

# **General Dental Practice Inspection (Announced)**

The Gables Dental Practice

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2019

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

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

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

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice**

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of The Gables Dental Practice at 6 Plas Uchaf Avenue, Prestatyn, Denbighshire, LL19 9NR, on the 3 September 2019.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that The Gables Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

We saw evidence that various maintenance contracts were in place to ensure the environment and facilities were safe and well maintained.

We found the practice to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment, and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The surgery facility was well-equipped, tidy, well organised and very clean.
- Very good standard of clinical records.

This is what we recommend the service could improve:

- Implement a wider programme of clinical audits
- Implement daily maintenance checklist list for the decontamination room
- Ensure that all tests and checks for the autoclave and ultrasonic equipment are recorded
- Complete the Wales Deanery Quality Improvement Tool checklist for Ionising Radiation.

We identified the service was not compliant with Regulation 13 (4) (a) – Quality of treatment and other service provision or Regulation 31 (3) (b) – Resuscitation.

These were serious matters and resulted in the issue of a non-compliance notice to the service. At the time of publication of this report, HIW received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

### 3. What we found

#### **Background of the service**

The Gables Dental Practice, Prestatyn provides services to patients in the Denbighshire area.

The practice has a staff team which includes one principal dentist, one dental nurse and a dedicated practice manager.

The practice provides a range of private general dental services.



## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, we found evidence that The Gables Dental Practice provides safe and effective care to their patients in a very pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

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

We received a total of 29 completed questionnaires, and the majority were completed by patients who had been registered with the practice for more than two years.

Overall, patient feedback was very positive. All patients who completed a questionnaire rated the care and treatment received as excellent or very good.

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

*"Excellent service and care for myself and my family"*

*"First class service and staff. Always helpful and willing to help. Very helpful on emergencies and seen promptly. Wonderful. Thank you"*

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients were content with the service and did not provide any improvement. Some patients told us:

*"The practice already has an amazing service and staff. Cannot improve as already exceptional"*

*"Its fine as it is"*

*"Already very good service"*

## **Staying healthy**

### **Health promotion protection and improvement**

There was ample, dedicated dental health promotion information available in the reception / waiting area, which meant patients had access to information that could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice and oral health.

All but one of the patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy. We noted that information on private charges was available to view and take away in the waiting area, which meant patients had access to information for the cost of their treatment.

A sign displaying No Smoking was on display which confirmed the emphasis being placed on compliance with smoke free premises legislation<sup>1</sup>.

### **Dignified care**

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

The practice had arrangements to protect patients' privacy, including areas available for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients. However, we did note that the surgery door remained open whilst patients received treatment. Our concerns regarding the respect for privacy and dignity of patients were dealt with immediately during the inspection. Further details are provided in Appendix A.

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<sup>1</sup> The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

We noted that the Nine Principles as set out by the General Dental Council (GDC)<sup>2</sup> were available to patients upon request in the waiting area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

### Patient information

All patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and all but one of the patients stated that they had received clear information about the available treatment options. In addition, all patients told us that the cost of any treatment was always made clear to them before they received any treatment.

We also found evidence of treatment planning and options noted within the sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was displayed around the reception and the waiting area.

The practice had its own patient information leaflet which was available in the waiting area. However, we found that the leaflet did not contain all the information required by the regulations. The leaflet should be updated with the following information:

- names of all the dental care professionals,
- relevant experience and qualifications of all dental care professionals,
- the arrangements for the appropriate development and training of employees.

#### Improvement needed

Ensure that the patient information leaflet contains all the information required by the regulations.

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<sup>2</sup> <https://standards.gdc-uk.org/>

## Communicating effectively

All patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language. The practice informed us that arrangements are in place to access translation services when required.

## Timely care

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

All patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, provided on the answer phone message and in the patient information leaflet.

All patients who completed a questionnaire confirmed that it was very or fairly easy to get an appointment when they needed one.

