

# General Dental Practice Inspection Report

Dunes Dental Care, Port Talbot

Swansea Bay University Health Board

Inspection date: 21 November 2022

Publication date: 21 February 2023



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Digital ISBN 978-1-80535-487-1

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# Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.  
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Dunes Dental Care Port Talbot, Swansea Bay University Health Board on 21 November 2022.

Our team for the inspection comprised of two HIW Healthcare Inspectors and a dental peer reviewer.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found Dunes Dental Care was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what we recommend the service can improve:

- Ensure an active offer of Welsh is made to patients who may wish to communicate in Welsh
- Use the feedback information from patients to summarise themes from feedback and implement a 'you said, we did' information board.

This is what the service did well:

- Welcoming, modern and clean environment
- Patient experience was positive at this setting, based on feedback responses and comments.

## Delivery of Safe and Effective Care

Overall summary:

Overall, the practice was modern, clean well maintained and well equipped to provide the services and treatments they were registered to deliver. All areas were clean and free from any visible hazards.

Infection prevention and control (IPC) measures were good, the practice had sufficient personal protective equipment (PPE) in place.

We recommended risk assessments in relation to fire safety and the practice environment are updated.

This is what we recommend the service can improve:

- Complete an updated fire risk assessment and environmental risk assessment to ensure that the premises remain safe
- Develop and implement a clinical audit policy and process
- Obtain references for all new staff.

This is what the service did well:

- The equipment at the practice was in good condition and was being maintained in line with manufacturers' guidelines
- The practice had safe and appropriate procedures in place to deal with medical emergencies.

## Quality of Management and Leadership

Overall summary:

We observed a staff group that worked well together and were committed to providing a high standard of care for their patients.

Staff had access to appropriate training opportunities to fulfil their professional obligations. We saw training was up to date and certificates were being kept to evidence this.

We saw evidence of regular, minuted team meetings. Appraisals were undertaken once per year and staff were encouraged to undertake further relevant training to develop their careers.

This is what we recommend the service can improve:

- Review all policy and process documentation to ensure that recent changes in staff is correctly reflected. ]

This is what the service did well:

- The team worked well together and supported each other to ensure that high standards of care were given to their patients. ]

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).



## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 30 completed questionnaires.

Some of the comments provided by patients on the questionnaires included:

*"It was a very welcoming environment"*

*"All staff are very professional and extremely kind"*

*"I love the staff at this practice, very lovely"*

*"Left me feeling full of confidence - excellent service"*

Patients were asked in the questionnaires how the setting could improve the service it provides. Some of the comments by patients included:

*"More dentists and a dental plan"*

#### Staying Healthy

##### Health Protection and Improvement

We observed the changes that had been made to the environment of the practice in response to COVID-19. Alcohol gel dispensers were placed at strategic locations throughout the practice and staff members were wearing face masks.

Staff told us that they continued to record patient responses to the COVID-19 screening questions and we heard staff confirming these details on patient arrival at the practice.

We saw posters for patients on how to improve their dental health. This information was in English.

We saw a 'No Smoking' sign within the practice which confirmed the practice

adhered to the smoke free premises legislation.

Oral hygiene and diet advice was noted as given in six of the nine dental records that were reviewed. Twenty-eight patients who had completed a questionnaire said that the dental team had talked to them about how to keep their mouth and teeth healthy.

## **Dignified care**

### **Communicating effectively**

We witnessed staff members treating their patients in a dignified and respectful manner both face to face and over the telephone. Staff were friendly and doors were closed when the surgery was in use and we were assured that patient dignity was preserved.

We saw that the waiting room was spacious and that waiting times were short. Confidential phone calls and patient conversations were conducted in a separate office in the practice to protect patient confidentiality.

All patients that answered the questionnaire indicated that the staff at the practice treated them with dignity and respect. All patients also indicated the dental team helped them to understand all available options when they needed treatment. A total of 29 patients said that things were always explained to them during their appointment in a way they could understand.

We found that the nine principles, as set out by the General Dental Council (GDC), were displayed in the waiting room. The nine principles applied to all members of the dental team and set out what patients should expect from a dental professional.

We saw a poster displayed that detailed a telephone translation service for patients whose first language was not English. This poster included pictures of flags to ensure that patients were able communicate effectively with staff.

