

General Dental Practice Inspection (Announced)

Copper Sun Dental Practice, Mold
Betsi Cadwaladr University Health
Board

Inspection date: 25 August 2021

Publication date: 26 November
2021

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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 Copper Sun Dental Practice, Mold within Betsi Cadwaladr University Health Board on the 25 August 2021.

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

We found that Copper Sun Dental Practice provided a positive patient experience and had implemented a number of effective changes in response to the pandemic.

Staff appeared to work well together and we noted evidence of good management and leadership at the practice.

However, we found evidence that the practice was not fully compliant with all standards and regulations.

This is what we found the service did well:

- Positive feedback from patients
- Evidence of excellent record keeping
- Evidence of good management and leadership.

This is what we recommend the service could improve:

- Aspects of fire safety arrangements
- Aspects of building maintenance

3. What we found

Background of the service

Copper Sun Dental Practice provides services to patients in the Mold and surrounding Flintshire area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes four dentists, one hygienist, five dental nurses (including one trainee nurse) and reception staff.

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 we found that Copper Sun Dental Practice provided a positive experience for patients and we found suitable processes in place to support this.

We also observed professional and friendly interactions with patients throughout the inspection process and the patient feedback we received was overwhelmingly positive.

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 30 HIW questionnaires were completed. Patient comments included the following:

"I am always extremely happy with dentist I have seen. Polite, caring and explain what they are doing during treatment."

"Excellent service under present circumstances."

"Receptionists are very approachable and it is easy to make an appointment in an emergency"

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

"Providing out of hours advice or generally what or where to go in a dental emergency..."

"Have a toilet downstairs"

Staying healthy

Health promotion protection and improvement

We found that some written information on preventative care and good oral hygiene was on display on notice boards. Reading material had been appropriately removed from the waiting room due to the pandemic.

All but one 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 a range of staff speaking to patients on the telephone in a polite and professional manner. Staff confirmed that should a patient wish to have a private conversation then this would be carried out in one of the available surgeries. We were also told that surgery doors are closed when patients receive treatment in order to protect their privacy and dignity.

All patients who completed a HIW questionnaire said that they had been treated with dignity and respect by the staff at the setting.

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

Patient information

We saw that a price list for NHS and private treatments was on display in the reception area in order to help patients understand the costs associated with their treatment.

All but one of the patients who completed a HIW questionnaire said they are involved as much as they want to be in decisions about their treatment and all patients said the dental team helped them to understand all available treatment options.

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

Communicating effectively

We found that the practice was able to provide some services through the medium of Welsh. The practice also displayed the 'Cymraeg' logo on their reception desk to indicate that a Welsh language service is available.

For patients whose first language was neither English nor Welsh, the practice advised us that they would make every effort to find out about a patient's needs, including their language needs, prior to their first appointment.

Timely care

All but one of the patients who completed a HIW questionnaire told us it was “very easy” or “fairly easy” to get an appointment when they need one.

We found that the practice had established a telephone triage system as a result of changes implemented due to the pandemic. This enabled them to prioritise emergency appointments and other patients in line with the latest guidelines. We were told that every effort would be made to see emergency appointments on the same day.

We saw that details on how patients can access emergency out hours care was displayed on the outside of the practice and we were told that the same information is relayed to patients on the practice’s answerphone system.

Individual care

Planning care to promote independence

All of the patients who completed a questionnaire stated that their dentist enquires about their medical history before undertaking any treatment.

In the sample of patient records that we reviewed, we found that initial and updated medical histories were consistently and appropriately recorded. This is required by professional guidelines to help a dentist understand potential diseases or to identify medication that might impact on a patient's dental treatment.

We also confirmed that treatment planning and treatment options were recorded in a consistent manner in the records that we reviewed.

People’s rights

The practice had an equal opportunities policy in place which demonstrates a commitment to ensure that everyone has access to fair treatment. In line with the

Equality Act 2010, the policy acknowledged the need to deliver services and treatment to all patients regardless of a protected characteristic¹.

The practice had a new patient policy as required by the regulations which outlined the arrangements for accepting new patients into the practice. This included what patients can expect from the practice, eligibility and access to treatment.

In terms of physical access, street parking is available and we were told that access to a ground floor surgery was accessible for patients with mobility issues.

