

# General Dental Practice Inspection (Announced)

Dermaskin

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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 Dermaskin at York Court, Lower Ground Floor, Schooner Way, Cardiff CF10 4DY on the 4 March 2020.

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 Dermaskin dental was working hard to provide a high quality experience to their patients.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained. The environment provided good quality facilities for staff and patients.

The patient records we reviewed were comprehensive and current. Infection control procedures were aligned to the necessary guidance and audit tools. We saw evidence that regular checks of the equipment and decontamination processes were taking place.

The policy and procedure files were neat and easy to use, enabling staff to obtain information to help them with their day to day work.

Staff were up to date regarding their training and systems were in place to ensure staff were supported in their role.

This is what we found the service did well:

- Systems were in place to capture patient feedback, comments and complaints
- Patients rated the service provided at the practice as excellent or very good
- Staff we spoke to were happy in their roles and understood their responsibilities
- Relevant audits were being undertaken which were comprehensive and provided evidence of a practice continually looking to improve their services
- Systems were in place to ensure staff were supported and had the necessary training to deliver their roles efficiently
- The environment provided clinical facilities that were well-equipped, maintained and visibly clean and tidy

- The dental practice had facilities situated on the ground floor enabling it suitable to treat patients with mobility issues.

This is what we recommend the service could improve:

- Display visual no smoking signs
- Update policies to include how the premises will remain fit for purpose
- Review the disclosure barring service (DBS) certificates for staff to ensure they are renewed in line with internal procedures

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

## 3. What we found

### **Background of the service**

Dermaskin provides a range of private general dental services to patients in the Cardiff area.

The dental element of Dermaskin has a staff team which includes one dentist, two dental nurses and three reception staff.



## 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 Dermaskin was committed to providing a positive experience for their dental patients. All of the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

There were systems in place for patients to provide feedback regarding the service they received and this is regularly reviewed to identify themes with a view to making any improvements to services.

Patient information was located in the patient information folder in the waiting area and some was displayed by the main entrance.

Prior to our inspection, we asked Dermaskin to distribute HIW questionnaires to their dental patients to obtain their views on the service provided. In total, we received 30 completed questionnaires. The majority of the completed questionnaires were from clients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; all of the patients that completed a questionnaire said they would rate the service provided by the practice as 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

*"Perfect practice, they think about every outcome and all situations, I wouldn't go anywhere else"*

*"Always welcomed with a smile. Helped me with problems from another dentist. Very kind, caring and professional. So glad they exist!"*

*"Excellent service on every single level"*

*"The service provided is really professional and always personable"*

## Staying healthy

### Health promotion protection and improvement

All but one of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. Of the notes we reviewed we found detailed information regarding oral health.

There was no health promotion information located in the reception/waiting area. However, we noted that individualised information was provided to patients by the dentist and we saw this on some of the patient records we reviewed.

A patient information folder located in the waiting area provided a central reference file for patient information. Information contained in the file included patient information leaflet and practice policies on the acceptance of new patients, failed appointments, fees, privacy, confidentiality, complaints and equality and human rights. Arrangements for emergency appoints and a dental price list were also included. .

The name of the business was located on the front of the building, clearly visible for patients to see. The name of the dentist and her GDC registration number were on the patient information leaflet, located in the patient information folder. Opening hours are listed on Dermaskin's website.

There were arrangements in place to deal with out of hours emergencies and this was included in the patient information folder.

Staff confirmed that the premises adhered to the smoke free premises legislation<sup>1</sup>, however there were no visible 'No Smoking' signs displayed. This was captured in an internal audit and therefore we recommend that no smoking signs are displayed.

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<sup>1</sup> 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.

### Improvement needed

The registered manager should ensure that no smoking signs are displayed to confirm adherence to the smoke free premises legislation

## Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner and we heard staff speaking to patients in a friendly and professional way. All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff were able to have private conversations with patients within the dental surgeries away from the reception/waiting area, if required.

The General Dental Council's (GDC) 9 principles<sup>2</sup> were displayed in the patient information folder therefore in line with the Private Dentistry (Wales) Regulations 2017.

We found that there were sufficient systems in place to ensure the security of patient information. Electronic records were backed up and any paper files were kept securely in a locked cabinet.

## Patient information

All the patients that completed a 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.

All of the patients also said that the cost of any treatment was always made clear to them before they received any treatment. Price lists for treatments were displayed by the main entrance and in the patient information folder.

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<sup>2</sup> The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom. This means that the principles apply to all the dental team members and sets out what patients can expect from a dental professional.

The practice had its own patient information leaflet which was available in the patient information folder. A review of the patient information leaflet showed it contained the information required by the Private Dentistry (Wales) Regulations 2017.

The statement of purpose<sup>3</sup> also contained all the areas required by the Private Dentistry (Wales) Regulations 2017 and is available to patients upon request.

We found policies and procedures in place detailing the arrangements for consent.

