

General Dental Practice Inspection Report (Announced)

Gentle Dental Practice, Cwm Taf
Morgannwg University Health Board

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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 Gentle Dental Practice, Cwm Taf Morgannwg University Health Board on 28 February 2023.

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 Gentle Dental Practice to be committed to providing a positive experience for their patients. We observed patients being greeted by friendly and polite staff, who strived to meet their individual needs. We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

The environment was welcoming, communal areas were clean and tidy. Information for patients was available in different languages, including English and Welsh. All patients who completed a HIW questionnaire rated the service provided by the setting as 'very good' or 'good.'

This is what the service did well:

- The practice had arrangements in place to protect patient privacy, and processes in place to enable confidential discussions
- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity
- There was good disabled access to the practice
- Where the practice had used the feedback from a patient to make changes within the practice, they displayed this on a "you said, we did" information poster.

Delivery of Safe and Effective Care

Overall Summary:

We saw that the building was in a good state of repair and well maintained, with evidence of recent improvements, such as new flooring on the stairs and hallway. The practice was kept clean and tidy and was well equipped to provide the services and treatments they are registered to deliver.

We saw evidence of up-to-date environment and fire safety risk assessments. All areas were free from any visible hazards.

There were satisfactory arrangements in place to ensure that X-ray equipment was used appropriately and safely. Documentation provided to us during our visit demonstrated that the equipment was well maintained and regularly serviced.

Decontamination procedures at the practice were appropriate and equipment was all in working order.

We found safeguarding policies and procedures to be robust with a clear pathway to follow. Contact details for the safeguarding lead and local safeguarding teams were visible, and support was available if required from an effective management team.

This is what we recommend the service can improve:

- Ensure a selection of mask sizes are available with the emergency medical equipment
- Ensure that dental records are contemporaneous, accurate and complete for every patient.

This is what the service did well:

- Dental surgeries were very clean, well equipped and fit for purpose with well-maintained equipment
- The practice holds a “Silver” award under the ‘Greener Primary Care Framework and Award Scheme’
- A range of comprehensive audits were being completed, and evidence provided on changes that had been made as a result.

Quality of Management and Leadership

Overall summary:

We found Gentle Dental Practice had very good leadership and clear lines of accountability. The staff team worked very 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 and were encouraged and supported to undertake further relevant training to develop their careers.

There was evidence of a clear recruitment and induction process, followed by regular supervision and annual appraisals.

This is what we recommend the service can improve:

- We recommend new starters complete e-learning modules on fire safety until face-to-face training is undertaken in May 2023.

This is what the service did well:

- We witnessed all staff, clinical and non-clinical, working very well together as part of a team
- A comprehensive induction programme and regular appraisals were in place, with appropriate opportunities for additional learning and training in areas of practice
- Clear leadership and teamwork in place. Staff meetings were regular and well attended, with minutes taken detailing relevant actions
- Staff had an exceptional understanding of the private dentistry regulations.

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 seventeen completed questionnaires. Many of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

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

“Very helpful, professional and friendly.”

“Fantastic team.”

“The service and care have always been amazing.”

“Best one I’ve had.”

Patients were asked in the questionnaire how the setting could improve the service it provides. Some of the comments provided included:

“Book appointments other ways, not just by phone call.”

“They are great as they are.”

“It’s a very good practice already.”

Responses and comments indicate a positive patient experience at this setting, across all areas.

Staying Healthy

Health Protection and Improvement

We saw evidence of changes made to the environment due to the COVID-19 pandemic. A hand sanitizer station was positioned near the reception desk and there were signs in prominent positions encouraging patients to still wear face coverings. There were also protective screens installed around the reception desk, and a dividing screen wall between reception and the waiting area.

All seventeen patients who completed a questionnaire confirmed that the dental team discussed how to keep their mouth and teeth healthy. All patients also stated that the dental team enquire about their medical history before undertaking any treatment.

The name of the practice was clearly visible above the main entrance to the practice. The details of the opening hours and an emergency telephone number for out of hours were clearly displayed on the front door.

‘No Smoking’ signs were displayed confirming that the practice adhered to the smoke free premises legislation.