We were told that staff members at the practice did not speak Welsh and patients were not routinely offered the opportunity to communicate in Welsh. This was confirmed in the feedback from the patient questionnaire. Four of the respondents stated that their preferred language was Welsh. One patient said they were offered the opportunity to speak Welsh throughout the patient journey, one said they were not.

## **Patient information**

We reviewed the patient information leaflet which included all of the information required by the Private Dentistry (Wales) Regulations (PDR) 2017, this information was available in English only.

The information on the costs of dental treatment was displayed in the waiting room along with the Welsh and English versions of the HIW registration certificates.

## **Timely care**

### **Timely access**

We observed minimal waits for appointments for patients attending the practice and we were advised that appointments usually ran to time. We were told that the receptionist would inform the patients about waiting times and any reasons for delays. Appointments could be booked over the telephone or in person and there was an option for patients to email the practice.

Patients were able to access timely, emergency face to face appointments within 48 hours, following a telephone triage prioritisation call.

A total of 18 of the 30 who answered this question in the patient questionnaire told us it was 'very easy' to get an appointment when they need one. Whilst seven told us it was 'fairly easy,' five told us it was 'not very easy.'

All of the 30 patients who answered indicated they knew how to access the 'out of hours' dental service if they had an urgent dental problem. We saw that out of hours information was available for patients in a range of places, this included in the patient information leaflet and on the practice website.

## **Individual care**

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

We reviewed nine patient records and found there was evidence of treatment planning and options for those patients.

All 30 of the patients that completed a questionnaire confirmed that the dentist enquired about their medical history before undertaking any treatment. Although four out of the nine patient records we reviewed did not have updated medical histories documented in the notes.

### **People's rights**

We saw the practice had an equality, diversity and human rights policy in place dated July 2022, which referenced the Equality Act 2010. The policy acknowledged

the need to deliver services and treatment to all patients regardless of protected characteristics. Staff provided examples of how they treated all of their patients with dignity and respect. The dental staff used a pop-up information box on the patient notes system to ensure that patients with any additional needs were supported.

All patients who answered the questionnaire indicated they had not faced discrimination when accessing or using this health service. Additionally, 26 of the 28 who answered this part of the questionnaire told us that they felt they could access the right healthcare at the right time and that they had not faced discrimination when accessing or using this practice. However, two said that they did not.

The dental practice operated their services on the ground floor. Access to the building and the surgeries were suitable for anyone using a mobility aid. We noted that the disabled toilet did not have handrails for anyone experiencing mobility issues.

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

A feedback / suggestion box was available in the waiting area. The practice also recommended Google reviews for patient feedback. Google reviews were monitored and responded to by the practice manager and we were told that any feedback would be discussed at team meetings. We recommended that in addition to discussions, some formal analysis is undertaken and any actions as a result of feedback is then shared with staff and patients. This will help the practice evidence areas that are working well and areas where improvements might need to be made.

The complaints procedure for private and NHS patients was displayed on the notice board in the waiting area and information was included in the patient information leaflet. We saw the practice had systems in place to ensure complaints were dealt with and recorded appropriately.

# Delivery of Safe and Effective Care

## Safe care

### Managing risk and promoting health and safety

The building had been renovated to a high and modern standard. We found it was well maintained both externally and internally. All areas within the practice were visibly clean, tidy, and free from obvious hazards. All the rooms were clearly signposted. The surgeries and decontamination room were in a good condition. All the rooms had the necessary equipment required to undertake the treatments and services offered by the practice.

We reviewed the practice risk assessment; this document detailed a range of risks and mitigations. We noted some environmental / building related risks were not included. We recommended that this practice risk assessment document was reviewed and completed to include a full environmental / health and safety risk assessment of the premises with actions and timeframes that were logged and reviewed to ensure the risks were minimised for staff and patients.

We saw evidence that all staff had completed fire training in October 2022. We noted that the fire risk assessment for the building had been completed in April 2019 and was overdue for renewal. An external provider conducted the risk assessment. We were told that the practice manager was awaiting confirmation from the provider to repeat the fire risk assessment as a matter of urgency to ensure that the practice environment remains safe for staff and patients. All fire extinguishers throughout the practice had been serviced in 2022. Fire exit signs were clearly displayed and a fire logbook was used to record fire drills.

We saw a health and safety poster displayed and there was one staff member trained in first aid.

