appointment when they needed it.

More detailed notes that fully reflect the treatment options discussed with patients must be recorded within patient records.

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 39 questionnaires were completed.

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

Patient comments included the following:

"Nothing to say other than keep up the great levels of service which are already in place"

"I have always had excellent treatment at this practice. The staff are all friendly and helpful"

"Service is always friendly, professional. I would not go anywhere else"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patient comments included:

“SMS reminders would be a help!”

“Have more NHS dentists available to the practice”

“Water machine”

Staying healthy

Health promotion protection and improvement

We saw that a range of health promotion information was displayed throughout the practice and also contained within leaflets for patients to read and to take away. This included information on smoking cessation and on how to maintain good oral hygiene for both children and adults.

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

Dignified care

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

We found that the arrangements in place at the practice helped protect patients' privacy. The reception desk was situated by the front door and separate to the various waiting areas which meant staff were able to have conversations with patients either in person or on the telephone without being overheard. Staff confirmed that should a patient wish to have a more private conversation then this would be carried out in one of the empty dental surgeries.

We saw that the doors to each dental surgery were closed by staff during treatments to maintain patients' privacy and dignity. The practice had a confidentiality policy in place that helped staff recognise the importance of keeping patients' information confidential and described how such information should be used.

We noted that the 9 Principles¹ developed by the General Dental Council (GDC) were not available on the day of the inspection. The GDC require that the principles are displayed in an area where they can easily be seen by patients so they are aware of the standards of care they can expect to receive from dental professionals. We spoke to the registered manager about this who immediately arranged for copies of the standards to be displayed in the staff room and put into the patient information folder that was available for patients in the main waiting area.

Patient information

We saw that information about charges for NHS patients and prices for private treatments were displayed throughout the practice. Each patient who completed a HIW questionnaire said that the cost was always made clear to them before they received any treatment.

The practice had copies of their patient information leaflet available for patients on the reception desk. We looked at the patient information leaflet and a copy of the practice's statement of purpose² and found both documents contained all the information required by the regulations.

We saw that the names of the dentists were displayed outside the building and the names and GDC numbers of the full dental team were contained within the patient information folder, in accordance with professional guidelines.

Communicating effectively

All of the patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language. The practice confirmed that they would use a language translation service for patients whose first

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.

language wasn't English to help patients understand all aspects of their care and treatment.

We saw that some patient information was available for patients in English and Welsh. We recommended to the registered manager that the practice could do more to proactively meet the individual language and communication needs of its patients by making patients aware that documentation can be made available in other languages and accessible formats upon request. A poster detailing this was created during the inspection and put on display to inform patients.

All of the patients who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in decisions made about their treatment and had received clear information about available treatment options. However, during the inspection we reviewed a sample of patient records for each dentist to check they were being maintained in line with professional guidelines. We found that the treatment options discussed with patients during appointments were not always being recorded in their written treatment plan within their patient records. The practice must ensure that the treatment options discussed with patients are recorded in line with best practice.

Improvement needed

The practice must ensure that the treatment options discussed with patients during appointments are recorded consistently in treatment plans within patient records.

Timely care

The majority of patients who completed a HIW 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. We were also told by staff that they are able to communicate via instant messaging between the reception and surgeries to ensure that any delays are communicated quickly to patients.

We were told that any patients requiring emergency treatment during working hours are accommodated on the same day wherever possible. Information for patients on how they can access emergency treatment out of hours was contained within the patient information leaflet and displayed in the window to the practice. The majority of patients who completed a HIW questionnaire confirmed that they would know how to access the out of hours dental service if they had an urgent dental problem.

Individual care

Planning care to promote independence

Where applicable, every patient who completed a HIW questionnaire confirmed that the dentist enquired about their medical history³ before undertaking any treatment. During our review of patient records we saw evidence to confirm that medical history checks were being documented at each appointment in the patient records as required by professional guidelines.

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

People's rights

We saw that the practice had an equality and diversity policy to help ensure everyone has access to the same opportunities and to the same fair treatment in accordance with the Equality Act 2010. The practice also had a policy that detailed the arrangements for their acceptance of new patients as required by the regulations.