Dignified care

Communicating effectively

It was clear that the practice was committed to maintaining the privacy of patients. We saw staff providing care to patients in a dignified and respectful manner, and staff interactions with patients were observed as friendly and helpful. The practice had arrangements in place to protect the privacy of patients and the practice manager also informed us that if a patient needed to speak to a member of staff privately, they would either take them to an empty clinic room or go into the practice manager’s office.

The doors to the surgeries were kept closed during appointments to preserve the dignity of the patients. There was also a door situated between the waiting area and the reception desk, meaning conversations between staff and patients could take place confidentially.

All patients who completed the questionnaire felt that the staff treated them with dignity and respect. All patients also confirmed that the dental team always explained treatment options to them during their appointment in a way they could understand, and that they participate in decisions about their care based on informed choice.

The practice manager informed us that there were two staff members undertaking Welsh language training at the practice.

The patient information leaflet, statement of purpose and registration forms were all available bilingually in English and Welsh. We also saw a sign in the reception area displaying several languages alongside the English translation, so patients could indicate to staff their language preference.

Patient information

General information about the practice was available on its website and we saw patient information displayed around the reception and the waiting areas. This included information about the practice complaints procedure and the health board complaints procedure ‘Putting Things Right.’

We saw that the practice had displayed both Welsh and English versions of the HIW registration certificates and we saw that the General Dental Council’s (GDC) “Standards for the Dental Team” was also displayed on all floors.

A price list was clearly displayed in the reception area, and a list of members of the dental team, alongside photographs to identify each member, was displayed on the ground floor waiting area.

We were provided with the most recent statement of purpose and patient information leaflet. We found that both documents contained all the information required under the Private Dentistry (Wales) Regulations 2017.

We found that treatment planning and options were recorded within the sample of patient records viewed. This meant that patients were provided with information which enabled them to make an informed decision about their treatment.

Timely care

Timely access

The practice manager informed us that staff make every effort to ensure that dental care is provided in a timely way, and we observed this during the inspection. We were told that the practice very rarely experienced delays, however in the event there is a delay, staff will keep patients informed and will also offer them the chance to reschedule their appointment.

We were told that there was no online booking system, however appointments could be obtained via telephone. We also witnessed patients booking appointments in person with reception staff.

Responses from the completed questionnaires show that all seventeen patients said it was ‘very easy’ or ‘fairly easy’ to get an appointment when they needed one. One respondent made the following service improvement suggestion:

“Book appointments other ways, not just by phone call.”

Of the seventeen patients to complete the questionnaire, thirteen answered that they knew how to access the ‘out of hours’ dental service if they had an urgent

dental problem, however four indicated that they did not. 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

During the inspection, we reviewed the records of ten patients and saw documented evidence of appropriate treatment planning and options. Additionally, we viewed evidence that consent to treatment was obtained from each patient within the sample viewed. This meant that patients were provided with information which enabled them to make an informed decisions about their treatment.

All patients who completed the questionnaire confirmed they were involved as much as they want to be in decisions about their treatment and confirmed that the clinical team enquire about their medical history before undertaking any treatment.

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

People's rights

We reviewed policies at the practice and noted there was a comprehensive equality and diversity policy and equal opportunities policy in place, which referenced the Equality Act 2010, dated February 2023.

We saw that policies were reviewed regularly and reviewed by staff members annually, we noted review dates on the documents and staff signatures to indicate the policies had been read.

The dental staff informed us that there was a pop-up information box on the patient notes system to ensure that patients with any additional needs, protected characteristics, or gender/pronoun preferences were appropriately supported.

All patients who completed the questionnaires indicated they were able to access the right healthcare at the right time (regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and none had faced discrimination when accessing or using this practice.

There was good disabled access to the practice. Wheelchair users could access the reception, a spacious waiting area, clinical facilities, and a disabled toilet on the

ground floor. This access was evaluated and recorded under a disability “walkthrough access review” which was conducted by a patient of the practice in 2017, to assess levels of accessibility. There was also a hearing loop system in place should any patient need to use it.