Listening and learning from feedback

We saw evidence to confirm that the practice obtains patient feedback. This included providing a comments box in the reception area prior to the pandemic and encouraging verbal feedback. We saw examples of positive patient feedback emails to support this.

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. We reviewed the most recent complaint and found that it had been responded to effectively, in a timely manner and was consistent with the Private Dentistry (Wales) Regulations 2017 and the NHS Putting Things Right² process. However, we recommend that the contact details for HIW are included in the practice complaints policy.

Improvement needed

The practice must update their complaints policy to include contact details for HIW.

¹ 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>

² NHS Wales concerns and complaints process for patients in receipt of NHS care or treatment

Delivery of safe and effective care

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

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

We found the practice to be visibly clean and to have made a number of changes in response to the pandemic, in line with professional guidelines and procedures.

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

Safe care

Managing risk and promoting health and safety

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

As a result of changes due to the pandemic, we were told that patients are screened for COVID-19 symptoms prior to their appointment over the telephone and again immediately prior to entering the practice. However, we found that the symptoms screened for had not been updated in line with the latest guidelines³ (e.g. to include loss of appetite). The practice agreed to review this immediately on the day of the inspection.

We found that patients were asked to either wait outside or at the locked entrance to the practice prior to their appointment to ensure an appropriate patient flow. A 'buddy' dental nurse was also allocated to work outside the surgeries to support

³ Standard Operating Procedure for the Dental Management of Non-COVID-19 Patients in Wales

this. The waiting area had been limited to three patients to enabled effective social distancing.

We saw that hand gel was available at the entrance to the practice and we were told that patients were asked to provide their own face mask, however spare masks were available.

The building was of a traditional appearance but appeared to be well maintained internally and externally. However, we would recommend that carpeted areas of the practice, particularly on the staircase, are refurbished for health, safety and infection control purposes. We noted that refurbishment works were currently underway at the time of the inspection.

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

- Fire extinguishers throughout the practice had been serviced within the last twelve months
- Fire marshal training had been recently undertaken
- Recent fire audit had been undertaken by the local fire service
- A valid gas safety certificate was seen.

However, we found that the fire risk assessment had last been undertaken in 2018 and it was unclear if the actions identified in its fire risk assessment had been acted upon at the time. The practice must ensure that the fire service audit outcomes are updated within a new fire risk assessment and that any actions are implemented within the specified time frames.

The practice had also undertaken a number of COVID-19 risk assessments and checklists to support the practice and its staff during the pandemic. We advised the practice to ensure that the risk assessments and associated documents are placed into a more formal risk assessment template and are reviewed at regular intervals.

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

We found that there were two trained first aiders and that an appropriate first aid kit was available to ensure that any persons at the practice can be appropriately treated.

Improvement needed

The practice should ensure that carpeted areas of the practice are reviewed for health, safety and infection control purposes.

The practice must ensure that a new fire risk assessment is completed, taking in to account the recent audit completed by the fire service.

The practice must ensure that risk assessments are placed into a formal template and are reviewed at regular intervals according to the regulations and level of risk.

Infection prevention and control

We found evidence that suitable infection and control measures were in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05⁴.

The dedicated decontamination room was organised and visibly clean, following a dirty to clean decontamination route. However, we found that air ventilation in the decontamination room was creating an incorrect airflow. We advised the practice on the day of the inspection to stop use of the equipment and to use natural ventilation until the unit is repaired. The practice must inform HIW of what action it will take in this regard.

We saw evidence to confirm that staff recorded autoclave⁵ cycles appropriately and on a consistent basis. This included seeing evidence of a valid maintenance inspection certificate.

⁴ 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.

⁵ A medical autoclave is a device that uses steam to sterilize equipment and other objects

Staff had access to and used appropriate personal protective equipment (PPE) undertaking clinical activities and when walking throughout the practice. We confirmed that staff had been face fit tested⁶ to ensure the suitability of the PPE.

We saw that staff had access to secure boxes to transport clean and used instruments between the surgeries and the decontamination room to help prevent cross-contamination.

We found that each surgery had a daily cleaning checklist and we saw that these had been regularly completed. We also found that an enhanced cleaning procedure had been implemented for the surgeries as a result of the pandemic in line with the latest Chief Dental Officer (Wales) guidelines⁷.