The practice was committed to ensuring all patients could access the premises. A dedicated parking space was available outside the practice for people with mobility difficulties. The practice was located over two floors but the reception desk, waiting area, wheelchair accessible toilets and some dental surgeries were all available on the ground floor.

Listening and learning from feedback

We saw that mechanisms were in place to collect feedback from patients about their experiences which helped the practice to monitor the quality of the general dental services they provide. A suggestions box was available in the reception area and a questionnaire was issued to a small number of patients throughout the year. Patients could also complete online reviews through social media such as Facebook and Google. We were told that the questionnaire results and specific patient comments are monitored and acted upon where necessary.

³ A patient's medical history helps the dentist to understand potential diseases or identify medication that might impact on a patient's dental treatment.

The procedure for patients to raise a complaint or concern with the practice about their care was contained in the patient information folder in the main waiting area. We saw that the procedure included the contact details of HIW and the local health board to inform patients receiving private or NHS treatment who they should contact if they are not happy with the outcome of their complaint.

A separate complaints policy was available for staff which we found would enable any complaints to be handled effectively and in a timely manner. We saw that a complaints file was being maintained to document all formal or informal complaints received from patients and the responses from the practice.

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 were assured that patients were being provided with safe and effective dental care.

Clinical facilities were in good condition, well equipped, and arrangements were in place for the safe use of X-ray equipment.

Suitable decontamination and infection control measures were in place for the cleaning, sterilisation and storage of instruments.

The practice was meeting the relevant standards and regulations to ensure the health, safety and welfare of staff and patients.

Safe care

Managing risk and promoting health and safety

The building appeared well maintained externally and internally and all areas of the practice were tidy and free from obvious hazards. Patients who completed a HIW questionnaire felt that, in their opinion, the dental practice was very clean.

We found that the practice had various policies, procedures and risk assessments in place to ensure the premises were fit for purpose to help protect the safety and wellbeing of staff and visitors to the practice. We saw that a health and safety policy was in place and a monthly health and safety checklist had been recently introduced to help monitor that the procedures were being following by staff which we noted as good practice.

Risk assessments had been undertaken annually to help identify and mitigate against any potential risks to staff and patients. A health and safety law poster was displayed in the staff room to inform staff how they can best protect their own health and safety within the workplace.

We saw appropriate fire extinguishers were available at various locations around the building and noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. We saw evidence that weekly fire alarm tests had been undertaken and recorded in a log book.

A fire risk assessment had been carried out by a fire safety expert in 2015 and the practice had subsequently been reviewing the risk assessment every year. We saw that a fire safety policy was in place which stated that a fire risk assessment should be carried out by a fire safety expert at least every five years. We spoke to the registered manager about this who confirmed that they would arrange for a new fire risk assessment to be undertaken in line with their policy.

Emergency exits were signposted and we saw that a small no smoking sign was displayed outside the practice to remind staff and patients of the smoke-free premises legislation⁴. We recommend the practice also arrange for a no smoking sign to be displayed inside the practice in line with smoke-free guidelines.

The practice had a business continuity plan 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. A list of emergency contact details for all staff and essential business contractors was being maintained which we noted as best practice.

Staff could change in a number of lockable rooms throughout the practice to help protect their privacy and dignity. Facilities were also available for staff to store their personal possessions as required by the regulations.

Improvement needed

The practice must arrange for a no smoking sign to be displayed inside the practice.

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

⁴ Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

(WHTM) 01-05⁵. The dedicated decontamination room was visibly clean and tidy 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.

The practice had appropriate methods and tools available for effective pre-sterilisation of dental instruments. Autoclaves were then used for the automatic sterilisation process. We saw that a log book had been maintained by staff to document the daily and weekly checks undertaken to ensure that the autoclaves were functioning correctly and had been meeting validation requirements.

We saw that these arrangements, along with other infection control measures such as suitable hand hygiene, housekeeping and cleaning regimes were outlined in an infection control policy.

