

**General Dental Practice
Inspection (Announced)**
Cardiff and Vale University
Health Board, Trelai Park
Dental Clinic

26 January 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at Trelai Park Dental Clinic, 122 Cowbridge Road West, Ely, Cardiff, CF5 5BT on 26 January 2016.

HIW explored how Trelai Park Dental Clinic met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient Experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and Leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Trelai Park Dental Clinic provides services to patients in the Ely area of Cardiff. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

Trelai Park Dental Clinic is a mixed practice providing both private and NHS dental services, although there is a much greater emphasis on providing NHS care and treatment.

The practice staff team includes the principal dentist, two other dentists (one of whom is the current vocational dental practitioner) and five dental nurses (one of whom has the combined role of dental nurse/receptionist/practice manager).

A range of dental services are provided.

3. Summary

We received numerous positive comments about the dental care and treatment provided at the practice, from patients who completed HIW questionnaires. We also saw that all members of the dental team treated patients, and each other, with respect and warmth.

We did however identify the need for improvement to the service's complaint process and development of a system for pro-actively seeking patients' views.

Overall, we saw that the content of 10 patients' records was detailed and demonstrated care and dental treatment had been planned and delivered in a manner to ensure their safety.

There was a wide range of policies in place at the practice which had been obtained via the British Dental Association. All were readily available to staff to assist them in their work.

However, we identified a number of areas for improvement in respect of the decontamination process in place. We also highlighted the need for improvement in respect of the maintenance of X-ray equipment, staff training and the systems in place for checking emergency drugs/equipment and the recording of accidents in the workplace.

The above findings (in relation to the decontamination process-otherwise known as cleaning and sterilisation) resulted in the issue of a HIW immediate assurance letter. This meant that the dental provider/owner had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. The dental provider has since supplied HIW with a response, the content of which was considered to provide us with sufficient assurance that prompt and appropriate action was taken by the dental team.

The principal dentist at Trelai Park Dental Clinic was responsible for the overall management of the practice. He was however assisted by a small dedicated team; one person having combined responsibility for some dental nursing duties as well as aspects of the day to day operation of the service provided. Staff told us they felt supported in their roles and very much enjoyed working at the practice.

4. Findings

Quality of the Patient Experience

We received numerous positive comments about the dental care and treatment provided at the practice, from patients who completed HIW questionnaires. We also saw that all members of the dental team treated patients, and each other, with respect and warmth.

We did however identify the need for improvement to the service's complaint process and development of a process for pro-actively seeking patients' views.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Patient comments included:

'Consistently excellent service provided over the years'

'I always receive a warm welcome, have excellent treatment and leave very satisfied'

'Just wish I had been able to see this particular dentist at a much younger age. Fortunately, my children are lucky enough to have this team from a young age. I know they are having the best care here'

Dignified care

We observed that people visiting the practice were treated with dignity and respect by the staff team. This is because we found the staff to be very professional, but friendly, and we overheard them being polite and courteous to patients via telephone calls and during face to face conversations.

However, we saw that the doors leading into the two dental surgeries were fitted with a clear glass panel. This meant that patients/members of the public would easily be able to identify and see patients receiving treatment.

Improvement needed

The practice is required to describe the action taken to ensure that patients receiving care and treatment in the dental surgeries are not visible to people using the corridor alongside each of the two rooms concerned.

We saw that the practice reception was adjacent to the patient waiting room. This meant that staff were able to minimise opportunities for people (seated in the waiting room) to hear the conversation taking place with individual patients at any one time.

Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. This was confirmed through comments received within each of the completed twenty HIW questionnaires. Brief discussion with a patient who was at the practice on the day of the inspection, also revealed that he had turned up on the wrong day for his appointment. Staff however, had made arrangements for him to remain and be seen anyway, for which he was most grateful.

Conversations with the dental team confirmed that a number of emergency slots were available to patients each working day; every effort being made to ensure that patients were seen by a dentist on the same day, in response to their requests.