A staff room was used as a changing area and there was a toilet available for both staff and the public.

As required by the regulations, we saw the practice had a business continuity policy and plan in place. However emergency contact details were not easily accessible and this was corrected on the day. Urgent contact details were displayed on the staff notice board for immediate access.

### **Infection prevention and control (IPC)**

We saw the practice had an infection prevention and control policy in place, which included all the areas required by the regulations.

There were appropriate arrangements in place to ensure high standards of infection control. We reviewed the cleaning schedules in place which were being followed. There was a dedicated member of staff who was the infection control lead. We saw PPE was available and being used and that the environment was in a good state of repair to enable effective cleaning of all areas.

We observed that the designated decontamination room was fit for purpose. We saw that the logbooks for checking the sterilisation equipment were being completed. The most recent Welsh Health Technical Memorandum (WHTM) 01-05 audit was completed in October 2022.

There were certificates to evidence that all clinical staff had undertaken infection control training.

We saw that dental burs and files were not bagged before use, in order to minimise risk of infection, we advised that these burs and files were bagged, dated and sealed. We were told that this process was updated and implemented immediately.

Appropriate arrangements were in place for the handling and disposal of waste. A contract with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste was in place. Clinical waste was stored securely and separate from non-hazardous waste.

We noted there were appropriate arrangements in place for the handling of substances subject to Control of Substances Hazardous to Health (COSHH).

The practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries. We noted that a British Dental Association risk assessment form was updated whilst we were on site, so that updated best practice in relation to sharps injuries was implemented immediately.

### **Medicines management**

The practice had appropriate procedures in place to deal with emergencies. A medical emergency policy was in place that included the administration, handling and disposing of medicines to patients. Resuscitation equipment was also available. We saw the emergency drugs were being stored in a location that could be accessed easily by staff.

All staff were up to date with their cardiopulmonary resuscitation training.

There were systems in place to evidence that checks on emergency drugs were being conducted in accordance with national guidance. We noted that the emergency drugs and equipment were all in date. We saw a first aid kit was available and all items were in date and were being checked by staff.

We noted that prescription pads were being kept securely.

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

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies were recently reviewed and included the contact details for the local safeguarding team. We saw flowcharts on the staff noticeboard that informed staff of the actions required should a safeguarding issue arise. The practice manager was the safeguarding lead and was able to discuss with us the policies and procedures. Staff were aware of the safeguarding policy and relevant procedures and they told us any concerns would be reported to the safeguarding lead. The Wales Safeguarding Procedures were displayed in the staff room and we were told that all staff had the Wales Safeguarding application on their mobile phones.

We saw that all staff had received children and adult safeguarding training within the last year.

The practice manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and undertaking disclosure and barring service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place. When checked we noted that references for the practice manager were missing.

We confirmed that all clinical staff were registered with the GDC.

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

We saw that the surgery contained appropriate equipment for the safety of patients and the dental team. We were told that staff were adequately trained to use the equipment. The clinical equipment was considered to be safe and appropriately maintained. There were sufficient dental instruments and they were in a good condition.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment and regular image quality assurance audits of X-rays were completed. There were safe arrangements in place relating to the environment, maintenance and testing of X-ray equipment and we saw evidence of up-to-date ionising radiation training for all clinical staff.

We reviewed documentation in relation to local rules and procedures, these documents had not been updated with new staff member details. This information was updated on the day of the inspection.

## **Effective care**

### **Safe and clinically effective care**

The practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and patient information leaflet that was compliant with the Private Dentistry (Wales) Regulations (2017). We saw evidence that staff would obtain and follow professional guidance and advice when necessary and would use this to update practice policies.

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

We saw some evidence of clinical audits, including patient record audits and X-ray audits. There were no audit summary reports or improvement plans recorded that were shared and there was not a policy in place related to clinical audits.

### **Information governance and communications technology**

The practice had a data protection and privacy policy in place. We found patient records were being stored electronically and securely in line with General Data Protection Requirements (GDPR).

### **Record keeping**

We reviewed nine sets of patient records and concluded that the records were clear and contained most of the required information.

However, we found some areas where improvement was required. In all nine sets of patient records the patient's language choice / preference had not been recorded as being asked. We saw that health promotion advice, including smoking cessation, oral hygiene and alcohol use was not routinely recorded on patient records. We recommend that audit and assessment of record keeping continue with a view to identifying common themes and areas for improvement.