### **Communicating effectively**

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

Staff told us that any patient wishing to converse in a language other than English would be encouraged to bring along a person who could translate for them.

All the information available and displayed was in English.

Of the patient records we reviewed, we saw evidence of detailed and individualised written treatment plans on file. This ensures that patients are provided with information to make informed choices about their treatment.

### **Timely care**

The practice endeavours to provide dental care in a timely manner and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. All of the patients that completed a questionnaire felt that it was very easy or fairly easy to get an appointment when they needed it.

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<sup>3</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. For more information visit [hiw.org.uk](http://hiw.org.uk)

The majority of patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. Information about emergency appointments was located in the patient information folder and patient guide.

## **Individual care**

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

We reviewed a sample of patient records and found that there were records of treatment options and planning, and consent was obtained for treatment from each patient.

All of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. This was in keeping with the patient records we reviewed.

### **People's rights**

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

The patient information leaflet contained arrangements for access to the practice. All patient and staff areas were located on one level and therefore accessible for anyone using a mobility aid/pushchair.

The patient toilets was clearly signposted. The toilet provided hand washing and drying facilities. However, they could not accommodate wheelchairs and this was documented in the patient information leaflet.

### **Listening and learning from feedback**

The practice had a written complaints policy and procedure in place. Information for patients on how to raise a concern was displayed for patients by the main entrance, the patient information leaflet and folder.

Staff confirmed no complaints had been received, however, they had suitable systems in place to record, respond and monitor any concerns/complaints they may receive. Staff confirmed if they had any complaints, the information would be reviewed to enable the identification of any themes with a view to making improvements to the services provided.

The practice had a process in place for obtaining patient feedback about the services and care received via a suggestion box and online reviews. The

suggestion box was located in the waiting room therefore providing some anonymity when submitting feedback.

Patients also had the option to complete online feedback. All methods of patient feedback are regularly reviewed. Staff said results are displayed in the waiting area.

## Delivery of safe and effective care

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

We found that Dermaskin dental services were being run with the intention of meeting the relevant regulations and standards associated with the maintaining the health, safety and welfare of staff and patients.

The practice had facilities that provided a quality environment for staff and visitors. We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the necessary guidance and audit tools. We also saw evidence that regular checks of equipment and decontamination processes were taking place.

The patient records we reviewed were comprehensive and current.

## Safe care

### Managing risk and promoting health and safety

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

The service occupied the ground floor, with all staff and patients facilities on this level. Access into the building was via a ramp or stairs, which enabled anyone using a mobility aid/pushchair admission to the building.

The dental surgery was modern in appearance and well equipped.

The building was visibly well maintained both internally and externally. All areas within the practice appeared clean and free from trip hazards.

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

Fire safety equipment was available at various locations around the practice and we saw this was regularly serviced. Two members of staff were the designated fire marshals and all staff had completed fire safety training. Fire drills were carried out and emergency exits were signposted. A Health and Safety poster was displayed within the practice.

The practice had various policies and procedures, as well as risk assessments in place. We recommended that the policy/procedure is updated to clearly identify the arrangements for ensuring the premises are fit for purpose.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice also had appointed first aiders. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>4</sup>.

#### Improvement needed

The registered manager should update the policy/procedure to clearly state the arrangements for ensuring the premises remain fit for purpose

#### Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>5</sup>. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

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<sup>4</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

<sup>5</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



We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place. Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

We saw evidence that an infection control audit took place using recognised audit tools, including the Health Education and Improvement Wales (HEIW) audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit.

We saw that all staff had undertaken up to date infection control training which was in line with the five year requirements set out by the General Dental Council.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately. Collections by the local council were in place for the disposal of non-hazardous (household) waste.

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

The practice had made appropriate arrangements with the local occupational health service to deal with any sharps injuries and/or vaccinations. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

### **Medicines management**

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The policy for dealing with medical emergencies/resuscitation was available for quick reference by staff.

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and

syringes, in accordance with standards set out by the Resuscitation Council (UK)<sup>6</sup>.

The practice had a policy in place relating to the ordering, recording, administration and supply of medicines to patients.

Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

### **Safeguarding children and adults at risk**

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There was a safeguarding policy for the protection of children and vulnerable adults in place. A flowchart was available which contained details of who to contact and the actions required by staff should a safeguarding issue arise.

We saw that staff had up to date training in adult and child safeguarding. The practice had a member of staff who was the nominated safeguarding lead. They take responsibility for ensuring that the safeguarding policy is adhered to and can provide some guidance on safeguarding issues.

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

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined. This included undertaking Disclosure and Barring Service<sup>7</sup> (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

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<sup>6</sup> [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

<sup>7</sup> 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 saw that the surgery contained appropriate equipment for the safety of patients and the dental team. Staff told us that the clinical team were adequately trained to use the equipment and we saw evidence of the log used to record this.