## Individual care

### Planning care to promote independence

We viewed a sample of patient records, and overall we found that they were detailed and of a good standard. Treatment options were recorded and consent to treatment was obtained from each patient.

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

The treatments and services offered by the practice were in accordance with the statement of purpose<sup>3</sup>.

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<sup>3</sup> Regulation 5 and Schedule 1 of the Private Dentistry (Wales) Regulations 2017 set out the information required in a statement of purpose.

## People's rights

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

The practice is located on the ground floor. Access to the practice is via a small step at the entrance. Wheelchair users can access the practice with assistance. However, no portable ramp was available. We were informed that consideration is being given to supplying a portable ramp at the practice. Wheelchair users could access the surgery, the reception, waiting area and toilet facilities. All staff facilities are also located on the ground floor.

## Listening and learning from feedback

We saw that the practice had a written complaints policy in place. The procedures for making a complaint or how to raise a concern were clearly on display in the waiting area. However, the notice did not include the following details:

- Sources of support and advocacy, such as the Community Health Council<sup>4</sup>
- What happens if no resolution can be agreed

We brought this to the attention of the practice manager who immediately amended the procedure during our visit.

We saw evidence that the practice had systems in place to record, monitor and respond to any complaints received. At the point of inspection there had not been any formal complaints received by the practice since August 2018, when it opened under the current ownership arrangements.

We discussed the practice's mechanism for seeking patient feedback. We saw that the practice had developed a questionnaire which is due to be introduced at the practice. We advised the practice to display an analysis of any feedback received in the waiting area. This will demonstrate to patients that feedback is acted upon and is used to influence changes to the service delivery at the

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<sup>4</sup> <http://www.wales.nhs.uk/sitesplus/899/home>

practice. We also advised the practice to ensure that a comment box is made available in the waiting / reception area in order for patients to provide additional feedback or leave suggestions anonymously; the practice agreed to implement this immediately.

## Delivery of safe and effective care

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

We found that patients were provided with safe and effective dental care.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

However, we found some improvements were needed to ensure care and treatment is always provided safely and effectively.

### Safe care

#### Managing risk and promoting health and safety

The building appeared to be very well maintained internally and externally. During a tour of the building we saw that all areas were very clean, tidy and free from obvious hazards.

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

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly very clean.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months. All staff working at the practice had received fire training.

Emergency exits were visible and a Health and Safety poster was displayed within the practice.

The practice had a range of policies and procedures, as well as various risk assessments in place, such as, fire, environmental and health & safety. All risk assessments were current and we saw evidence that these were regularly reviewed.

We were fully assured that the premises were fit for purpose and we saw ample documentation which showed that the practice had considered all risks both internally and externally to staff, visitors and patients.

The practice had a resuscitation policy in place and we saw that all staff had received cardiopulmonary resuscitation (CPR)/emergency resuscitation training.

### Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>5</sup>. The facility was very clean, well organised, equipped and uncluttered.

We found that the door to the decontamination room remained open during our inspection with no means of preventing unauthorised access, e.g. no signage. We saw that patients pass the decontamination room if using the toilet facilities. We recommend that the door to the decontamination room is kept closed and appropriate unauthorised access signage put in place.

Staff demonstrated the decontamination process and our observations included:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection.
- Instrument storage containers were sturdy, with lids.

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<sup>5</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.



We saw that the practice had a logbook in place to record testing results for the autoclave<sup>6</sup> and ultrasonic<sup>7</sup> equipment. However, we found that the logbook contained no evidence to show that any quarterly foil testing had been undertaken on the ultrasonic or any evidence to show that weekly protein tests were being carried out on the ultrasonic. We saw evidence of steam penetration tests completed for the autoclave. However, no records were maintained to evidence that an automatic control test<sup>8</sup> had been carried out on the autoclave.

We saw that the autoclave had a data logger for monitoring the sterilization cycle. However, we were unable to view the results during our visit. We recommend that the practice ensure all results are printed, checked at least weekly and retained.

We also found no records of daily maintenance checks being undertaken. However, a daily checklist had been developed and we were informed that it will be implemented immediately.