An emergency contact telephone number for patients' use was clearly displayed at the entrance of the practice. The number was also listed in the practice's patient information leaflet. In addition, we were told that the practice's answerphone message informed patients of the correct number to call. This meant that patients could access advice on how to obtain treatment when the dental practice was closed.

Staying Healthy

Examination of a small sample of patients' records confirmed that people were provided with health promotion information and advice to support them to achieve, and maintain, good oral health.

Individual Care

We saw that the layout of the premises would allow patients with mobility difficulties to access the premises, and receive dental care and treatment in a safe manner. Conversations with staff confirmed that this was the case. There was however a small raised area at the main (side) entrance and the door did not open automatically.

We further saw that there was a lack of signs to assist patients to find the toilet facility. Whilst the dental service operated from the ground floor only, we overheard a patient enquiring where the toilet could be found. The practice

should therefore consider placing signs/pictorial images in appropriate areas at the premises to help patients in this regard.

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS treatment. We were told that no formal complaints had been brought to the attention of the practice in the past two years. The practice's NHS complaints procedure was displayed at the reception; however it did not make any reference to patients' rights to seek advice and support from the local Community Health Council if they had any concerns about their care or treatment. The practice agreed to add this information.

There was however, no written complaints process in place to assist patients in receipt of private dentistry, as required. This matter was brought to the attention of the dental team.

Improvement needed

The practice is required to provide HIW with a copy of its private dentistry complaints process and procedure. This is in accordance with The Private Dentistry Regulations.

The practice was receptive to our suggestion to produce the concerns/complaint information in larger print to assist patients to understand their rights in this regard.

There was no system in place to actively seek patients' views on services provided. We were told though that the health board had invited views from a sample of patients at the practice recently-feedback being positive as stated.

Improvement needed

The practice is required to describe the action it intends to take in order to seek patient's comments or suggestions. This is with a view to identifying and making improvements to the service provided, wherever possible.

Delivery of Safe and Effective Care

Overall, we saw that the content of 10 patients' records was detailed and demonstrated care and dental treatment had been planned and delivered in a manner to ensure their safety.

There was also a wide range of policies in place at the practice which had been obtained via the British Dental Association. All were readily available to staff to assist them in their work.

However, we identified a number of areas for improvement in respect of the decontamination process in place. We also highlighted the need for improvement in respect of the maintenance of X-ray equipment, staff training and the systems in place for checking emergency drugs/equipment and the recording of accidents in the workplace.

The above findings (specifically in relation to the decontamination process) resulted in the issue of a HIW immediate assurance letter. This meant that the dental provider/owner had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. The dental provider has since supplied HIW with a response, the content of which was considered to provide us with sufficient assurance that prompt and appropriate action was taken by the dental team.

Safe Care

There was a waste collection and disposal contract in place and we were satisfied with those arrangements. Clinical waste awaiting collection was stored in a secure, locked area to the rear of the premises.

We did find however that the staff toilet located on the first floor was not equipped with paper hand towels, or a hand drier; staff having to use an ordinary hand towel. We further found that there was no toilet roll holder, no pedal bin and no female sanitary unit in place. Such matters were not in-keeping with infection prevention and control guidelines or hazardous waste guidelines.

Improvement needed

The practice is required to inform HIW of the action taken to address the infection prevention and control issues identified in respect of the staff toilet facility at the premises

There was a dedicated decontamination room at the practice where instruments were cleaned and sterilised following use. The room was clean, tidy and designed so that the flow of 'dirty' to 'clean' air in the room followed best practice guidelines as set out within the Welsh Health Technical Memorandum (WHTM) 01-05¹-revision 1.

We further explored the process in place with regard to the decontamination of dental instruments and compliance with WHTM 01-05. As a result, we identified a number of areas for improvement to the way which cleaning and sterilisation equipment was used and maintained. We also found that staff had not received recent relevant training with regard to this important element of service provision. The details of those inspection findings are fully described within Appendix A of this report and resulted in the issue of a HIW immediate assurance letter. This meant that the dental provider/owner had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. The dental provider has since supplied HIW with a response, the content of which was considered to provide us with sufficient assurance that prompt and appropriate action was taken by the dental team.