Hazardous (clinical) waste from the dental surgeries was being stored securely and we saw evidence that a contract was in place for the safe transfer and disposal of such hazardous waste.

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.

Medicines management

The practice had a medication policy that detailed the procedures and arrangements in place at the practice in relation to the handling, safe-keeping and disposal of medicines.

The practice had emergency drugs and emergency resuscitation equipment available that were in line with the Resuscitation Council (UK) guidelines⁶. Daily documented checks were being undertaken on the emergency drugs and

⁵ 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.

⁶ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

equipment to ensure they remained in date and safe to use which we noted as excellent practice.

We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training. Four members of staff had been trained in first aid to ensure that any persons at the practice that require first aid can be treated appropriately.

Safeguarding children and adults at risk

The practice had a 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 flowcharts that informed staff of the actions to take and agencies to contact should any safeguarding issue arise which we recognised as good practice.

During the inspection we spoke with staff members and they were able to describe the procedures to follow in the event of any safeguarding concerns they may have.

We saw that all staff had received training in the safeguarding of children and vulnerable adults. We spoke to the registered manager about the new Wales Safeguarding Procedures 2019⁷ and they confirmed that they would ensure staff were made aware of their responsibilities under the new procedures.

All staff currently working at the practice had undertaken a Disclosure and Barring Service⁸ (DBS) clearance check to help the service comply with the regulatory requirements that all staff are of good character and fit to work in a dental practice.

⁷ The Wales Safeguarding Procedures 2019 update and clarify the roles and responsibilities for practitioners to ensure that they safeguard children and adults in Wales. The Wales safeguarding procedures replace the All Wales child protection procedures 2008.

⁸ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the practice and found that the dental equipment in the dental surgeries had been well maintained and was in good condition.

The practice had arrangements in place for the safe use of radiographic (X-ray) equipment that met guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. We saw that the 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. A comprehensive radiation policy was in place and local rules⁹ were displayed by the X-ray equipment to set out the working procedures to ensure that radiation exposure to staff is restricted. We also saw evidence that the dental team had received up to date ionising radiation training.

Effective care

Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. The practice had undertaken, and continues to conduct, a range of clinical audits to help monitor and contribute to the delivery of safe and effective care provided to patients. We saw that audits on infection control, X-ray quality, patient records, hand hygiene and clinical waste had been completed and acted upon.

Quality improvement, research and innovation

The registered manager explained that staff often work together to identify areas for improvement at the practice and we suggested that the practice might wish to consider making use of the Health Education and Improvement Wales Maturity Matrix Dentistry practice development tool to do this more formally.

The practice could also consider undertaking other improvement activities available from Health Education and Improvement Wales, such as the Integrated

⁹ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

Smoking Cessation audit and the Quality Improvement Tool for Ionising Radiation, to further quality assure the care and treatment being provided to patients.

Information governance and communications technology

The practice had a number of policies in place that set out appropriate procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulation (GDPR).

Patient records were electronic and we were told that regular copies of the data are made and kept off site so that the original data can be restored should something happen to the practice or system and staff could no longer access them.

We saw that old paper patient records were being kept in line with relevant retention guidelines and securely stored to prevent unauthorised access.

Record keeping

We noted earlier in the report that we reviewed a sample of patient records during the inspection. We found that the patient records we reviewed were mostly being maintained in line with professional guidelines and helped promote the wellbeing and safety of patients. However, we did identify the following areas for improvement to fully promote the wellbeing and safety of patients:

- Basic Periodontal Examinations (BPE) undertaken on children must be consistently recorded in patient records
- The use of dental amalgam must not be used for the treatment of children under 15 years old, unless the dental practitioner thinks that it is strictly necessary, in line with a European Union (EU) directive.

Improvement needed

Patient records must be fully maintained in keeping with current guidance and professional standards for record keeping.

Dental practitioners must be reminded of the EU directive that dental amalgam must not be used for the treatment of children under 15 years old, unless the dental practitioner thinks that it is strictly necessary. If deemed necessary, the justification for use must be recorded in the patient's notes.