In response to the pandemic, we saw that surgeries had been decluttered to enable effective cleaning and we were told that instruments are laid out immediately prior to each appointment. We confirmed that there was an appropriate amount of time allocated between patients to aid cleaning and that suitable disinfectant materials were used. However, we noted that small areas of flooring in the decontamination room and surgery three required replacement. The practice advised us that there are plans to replace this.

We saw that a contract was in place with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste and that clinical waste was stored securely.

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.

The practice had a needle stick injury procedure, which was displayed next to the sharps bin for staff to easily access it.

⁶ Face fit testing is a method of checking that tight-fitting facial PPE matches the wearer's facial features and seals adequately to their face

⁷ Standard Operating Procedure for the Dental Management of Non-COVID-19 Patients in Wales

Improvement needed

The practice must ensure that the ventilation and air flow in the decontamination room is reviewed.

The practice must ensure that the decontamination room and surgery flooring is fully sealed to enable effective cleaning.

Medicines management

We confirmed that the practice had emergency drugs and emergency resuscitation equipment available that met the Resuscitation Council (UK) standards⁸ and that these items were stored appropriately. We also saw that the practice's oxygen cylinder had been recently serviced.

We saw that the practice had been undertaking regular checks of the emergency drugs and equipment and that these checks had been appropriately logged.

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 clinical staff members had received up to date emergency cardiopulmonary resuscitation (CPR) training.

Staff were aware of the need to report any adverse reactions to medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme⁹ to help the MHRA ensure healthcare products are acceptably safe for patients and those that use them.

We saw that prescription pads were assigned to clinical staff on a daily basis and were stored securely when not in use.

⁸ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

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

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.

The safeguarding lead for the practice was member of the dental team who had oversight of safeguarding matters. We saw evidence that all clinical staff were formally trained to an appropriate level and that staff had been advised to download and familiarise themselves with latest All Wales Safeguarding Procedures (2019).

Medical devices, equipment and diagnostic systems

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

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

- Clinical staff had received up-to-date ionising radiation training
- A radiation policy was in place and local rules¹⁰ were displayed by the X-ray equipment to set out the working procedures that ensure radiation exposure to staff is restricted
- X-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment

¹⁰ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

- Image quality audits of x-rays had been completed as part of the practice's quality assurance mechanism in order to identify any possible issues with the taking of x-rays.

We found that there was a disused orthopantomogram x-ray machine in one of the surgeries. The registered manager confirmed that this was not in use and was locked. We advised the practice to remove any unused equipment from the clinical environment.

Effective care

Safe and clinically effective care

We found that the practice had a number of clinical audit activities. This included a recent in-house audit of antibiotic prescribing and an infection control audit, both of which were completed to a good standard.

We were told that the practice had plans in the year ahead to complete further audit activity, including use of Healthcare Education and Improvement Wales (HEIW) quality improvement tools. We would recommend that the practice creates an audit schedule, which includes a smoking cessation audit, ensuring that other audits use the HEIW templates as appropriate.

Improvement needed

The practice must create an audit schedule, which includes a smoking cessation audit, ensuring that other audits make use of the relevant HEIW template as appropriate.

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).

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

Record keeping

Overall, we found record keeping to be of an excellent standard in all areas in the sample of patient records that we reviewed, which supports the practice to deliver quality patient care.

However, we would recommend that the practice updates its consent policy to ensure that it contains reference to the relevant Wales standards and regulations.

Improvement needed

The practice must update the consent policy to ensure that it contains reference to the relevant Wales standards and 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 from the registered manager and recently appointed practice manager.

Staff appeared to work well together and had access to training, regular staff meetings and annual appraisals to help fulfil their roles.

Governance, leadership and accountability

Copper Sun Dental Practice is owned by the principal dentist, who is the responsible individual and the registered manager. The practice is supported by a team of clinical and non-clinical staff.

We found evidence of good management and leadership and clear lines of accountability. We observed staff working well together, evidenced by their engagement with the inspection process and interactions with patients and colleagues.

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

A number of these policies and procedures had been established in response to the pandemic. The practice is advised to carefully review and, where appropriate, update documentation in response to the latest COVID-19 guidelines and procedures.