The surgery was clean and organised. Floors and surfaces were easily cleanable to reduce the risk of cross infection. We found that the dental instruments were in good condition and sufficient in number.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw the local rules<sup>8</sup> displayed by the X-ray equipment to identify the key working instructions to ensure that exposure to staff is restricted.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

We saw that image quality audits of X-rays had been completed as part of the quality assurance monitoring activity.

## Effective care

### Safe and clinically effective care

The practice carried out a number of audits to monitor the quality and safety of the care and treatment provided to patients. Results of the audits will help to identify areas for improvement and support any changes to dental team practises.

Staff told us they obtain up to date guidance via circulars from external bodies and from staff attending conferences and training.

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<sup>8</sup> Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry. They are intended to identify the key working instructions to ensure that exposure to staff is restricted.

## **Quality improvement, research and innovation**

The practice had a programme of internal audits which they undertake to enable themselves to demonstrate best practice in providing dental care.

The dentist is part of an external group whereby latest information, dental cases and sharing of practise is discussed. This will contribute to the quality and safety of the care provided to patients.

The practice does not undertake any research.

## **Information governance and communications technology**

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and there were appropriate procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulations (GDPR).

The practice had a number of appropriate policies and procedures in place including a data protection and data security policy. This meant that staff had access to suitable guidance with regard to their day to day work.

## **Record keeping**

There was evidence that the practice was keeping their clinical records to a comprehensive standard. This demonstrated that care was planned and delivered to a high standard, maintaining patients' safety and dental wellbeing.

Of the records we reviewed, we found they contained comprehensive and detailed information about each patient's treatment, which included treatment planning and informed consent.

We found medical histories present in all the records we reviewed. Appropriate oral hygiene instruction had been given, in line with national guidance.

In all cases, the records we reviewed were individualised for that patient and contained appropriate patient identifiers, previous dental history and reason for attendance.

The notes were appropriately stored and record entries were clear, legible and good quality.

## 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 systems and processes in place which ensured that staff were supported and committed to providing a high quality service.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The policies and procedures had issue and review dates and evidence that staff had read and understood their responsibilities.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas which helped to ensure they had up to date skills and knowledge to assist them with their work.

## Governance, leadership and accountability

Dermaskin, Cardiff is managed by two clinical directors, one of whom is the registered manager<sup>9</sup>. She is responsible for the day to day management and running of service, including the dental practice and is supported by a wider team of clinical and non clinical staff.

We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

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<sup>9</sup> A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

All of the staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with the practice manager, other staff or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures.

We saw that staff had signed to evidence they had read and understood the policies and procedures. Policies and procedures are updated annually or as and when required. Any updates are circulated to all staff, who are asked to read and sign to confirm they have read the update.

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

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

## **Staff and resources**

### **Workforce**

Dermaskin had a number of human resources (HR) related policies in place, including a staff handbook. Staff confirmed the checks they would undertake for the recruitment of staff, which included references, contract of employment and job descriptions. Evidence of these were seen on staff files.

All staff are required to have a disclosure barring service (DBS) certificate prior to starting their job role and we saw evidence of these for all of the staff group. Staff told us DBS certificates would be renewed every three years. This practise contributes to ensuring safer recruitment choices, including working with vulnerable groups such as children. However, we saw some DBS certificates that were over three years old and recommended that these are renewed in line with internal procedures.

Dermaskin had an appraisal process in place for staff and these were evident on the staff files reviewed.

We saw certificates for staff that evidenced they had attended a range of topics relevant to their roles and meeting the continuing professional development (CPD) requirements.

Formal meetings take place monthly and are documented. In addition, due to the size of the staff team, daily discussions take place and staff were satisfied that they were kept up to date with business matters.

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

#### Improvement needed

The registered manager must review DBS certificates for staff to ensure they are renewed in-line with internal procedures.

## 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:** Dermaskin

**Date of inspection:** 4 March 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				

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:** Dermaskin

**Date of inspection:** 4 March 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
<b>Quality of the patient experience</b>				
The registered manager should ensure that no smoking signs are displayed to confirm adherence to the smoke free premises legislation	The Private Dentistry (Wales) Regulations 2017 – Regulation 13 (1) (b)  The Smoke-free Premises etc. (Wales) (Amendment) 2015	No smoking sign has been purchased and is displayed at the entrance to the premises	Helen Rimmer	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
The registered manager should update the policy/procedure to clearly state the arrangements for ensuring the premises remain fit for purpose	The Private Dentistry (Wales) Regulations 2017 – Regulation 8 (c)	Updated risk assessment with responsibilities of upkeep for the internal and external premises	Helen Rimmer	Completed
<b>Quality of management and leadership</b>				
The registered manager must review DBS certificates for staff to ensure they are renewed in-line with internal procedures	The Private Dentistry (Wales) Regulations 2017 – Regulation 18 (1) (a) & (3)	All DBS certificates are now in date in line with 3 yearly updates	Helen Rimmer	Completed

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

**Service representative**

**Name (print): Mrs Helen Rimmer**

**Job role: Principal Dentist & Director**

**Date: 24/03/2020**