We were provided with a copy of a Department of Health infection control audit which had been completed during December 2015. This had enabled the dental team to self-assess their practice against the guidance. However, no improvement plan had been developed as a result of that work. The practice was therefore advised to complete the audit associated with WHTM 01-05 and to develop an improvement plan as part of the continuous improvement process required, especially in the light of our inspection findings as outlined above.

The practice had procedures in place to deal with a range of patient emergencies. Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. These were stored securely. However, on viewing the monthly checklist for emergency drugs, we found that this had been completed on an infrequent basis and current UK resuscitation council guidelines for dental practices suggest that a weekly check should be undertaken. Whilst all drugs were in date, staff were

¹[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.

not checking that the automated external defibrillator² remained ready for use and the expiry dates of the defibrillator pads were not included within the checklist. Whilst the practice was receptive to our comments to improve the system in place for checking emergency equipment and drugs, the above matters needed to be addressed.

Improvement needed

The practice is required to inform HIW of the revised arrangements in place to ensure that patients are treated in an emergency situation, in accordance with UK resuscitation guidelines.

We were provided with information that indicated that staff had received recent training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). One dentist however had apparently not received any training since August 2014. Given that staff are expected to complete annual training on this topic, this matter must be resolved.

Improvement needed

The practice is required to provide HIW with evidence of current training on CPR for one dentist working at the practice.

We were able to confirm that the practice had a member of staff working at the practice trained in the use of first aid. However the person concerned had not recently attended refresher training as required.

Improvement needed

The practice is required to ensure that designated first aid staff attend refresher training as a priority and provide HIW with evidence of attendance.

There was an accident book at the practice for the purpose of recording incidents which affected staff and patients. However, it was not of the required approved format, or compliant with Data Protection legislation 1998. The

² An automated external defibrillator (AED) is a portable device that checks the heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm.

practice therefore agreed to obtain the correct method of recording such incidents.

Improvement needed

The practice is required to inform HIW of the action taken to ensure that it has the correct system in place for the recording of accidents which occur at the premises.

We found that the practice had a combined policy with regard to adult and child safeguarding. There was however no contact numbers for local safeguarding teams to assist staff in the event that they needed to report any allegations of abuse. We also looked at a sample of staff records and found that most of them had not received training in relation to child and/or adult safeguarding in the past two years.

Improvement needed

The practice is required to provide HIW with details of the action taken to ensure that all staff receive the appropriate level of child and adult safeguarding training to support them in their work and to protect at risk members of the community who attend the practice.

Further examination of staff records showed they had received some training on relevant and required topics during the past eighteen months. It was difficult however to determine whether the extent of the training was sufficient to meet general dental council continuing professional development requirements, as the staff training information was not presented in a logical or chronological format.

There was a wide range of policies in place at the practice which had been obtained via the British Dental Association. All were readily available to staff to assist them in their work.

We saw a variety of maintenance certificates at the practice. All were found to be current and valid with the exception of one certificate which related to an X-ray machine. This was brought to the attention of the dental team on discovery; arrangements being made for the equipment to be serviced on the morning following the inspection. If the practice had not taken such prompt action, this matter would have resulted in the issue of a HIW immediate assurance letter.

Improvement needed

The practice is required to provide HIW with recorded evidence of the X-ray equipment check scheduled for the day after the inspection.

Portable appliance equipment had been subject to testing during 2011, however we were unable to find any further test after that, or a completed risk assessment which may have indicated the frequency of future checks. The dental team was advised that it would be good practice to consider such testing on an annual basis and to make contact with the Health and Safety Executive for further advice.

During the inspection visit, we considered the clinical facilities available at the practice. Overall, our observations served to confirm that the facilities were adequate; the dental surgeries being light, spacious, well equipped and well stocked

Effective Care

The practice used an electronic patient records system. Overall, we saw that the content of 10 patients' records was detailed and demonstrated care and dental treatment had been planned and delivered in a manner to ensure their safety.