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

Staff and resources

Workforce

Overall, we found suitable governance arrangements in place at the practice. In the sample of staff records that we reviewed, we found that staff had a contract of employment and a job description setting out their roles and responsibilities. We were told that members of staff are provided with an induction and a probationary period.

We saw evidence that all staff receive appraisals on an annual basis and that staff had completed training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements. The practice told us that additional training requests are considered on a case by case basis.

We noted that regular practice meetings take place, which we were told are used as an opportunity for formal discussions and as an informal catch-up between colleagues. Minutes of each meeting are kept on file.

We were told that the Maturity Matrix Dentistry (MMD) practice development tool had recently been completed. This enables the team to consider best practice and how to meet legislative requirements. It was positive to note that the practice has plans to work closely with HEIW in planning further quality improvement activities.

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. We noted that some checks were recently due for renewal, however, we saw evidence on the day of the inspection to confirm that updated checks had been submitted.

The practice had a whistleblowing (speaking-up) policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care.

3. 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.

4. 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
<p>We were told that patients are screened for COVID-19 symptoms prior to their appointment over the telephone and again immediately prior to entering the practice. However, we found that the symptoms screened for had not been updated in line with the latest guidelines¹¹</p>	<p>The management of non-COVID-19 patients requires symptom screening to reduce the risk of unknowingly treating COVID positive patients,</p>	<p>We highlighted this to the Practice Manager who informed us that this would be updated.</p>	<p>The practice agreed to review this immediately on the day of the inspection</p>

¹¹ Chief Dental Officer (Wales) Standard Operating Procedure for the Management of non-COVID Patients

Appendix B – Immediate improvement plan

Service:

Date of inspection:

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
There were no immediate non-compliance issues identified				

Appendix C – Improvement plan

Service: Copper Sun Dental Practice

Date of inspection: 25 August 2021

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
Delivery of safe and effective care				
The practice must update their complaints policy to include contact details for HIW.	The Private Dentistry (Wales) Regulations 2017 Section 21(4)	HIW details added on the Complaints Policy (please see policy attached)	Laura Parvu	Immediate
The practice should ensure that carpeted areas of the practice are reviewed for health, safety and infection control purposes.	Section 22(2)	All carpets will be replaced once the work, in progress, on refurbishing the upstairs waiting room and loft conversion will be completed.	Raj Jotangia	4 months approx. (subject to contractors adhering to timescale)

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must ensure that a new fire risk assessment is completed, taking in to account the recent audit completed by the fire service.	Section 22(4)	A new fire and legionella risk assessment will be done once the work, in progress, on refurbishing the upstairs waiting room and loft conversion will be completed.	Raj Jotangia	4 months approx. (subject to contractors adhering to timescale)
The practice must ensure that risk assessments are placed into a formal template and are reviewed at regular intervals according to the regulations and level of risk.	Section 13 / 16 / 22	Risk assessment templates are in place through our compliance system called Smart Dental Compliance & Training, alongside The All Wales COVID-19 Workforce Risk Assessment Tool.	Laura Parvu	Already in place
The practice must ensure that the ventilation and air in the decontamination room is reviewed.	Section 13 / 22(2)	The fan in the decontamination room has been decommissioned.	Laura Parvu	Immediate
The practice must ensure that the decontamination room and surgery flooring is fully sealed to enable effective cleaning.	Section 22(2)	Relevant flooring will be replaced once the structural changes to the building have been completed.	Raj Jotangia	4 months approx
The practice must create an audit schedule, which includes a smoking cessation audit, ensuring that other audits make use of the relevant HEIW template as appropriate.	Section 8(1)	Practice manager had joined the Quality Improvement Study Club (HEIW), attending regular meetings with Tracey Taylor, Quality Improvement Dental	Laura Parvu	Started August 2021

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		Educator with the view of undertaking audits through Wales Deanery.		
The practice must update the consent policy to ensure that it contains reference to the relevant Wales standards and regulations.	Section 8(1)	Consent policy had been updated (please see Consent policy attached)	Laura Parvu	Immediate

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): Dr Raj Jotangia

Laura Parvu

Job role: Practice Owner

Practice Manager

Date: 05/10/2021