# Quality of Management and Leadership

## **Governance, Leadership and Accountability**

The registered provider had overall responsibility for the management of the practice. He was supported by a clinical lead dentist, a visiting dentist and there was a new dentist about to start in the practice. There were three dental nurses, two qualified and one in training. The newly appointed registered manager had been in post for four months and had commenced the registration process with HIW. We saw that private dental care was being provided in accordance with the conditions of registration.

We saw the staff team working well together and this was evidenced by their rapport and interaction with each other and their patients on the day of the inspection. We reviewed the statement of purpose and patient information leaflet which both contained all the areas required by the Private Dentistry (Wales) Regulations 2017.

The practice had a range of policies and procedures in place. These were being reviewed regularly and were specific to the practice. We saw that staff signed and dated policies to evidence which policies staff had read. We noted that some policies referred to the previous registered manager who was no longer in post. We recommend all policies be reviewed to ensure the correct name and contact details of the current registered manager were included.

The registered manager had overall responsibility for ensuring that any notifications, including any to HIW were submitted in the event of any serious injuries. This would be completed in liaison with the responsible individual.

We saw that team meetings were taking place and minutes were recorded and kept in a folder so any member of staff unable to attend could read them. Staff told us that minutes were shared with anyone unable to attend a team meeting.

## **Workforce**

We were told of the process used to recruit new staff and there were policies in place to support the employment and induction of staff. Agency staff had been used at the practice and the process for obtaining an agency staff's competency, experience, training and DBS were explained.

Staff files were kept that contained evidence of their GDC registration, contract of employment, Hepatitis B immunity, DBS check and professional indemnity insurance.

We saw evidence that training certificates were being kept for each member of staff and that staff had attended training on a range of topics relevant to their roles to meet their CPD requirements.

## 4. Next steps

Where we have identified improvements and immediate concerns 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 require the service to complete an immediate improvement plan telling 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

# 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 identified			

## Appendix B - Immediate improvement plan

**Service:** Dunes Dental Care, Port Talbot

**Date of inspection:** 21 November 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues				

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:** Dunes Dental Care, Port Talbot

**Date of inspection:** 21 November 2022

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
The registered manager must ensure an active offer of Welsh is made to ensure that those patients who may wish to communicate through the medium of Welsh are able to do so. This must include the translation of the patient information leaflet.	The Private Dentistry (Wales) Regulations (PDR) 2017, regulation 13 (1) and 13 (9) (a).  Standard 4.2 Patient Information, Regulation.	All staff to be informed, informally by word of mouth and formally during next scheduled Practice Meeting that we need to offer our services in Welsh. Staff to be re informed of the language line and that this can also be used for Welsh. Practice Information leaflet to be translated by Welsh speaking director and available in the waiting room.	Registered Manager - Sarah-Jane Morgan	Practice Leaflet by 31/01/2023.  Next scheduled Practice Meeting 27/01/2023

		Evidence to be supplied by 31/01/2023, will be the Patient Information leaflet in Welsh.		
The registered manager must complete a patient record audit, summarise findings and share learning and improvement plans with the clinical team. Audit should include patient language choice, medical history, social history, oral hygiene and diet advice.	PDR 2017 regulation 20	Registered manager to complete a record card audit for each of the clinicians at the practice. The audit should be comprehensive, and all findings should be summarised and then discussed with the clinician. Audits should be a chance to learn, and can be carried out by either,  The registered manager  The Lead Nurse  Peer review by another clinician.  The registered manager will ensure that all feedback is appropriate and that improvement plans are put into place when necessary.	Registered manager - Sarah-Jane Morgan	All record card audits for each clinician to be completed by end of February.

		Evidence of this will include a copy of the completed record audit and signed summary from the clinician. This will be for 28/02/2023.		
The registered manager must implement a 'you said, we did' display within an area accessible to patients to encourage suggestions from patients to further improve the practice.	PDR regulation 2017 (1)(a) & (2) (b) (ii) (d)(ii) Standard 6.3 Listening & learning from feedback	The registered manager to find an appropriate space to create and implement a 'you said, we did' display. This will be within an area accessible to the patients.  Registered manager looking for this to be in the waiting room on the display screen there. Registered manager to listen and learn from feedback from patients and to create a slideshow that can be shown and displayed for patients to see.	Registered Manager - Sarah-Jane Morgan	To implement by the 28/02/2023 and to maintain and continue to add to, as new feedback and learnings come through to the practice.
The registered manager must ensure that a full environmental / health and safety risk assessment and a fire risk assessment are	PDR regulation 2017 22 Standard 2.1 Managing Risk	Registered Manager has contacted an external company for the fire risk assessment this is scheduled to be carried out at the	Registered Manager - Sarah-Jane Morgan, with assistance from external company.	To be completed mid-February and maintained going forward.