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 an effective management and leadership structure at the practice that helped staff to fulfil their roles and professional responsibilities.

Good governance arrangements were in place, including annual staff appraisals and regular staff meetings.

Staff worked well together and had undertaken the required training to ensure they had the relevant clinical skills and knowledge.

Suitable policies and procedures were available to help ensure the safety of staff and patients which had been reviewed as required by the regulations.

Governance, leadership and accountability

Cox and Hitchcock Dental Group is jointly owned by the two principal dentists who are both nominated responsible individuals¹⁰. The principal dentists are well supported by a practice manager, who is the nominated registered manager¹¹, and a newly appointed clinical manager.

¹⁰ A responsible individual means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry (Wales) Regulations 2017).

¹¹ A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

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.

A comprehensive set of policies and procedures were in place to ensure the safety of both staff and patients. We saw that these had been reviewed every two years and that staff had signed to confirm that they have read and understood the content.

We saw evidence that all clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We also saw that certificates were on display evidencing that the practice had suitable public liability insurance and to show that the practice was registered with HIW to provide private dental services.

The registered manager confirmed that they were aware of their duties under the regulations regarding the notifications that must be sent to HIW such as in the event of serious injury to patients.

Staff and resources

Workforce

We found suitable governance arrangements in place at the practice. Members of staff had a contract of employment and a job description setting out their roles and responsibilities and these were retained on staff files.

All staff had access to training opportunities and we saw certificates for staff that evidenced they had attended training on a range of topics relevant to their roles to help meet their CPD requirements.

Regular meetings are held to allow staff to discuss any issues, to identify lessons learned and provide an opportunity for staff to raise any concerns they may have. Minutes of each meeting are taken and are made available to all staff to ensure any absent members of staff are aware of what was discussed.

Annual appraisals had taken place for all members of staff which provided opportunities for staff to hear feedback about their performance and to review any CPD opportunities.

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 employ temporary locum dental nurses. A recruitment policy set out the process to follow

to safely recruit new permanent members of staff when necessary and the registered manager described a suitable induction programme that would be followed to help new staff gain an effective understanding of their new role.

The practice had a whistleblowing policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care. We noticed that the policy did not include HIW as an organisation that staff can contact in the event of any concerns they may have; this was rectified by staff during the inspection.

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](#), 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: Cox and Hitchcock Dental Group, Llanthewy Road

Date of inspection: 11 February 2020

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 were identified on this inspection.				

Appendix C – Improvement plan

Service: Cox and Hitchcock Dental Group, Llanthwy Road

Date of inspection: 11 February 2020

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				
The practice must ensure that the treatment options discussed with patients during appointments are recorded consistently in treatment plans within patient records.	The Private Dentistry (Wales) Regulations 2017 Regulation 20	Meeting held by David Cox with all associate dentists. Going forward all treatment options to be recorded in patients records.	David Cox	Completed
Delivery of safe and effective care				
The practice must arrange for a no smoking sign to be displayed inside the practice.	The Smoke-free Premises etc. (Wales) Regulations 2007	Signs now displayed inside practice.	Sarah Rees	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Patient records must be fully maintained in keeping with current guidance and professional standards for record keeping.	The Private Dentistry (Wales) Regulations 2017 Regulation 20	Meeting held by David Cox with all associate dentists. Moving forward all patient records to be fully maintained as in keeping with current guidance and professional standards for record keeping.	David Cox	Completed
Dental practitioners must be reminded of the EU directive that dental amalgam must not be used for the treatment of children under 15 years old, unless the dental practitioner thinks that it is strictly necessary. If deemed necessary, the justification for use must be recorded in the patient's notes.		Meeting held by David Cox with all associate dentists. All associate reminded of the EU directive regarding use of amalgam in children under 15 years old.	David Cox	Completed
Quality of management and leadership				
No improvements were identified for this section.				

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): Sarah Rees

Job role: Registered Manager

Date: 09 April 2020