The practice followed the National Institute for Health and Care Excellence (NICE)³ guidelines in relation to recommended timescales for dental recall visits. This assisted in determining when patients should receive their next appointment.

Patients' dental records were kept and stored securely at the dental practice.

Conversations with one of the dentists and review of completed audit documentation demonstrated that there was some emphasis on conducting relevant checks concerning how services were provided to patients. Examples of audits we saw during this inspection related to infection prevention and control and the standard of information within patients' records.

³ The NICE dental recall clinical guideline helps dentists to decide how often patients should be recalled between oral health reviews that are appropriate to the needs of individual patients. The guidelines apply to patients of all ages receiving primary care from NHS dental staff in England and Wales.

Quality of Management and Leadership

The principal dentist at Trelai Park Dental Clinic was responsible for the overall management of the practice. He was however assisted by a small dedicated team; one person having combined responsibility for some dental nursing duties as well as aspects of the day to day operation of the service provided. Staff told us they felt supported in their roles and very much enjoyed working at the practice.

Trelai Park Dental Clinic is an established independent dental service. The principal dentist was actively involved in the day-to-day running and management of the dental surgery; working closely with a small, friendly staff team.

We found that clinical staff were registered with the General Dental Council (GDC) and had indemnity insurance cover in place. We saw that the practice had valid documentation with regard to public liability insurance.

We saw that records were available that demonstrated staff had either received immunisation against Hepatitis B, or were in the process of completing a course of vaccinations. This was as a means of protecting patients and themselves from infection.

Dentists working at the practice provided private dental services, and their HIW registration certificates were prominently displayed as required by the regulations for private dentistry⁴. One of the certificates contained the incorrect contact details for HIW. The dentist concerned was therefore provided with an application form to request an updated certificate for display in accordance with current regulations.

One of the dentists did not have a disclosure and barring service (DBS) check dated within the last three years. The need to address this issue was discussed with the dental team.

⁴ The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

Improvement needed

The dental practice is required to provide HIW with evidence of DBS checks concerning one of the dentists, as identified at this inspection. This is in accordance with the current Private Dentistry Regulations.

Of the five dental nurses working at the practice, one was a trainee, and one took on the combined role of dental nurse/receptionist/ practice manager. Our observations on the day of how the team worked together, led to confirmation that they supported each other very well. We also found that they adopted a very kind and welcoming approach toward patients attending the surgery.

We were told that the practice occasionally used agency dental nurses when their regular staff were unavailable. We spoke with a member of the dental team about the arrangements in place to check the competency of agency nurses. We were told the practice would obtain verbal reassurances about the suitability of nurses from the agency. However, we advised the practice to also request a written record of qualifications, training and Disclosure and Barring Service⁵ status when using agency nurses in the future, to ensure written confirmation on the suitability of agency staff.

We found that the practice had an induction list to ensure that any new members of the dental team were provided with a means of becoming familiar with established processes and procedures in relation to patient services.

Staff we spoke to told us they felt supported in their work and that they very much enjoyed working at the practice. They also said that formal staff meetings were held occasionally, where they were able to raise any issues of concern about services being provided to patients. Such meetings were also used to convey new/relevant information to the dental team. In addition, staff informed us that because they were such a small team, any issues relating to dental care and treatment were easily discussed daily, if required.

Discussions with staff revealed that there was no system in place to provide them with an annual appraisal of their work. This would have assisted in determining whether training received in the previous twelve month period had been effective and what training was required in the future.

⁵ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children by conducting criminal records checks.

Improvement needed

The practice is required to describe the action taken to ensure that staff receive a formal annual appraisal of their work.