<p>completed and regularly updated when actions are completed.</p>	<p>and Promoting Health and Safety</p>	<p>practice mid-February and are to be attending for regular servicing and assessments going forward.</p> <p>Registered Manager to have a full environmental/ Health and Safety risk assessment carried out at the same time as the fire assessment.</p> <p>Evidence for this will include the completed risk assessments and any action plans that come from these assessments.</p>		
<p>The registered manager should review the accessibility of the downstairs bathroom and install handrails to ensure accessibility for patients experiencing mobility problems.</p>	<p>Standard 2.1 Managing Risk and Promoting Health and Safety</p>	<p>The registered manager to do a risk assessment of the accessibility of the downstairs bathroom in the waiting area. To contact building contractors to install appropriate handrails for patients.</p> <p>Evidence will be the initial risk assessment by 31/01/2023</p>	<p>Registered Manager - Sarah-Jane Morgan</p>	<p>Risk Assessment to be completed by 31/01/2023</p> <p>Work to be carried out asap, after the assessment aiming for end of February.</p>

<p>The registered manager must develop and implement a clinical audit policy and process. This should include a summary report available and shared after each audit undertaken.</p>	<p>PDR 2017 regulation 20</p>	<p>Registered manager has written up and implemented a policy on the clinical audits and process. This policy includes; how often a clinical audit is needed, what clinical audits are needed and what should be included in each audit.</p> <p>A summary report has been added that can be used after each audit and shared with the clinician. A signature requirement from the clinician and registered manager is also included.</p>	<p>Registered Manager - Sarah-Jane Morgan</p>	<p>Completed and implemented as of time of writing. To be signed by all members of the practice by end of January.</p> <p>Summary report to be shared after each audit going forward.</p>
<p>The registered manager must implement the safe storage of dental burs and files by sealing them appropriately in bags.</p>	<p>Standard 2.1 Managing Risk and Promoting Health and Safety</p>	<p>The registered manager has spoken to all staff informally face to face and will formally speak to them during the next practice meeting, to reiterate all staff are aware that dental burs and files are to be sealed away in appropriate bags. Registered manager has provided the</p>	<p>Registered Manager - Sarah-Jane Morgan to discuss with staff and to monitor/ maintain this procedure.</p> <p>Clinical staff to ensure they are following the correct procedure and</p>	<p>Spoken to all staff informally in regard to the procedure required going forward.</p> <p>Dental burs and files were being bagged from the day of</p>

		adequate materials for the safe storage of dental burs and files. Registered manager to continue to complete daily/weekly clinical checks of both surgeries and the decontamination room, to ensure this is carried out by all members of the clinical team.	storing dental burs and files in appropriate sealed bags.	inspection following feedback from the visit. The registered manager to continue to monitor and maintain going forward.
The registered manager must ensure that references are obtained for all new staff.	PDR 2017 regulation 7(1) Workforce	The registered manager for all new starters will ensure that during the recruitment process, references are obtained and kept on staff files.	Registered Manager - Sarah-Jane Morgan	To implement from now, and to maintain going forward, from the first new starter that is recruited.
The registered manager must review and update all policy and process documentation to ensure that recent changes in staff is correctly reflected.	PDR 2017 regulation 20	The registered manager will review all polices to ensure the correct staff changes are reflected in the policy. Policies to continue to be updated with each appropriate staff change. Every new recruitment should see policies reviewed and signed accordingly.	Registered Manager - Sarah-Jane Morgan to review all policies.  All staff to read and sign policies that have been updated, and all new staff to sign upon recruitment.	Review all policies by end of January to ensure correct names are on the polices.  New staff to review and sign upon recruitment and starting week.

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-Jane Morgan**

**Job role: Practice Manager**

**Date: 17/01/2023**