Listening and learning from feedback

The complaints process was clearly displayed in the waiting area. The complaints information included the process that needs to be followed, timescales for responding and details of the staff member responsible for dealing with complaints. The patient information leaflet included details of how feedback can be provided to the practice.

We discussed the mechanism for actively seeking patient feedback, which was done by providing patients with questionnaires (pre-Covid-19) and via a comments / suggestion box available in the reception area. Post Covid-19, the practice conducted an exercise whereby they contact patients over the phone to seek feedback. Feedback analysis was then prepared by the registered manager and discussed with the dental team.

Where service improvements were made because of feedback, we saw this displayed in the waiting areas under “you said, we did” posters, with details of the improvements/lessons learned. An example of such, is the provision of additional “high” chairs in the waiting rooms, for those who find it difficult to sit on lower seating.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice. The practice appeared in a good state of repair, both internally and externally and we observed all areas of the practice to be clean and uncluttered.

There were no concerns expressed by patients over the cleanliness of the dental practice. All patients who completed the questionnaire indicated that the dental practice was very clean.

The practice had five surgeries, two on the ground floor and three on the first. There were toilet facilities for use by staff and patients located on the ground and first floor of the practice. Both were clearly signposted and visibly clean.

Fire safety equipment was available at various locations around the practice, and we saw that these had been recently serviced. The practice had a range of policies and procedures in place, as well as various risk assessments. This included fire safety, environmental and health & safety risk assessments. All were up to date and reviewed within appropriate timescales.

We noted that staff receive mandated fire training annually, however several members had not received this training as they had started working at the practice shortly after the annual training had taken place in 2022. The next planned training session was not due until May 2023, so we recommended that e-learning modules be completed in the interim if the training could not be brought forward.

The registered manager must ensure that all staff are trained in fire safety.

There was a resuscitation policy in place and all staff had received cardiopulmonary resuscitation (CPR)/emergency resuscitation training, except for one dentist, whose CPR training had lapsed. We informed the practice manager that this staff member's CPR training must be renewed.

The registered manager must ensure that all staff are trained to conduct CPR.

Infection prevention and control (IPC)

The practice had dedicated facilities for the decontamination of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM)

01-05 guidance. The facilities were clean, organised, and well equipped. There were completed logbooks in place for checking the autoclave and ultrasonic bath and in date maintenance certificates. The most recent Welsh Health Technical Memorandum (WHTM) 01-05 audit was completed in February 2023 and recommended actions completed.

There were appropriate arrangements in place to ensure high standards of infection control throughout the practice, and cleaning schedules were in place and appeared to be rigorously followed.

We saw several policies in place regarding the infection prevention and control procedures for the practice, these covered all the areas required by the regulations. The practice also had appropriate arrangements in place for the handling and disposal of waste. We saw evidence of secure and appropriate storage and separation of clinical waste from non-hazardous waste. An external domestic cleaner is contracted for removal of domestic waste. We also noted that there were adequate arrangements in place for handling substances subject to Control of Substances Hazardous to Health (CoSHH) in line with the practices' CoSHH policy.

The practice had appropriate arrangements in place to deal with sharps injuries, and we viewed complete records relating to Hepatitis B immunisation status of all clinical staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses. We also viewed in date certificates showing that all staff had completed all mandated training on infection, prevention, and control.

Medicines management

We saw evidence of a comprehensive medicines management policy in place at the practice. There were also several procedures in place showing how to respond to patient medical emergencies, safe and effective handling, and recording of medications. We were told that the practice did not store medication other than those required as emergency medicines. Instead, patients are given a prescription to be dispensed at a local pharmacy.

Prescription pads were stored securely.

We saw the emergency drugs were stored securely and in an easily accessible location to staff in the event of a medical emergency. There were systems in place to check the emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

On revision of the emergency equipment, we found that airways sizes 1 - 4 were available, however airways size 0 was unavailable, and the only available mask for the Ambu bag appeared 'tired and deflated' and was close to expiration. Due to the potential impact on patient care and treatment this concern needed to be addressed straight away, during the inspection. The practice manager immediately arranged for all mask sizes 0-4 to be delivered the following morning, the arrival of which was confirmed by the practice.