Discussion with staff demonstrated that they felt confident to raise any concerns they may have about services provided at the practice. A whistleblowing policy was also found to be in place to guide staff how to raise any issues of concern about service delivery in a confidential way.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Trelai Park Dental Clinic will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008⁶ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁷. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

⁶ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁷ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

Appendix A

General Dental Practice: Improvement Plan

Practice: Trelai Park Dental Clinic

Date of Inspection: 26 January 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
Page 5	The practice is required to describe the action taken to ensure that patients receiving care and treatment in the dental surgeries are not visible to people using the corridor alongside each of the two rooms concerned.	Standard 4.1	We will have obscuring film fitted over the glass panes of each of the dental surgery doors to ensure the inside of the dental surgery is not visible to people in the corridor.	Mr Kerai	Before 27/02/16
Page 6	The practice is required to provide HIW with a copy of its	Regulation 16	We have included a	Mr Kerai	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	private dentistry complaints process and procedure. This is in accordance with The Private Dentistry Regulations		copy of our practice policy document for private dentistry complaints process and procedures as requested for the HIW In addition, as identified within the body of this report, we have improved our NHS complaints poster on display for patients in the surgery, to include the contact details for the Cardiff Community Health Council.		
Page 6	The practice is required to describe the action it intends to take in order to seek patient's comments or suggestions. This is with a view to identifying and making improvements to the service provided, wherever possible.	Standard 6.3	We have developed a patient survey document to actively seek patients' views on the services we provide. Following this we will identify and action any	Mr Kerai	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>improvements required to the service provided and then subsequent development of future patient surveys to identify if our actions have been beneficial and identify any other further improvements required.</p>		
Delivery of Safe and Effective Care					
	<p>During the course of the HIW inspection, we explored the arrangements in place with regard to the decontamination of dental instruments and compliance with WHTM 01-05 (revision 1). As a result, we identified the following:</p> <p>A. aragraph 3.25 (page 29) of the WHTM 01-05 guidelines clearly</p>		<p>The dental provider/owner was issued with a HIW immediate assurance letter on the 27 January 2016 in relation to our inspection findings associated with the process in place for the cleaning and sterilisation of used dental instruments (otherwise known as</p>		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>refers to the importance of ensuring that the ultrasonic equipment fluid is maintained, cleaned and changed at suitable intervals and paragraph 3.30 (j) cites the need for changing the ultrasonic cleaning solution either when it becomes heavily contaminated, or at the end of every clinical session. We found however that the solution in use was changed on a weekly basis. This may mean that the effectiveness of the ultrasonic cleaning may have been reduced; the solution in use acting as a source of cross contamination</p> <p>B. e asked a member of the dental team to describe the process of decontamination and discovered that some dental instruments that were not used</p>		<p>decontamination). HIW received a response on the 2 February 2016 which provided us with sufficient assurance that prompt and appropriate action had been taken by the dental team.</p>		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>on a daily basis (which had been cleaned and sterilised), were not placed in sealed packaging and dated, ahead of future use. Instead, they were placed on covered metal trays. This is not in-keeping with paragraph 4.28 of the WHTM 01-05 guidelines and could lead to further re-contamination of the instruments</p> <p>C. e found that used dental instruments were not immediately immersed in water or sprayed with foam to maintain a moist/humid environment, thought to be useful in aiding subsequent decontamination. This meant that there was the potential for dental substances such as cements, to harden on the instruments, making them more</p>				

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>difficult to process (para 3.5)</p> <p>D. e observed the process in place for cleaning and sterilising used dental instruments and found that they were scrubbed under running water instead of being immersed in the dedicated sink in water, with detergent. This meant that the staff member concerned did not minimise aerosol production as per WHTM guidelines (para 3.30 (a))</p> <p>E. e looked at the log book in place for the recording of checks with regard to the use of the autoclave equipment and ultrasonic cleaner and found the recording to be inadequate.</p> <p>i. More specifically, there was no evidence that</p>				

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>staff observed and validated the first autoclave cycle of the day as is required. In addition, staff acknowledged that they did not do this.</p> <p>ii.The practice acknowledged that they had never used a protein test strip to check the efficacy of the ultrasonic equipment (para 14.4, page 68). This may lead to the presence of protein residue, which compromises the decontamination process</p> <p>iii.The practice completed foil tests with regard to the ultrasonic cleaner, usually at weekly intervals, when</p>				