The registered manager must ensure that emergency equipment is available in line with the minimum requirements set out by the Resuscitation Council (UK).

Safeguarding children and safeguarding adults at risk

The practice had a comprehensive safeguarding information folder in place with policies and procedures to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. We saw an up-to-date safeguarding policy, various other supporting documents, and a clear flow chart for staff to follow if any abuse or neglect was suspected. These documents also included contact details of the local safeguarding team.

The registered manager was the nominated safeguarding lead for the practice, and this was outlined in the practice safeguarding policy and included on the safeguarding flow chart. These flow charts were also seen in all clinics and on display boards throughout the practice.

The practice manager explained the pre-employment checks that are undertaken for new members of staff. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks. We saw evidence of up-to-date safeguarding training certificates for all staff and valid DBS certificates confirming clear fully enhanced disclosures for adult and children workforce. We also confirmed that all clinical staff were registered with the General Dental Council.

Medical devices, equipment and diagnostic systems

We saw that the clinical facilities contained all appropriate equipment for the safety of patients and the dental team. We also found the surgeries to be well organised, clean, and tidy. We saw evidence in staff training files that all relevant individuals had undergone training to ensure safe use of equipment.

Our observations of the clinical equipment demonstrated that it was safe and in good condition. During our check of incidents at the practice, there was a record where a piece of equipment had been faulty, and a needle had detached from the device. All appropriate steps were taken to ensure the patients safety, the manufacturers were immediately informed, and appropriate investigations

undertaken, with lessons learned shared. This piece of equipment's use was discontinued at the practice.

We saw evidence of induction checklists for new starters to ensure all staff were appropriately trained in the use of the equipment. We were given a demonstration on how equipment would be cleaned and disinfected in line with IPC guidelines between each patient use.

We reviewed the arrangements in place to ensure the safe use of radiographic equipment and found this to be compliant with the requirements as set out in the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) (2017). Documentation provided to us during our visit demonstrated that the practice had safe arrangements in place relating to the environment, maintenance and testing of X-ray equipment.

We saw evidence of appropriate certified training for all staff members who conduct x-ray procedures.

Effective care

Safe and clinically effective care

We saw evidence of robust arrangements in place for the acceptance, assessment, diagnosis, and treatment of patients. These details were documented in the statement of purpose, policies and procedures, and patient information leaflet that were compliant with the Private Dentistry (Wales) Regulations (2017).

Quality improvement, research, and innovation

A range of assessments and audits had been completed, including BDA good practice self-assessment, health and safety audit, record keeping audit, 'failed to attend' audit, WHTM01- 05 audit, smoking cessation audit and a disability access audit with all actions completed across all audits undertaken.

The practice is currently undertaking the antibiotic prescribing audit, which will be completed in March 2023.

The practice uses the Skills Optimiser Self-Evaluation Tool (SOSET), which allows the whole team to focus on how they are addressing a skill-mix/teamwork approach for the effective delivery of high-quality dental care.

Information governance and communications technology

The storage of patient information was appropriate to ensure the safety and security of personal data in line with General Data Protection Requirements (GDPR). The

clinic had a data protection and staff confidentiality policy in place. All paper records were kept secure and electronic files were regularly backed up.

Record keeping

We reviewed a sample of ten patient records, and we found all to be maintained to a good standard. However, despite all the records containing most of the relevant information, we found some areas where improvement was required.

We found that smoking cessation advice was not given/recorded for all patients.

The registered manager must ensure smoking cessation advice is provided to all relevant patients.

We also found that oral cancer risk screening, and patients preferred language choice was not always recorded for all patients. **The registered manager must ensure that oral cancer risk screening, and patients preferred language choice is always recorded in the patients' clinical records moving forward.**

The registered manger must also ensure antibiotics are prescribed in line with the current guidelines.

Quality of Management and Leadership

Governance, Leadership and Accountability

We found Gentle Dental to be a close-knit family run dental practice. There was evidence of good leadership and clear lines of accountability in place at the practice. The day-to-day management of the practice was conducted successfully by the practice manager, supported by the registered manager and principal dentist. We found both to be very committed and dedicated to their roles.

We witnessed the team working well together. We saw that there were effective communication systems in place and staff treated each other with respect. Both the registered manager and practice manager provided strong leadership to the team. The practice appeared efficient and well-run with a focus on providing a positive patient experience.

We found that staff were very clear and knowledgeable about their roles and responsibilities. There appeared to be a good rapport amongst staff members. All staff were committed to providing a high standard of care for patients and this was supported by a range of policies and procedures.

Staff told us that they were confident in raising any issues or concerns directly with the management team and felt well supported in their roles. Additionally, the practice had a whistleblowing policy in place, and we saw evidence of it being read by all staff members.

The registered manager had overall responsibility for the submission of notifications to HIW of incidents as set out by the regulations. When questioned, they demonstrated knowledge of these requirements, and we were assured that prompt and timely reporting of incidents would occur.

We were provided with evidence of regular team meetings taking place at the practice. Minutes were recorded and made available to all staff for reference.

Workforce

We spoke to the practice manager to explore the process for the recruitment of new staff. We were shown policies that outlined the process used to recruit and support the employment and induction of staff. We saw a comprehensive induction plan that supported those new to post which included reading practice policies and completing all mandatory training. This also allowed for competency to be assessed and supported their training, learning and development.

We also saw evidence of regular supervisions and annual appraisals taking place. The practice manager also discussed how the practice would address and seek to resolve any performance issues with a view to improving practice.

At the time of our inspection, the practice had five dentists and one foundation dentist providing services. There were two dental nurses and four trainee dental nurses. Additionally, there were two receptionists and a practice manager.

The practice manager provided us with staff files for review. All documentation required was on file for each staff member. We saw evidence alongside the original DBS Certificates, staff members are asked during their annual appraisals, if anything has occurred that would result in changes to their DBS certificate status. A document with signatures confirming the response were on record.

We also saw evidence that all qualified members of staff were registered with the GDC and providing care that was within their scope of practice and within the conditions of registration as set out by HIW. We also saw that all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (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
Size 0 airway was unavailable. Single clear mask available for the ambu bag appeared tired and deflated, close to expiration. Clear masks sizes 0-4 for the ambu bag were unavailable.	Inability to effectively deliver assisted ventilation to patients requiring resuscitation. This presents a serious risk of harm.	Escalated to practice manager	Practice manager immediately ordered replacement masks in sizes 0-4 and size 0 airway for next day delivery. Confirmation of receipt provided.

Appendix B - Immediate improvement plan

Service: Gentle Dental Practice

Date of inspection: 28 February 2023

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 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: Gentle Dental Practice

Date of inspection: 28 February 2023

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
<p>The Registered Provider must ensure that all staff complete mandatory training to undertake their roles.</p> <p>This is with specific regard to those staff missing Fire Safety and Emergency CPR training in this instance.</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 17(3)(a)</p>	<p>The annual, in surgery CPR training has been arranged on 24th May 2023 and all members of team at Gentle Dental have been advised to attend and complete it.</p> <p>All staff who missed the annual in surgery fire training have been advised to complete in online from “Isopharm” course provider and submit the certificates to Parul Sood.</p> <p>For future, we will make sure that all NEW team members who join the practice after the</p>	<p>Parul Sood, Principal Dentist, Registered Provider</p> <p>Rahul Sood, Practice Manager</p>	<p>2 months</p>

		annual practice trainings and hence have missed the annual CPR/fire training must complete these courses online until the next available hands on in surgery annual training dates.		
<p>The Registered Provider must ensure that dental records are contemporaneous, accurate and complete for every patient.</p> <p>This is with specific regard to the recording of smoking cessation, Welsh language choice, and oral cancer risk in this instance.</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 20(1)(a)(i)(ii) Health & Care Standards - Standard 3.5 record keeping</p>	<p>The concerned dentist has been advised to include Welsh language choices, smoking cessation advice if required and Oral cancer risk in their notes.</p> <p>The importance of contemporaneous, accurate and complete notes was discussed in a meeting with all dentists.</p>	<p>Parul Sood, Principal dentist, Registered Provider.</p>	<p>Completed</p>

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): Parul Sood

Job role: Registered Provider, Principal Dentist

Date: 10/04/2023