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>WHTM 01-05 indicates that such checks should be completed every three months. In addition, the practice was not following the correct technique (para 15.9, page 70)</p> <p>F. here were no written guidelines for staff to follow in terms of start and end of day procedures in relation to the decontamination room, or the equipment used in that area.</p> <p>G. hen observing a member of staff cleaning used instruments, the individual concerned did not wear an apron, or visor as a means of protecting themselves and others, from cross infection</p> <p>H.</p>				

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>he practice had completed a Department of Health infection prevention and control audit during December 2015. However no action plan had been produced as a result of that audit</p> <p>Conversation with some staff and brief examination of staff training records demonstrated that they had not completed infection prevention and control training in the past twelve months</p>				
Page 11	<p>The practice is required to inform HIW of the revised arrangements in place to ensure that patients are treated in an emergency situation, in accordance with UK resuscitation guidelines.</p>	Standard 2.6 and 2.9	<p>Immediate in house staff training has been provided for all staff related to this matter to ensure that all emergency drugs, emergency oxygen and AED device are checked on a weekly basis, in accordance to UK resuscitation</p>	Mr Kerai	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			council guidelines and this will be subject to audit in the future.		
Page 11	The practice is required to provide HIW with evidence of current training on CPR for one dentist working at the practice. GDC guidance 6.2.6 and 6.6.6	Standard 7.1	The dentist who needed to have their CPR training has completed this and a certificate enclosed.	Mr Kerai	Completed
Page 11	The practice is required to ensure that designated first aid staff attend refresher training as a priority and provide HIW with evidence of attendance.	Standard 7.1	The designated first aider has been enrolled on a first aid training course.	Mr Kerai	Enrolment completed, awaiting course and certificate.
Page 12	The practice is required to inform HIW of the action taken to ensure that it has the correct system in place for the recording of accidents which occur at the premises.	Standard 2.1	Our accident book has been changed to a new up to date accident book to comply with Data Protection legislation.		Completed
Page 12	The practice is required to provide HIW with details of the action taken to ensure that all staff receive the appropriate	Standard 2.7	The practice staff have completed POVA training (certificates attached).	Mr Kerai	POVA training completed Other training to be completed before

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	level of child and adult safeguarding training to support them in their work and to protect at risk members of the community who attend the practice.		The staff have also been enrolled on a course to provide refresher training in Safeguarding Vulnerable Adults and Children.		27/02/16
Page 12	The practice is required to provide HIW with recorded evidence of the X-ray equipment check scheduled for the day after the inspection.	Standard 2.1	This inspection certification is enclosed.	Mr Kerai	Completed
Page 13	The practice is required to inform HIW of the action taken to address the infection prevention and control issues identified in respect of the staff toilet facility at the premises	Standard 2.4	The staff toilet has now been equipped with paper hand towels, toilet roll holder and pedal bin and female sanitary unit as required.	Mr Kerai	Completed
Quality of Management and Leadership					
Page 16	The dental practice is required to provide HIW with evidence of DBS checks concerning one of the dentists, as identified at this inspection. This is in	Regulation 13(3)(c) Schedule 2 Para. 2	Application for DBS check as required has been submitted with the HIW as the umbrella body for the	Mr Kerai	Application submitted, Awaiting receipt of certificate

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	accordance with Schedule 2 of the current Private Dentistry Regulations.		application and we are now awaiting the certificate. This will be forwarded to the HIW as soon as we receive it.		
Page 17	The practice is required to describe the action taken to ensure that staff receive a formal annual appraisal of their work. GDC guidance 6.6.1	Standard7.1	We have now put in place an annual staff appraisal for all staff to help identify if previous training has been effective and future training requirements. We have developed a staff appraisal document to record this (enclosed).	Mr Kerai	Completed

Practice Representative:

Name (print):Mr..Kerai.....

Title:

Date:17./02./16.....