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

We saw that legionella risk assessments had been carried out by an external agency and we saw records evidencing monthly hot water checks were being carried out. However, no evidence was maintained of any action taken if the temperatures fell below the appropriate range. We advised the practice to ensure any action taken is recorded accordingly. We also recommended that the practice reviews their legionella risk assessments, which were dated March 2017.

The practice had appropriate arrangements in place to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

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<sup>6</sup> An autoclave is a piece of medical equipment that's used to sterilise tools and instruments.

<sup>7</sup> Ultrasonic cleaning is the use of sound waves to remove decontamination from surfaces.

<sup>8</sup> The purpose of an automatic control test is to create an independent record of cycle performance.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

#### Improvement needed

Ensure that the door to the decontamination room is kept closed and appropriate unauthorised access signage displayed.

Ensure that all tests and checks for the autoclave and ultrasonic equipment are completed at recommended intervals in line with WHTM 01-05 and the manufacturer's instructions.

Ensure results of the autoclave cycle are printed, checked and retained.

Ensure daily maintenance programme checklist is completed.

Ensure that the legionella risk assessments are reviewed and updated.

#### Medicines management

The service had procedures in place showing how to respond to patient medical emergencies. All clinical staff had up-to-date cardiopulmonary resuscitation (CPR) training and the service had one dedicated first aider.

The emergency drugs and equipment were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. However, we found that the practice resuscitation kit did not contain all the equipment needed for a child medical emergency. We found that the practice did not have a child self-inflating bag. We also found that the temperature of the vaccine refrigerator was not being monitored on a daily basis, it contained some out of date medication and it was being used to store milk.

These were serious matters and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

#### Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk, and there were safeguarding policies in place. However, we found that the policy did not contain

the contact details for the local safeguarding team, to inform staff of the actions required should a safeguarding issue arise. The practice manager immediately updated the policy during our visit.

The practice had identified a member of staff as the nominated safeguarding lead who took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and guidance to staff on safeguarding issues. We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults.

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

The practice described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and undertaking Disclosure and Barring Service<sup>9</sup> (DBS) checks on staff appropriate to the work they undertake. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

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

We inspected the surgery and found that it contained the relevant equipment for the safety of patients. The surgery was well organised, very clean and tidy. We did note that one half of the surgery flooring was carpeted. We were informed that this area was a designated seating area for any accompanying chaperons. We advised the practice manager and principal dentist that carpets, even if cleanable, should not be used in clinical areas. All floorings in clinical areas should be impervious and easily cleanable. We therefore advised the practice to ensure that the carpet is removed from the surgery in any future refurbishment plans which the practice agreed to do.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of

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<sup>9</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

radiographic (X-ray) equipment. However, we found that there was no controlled area notification on display where the x-rays took place.

We were also informed by the practice that no image quality assurance audits of X-rays had been undertaken. This is because the practice is only in its first year of operating. We were informed that plans are in place for routine image quality assurance audits of X-rays to be undertaken.

We saw evidence of up-to-date ionising radiation training for the principal dentist.

The practice had not used the Wales Deanery Quality Improvement Tool for Ionising Radiation<sup>10</sup> which is a toolkit developed for the use of x-rays in Primary Dental Care.

#### Improvement needed

Ensure that a controlled area notification is displayed where x-rays are taken.

Ensure regular image quality assurance audits are completed for the X-ray machine.

Complete the Wales Deanery Quality Improvement Tool checklist for Ionising Radiation.

## Effective care

### Safe and clinically effective care

We found that the practice did not have a dedicated programme in place for undertaking a wide range of clinical audits. However, we saw that the practice had various audit template forms in place. We recommended that the practice implements a programme of audits across the year which should include the

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<sup>10</sup><https://dental.walesdeanery.org/quality-improvement/patient-safety-human-factors/qi-tool-ionising-radiation>.

Clinical Audit and Peer Review (CAPRO) of antibiotic prescribing, smoking cessation audits, patients' clinical notes and X-ray image quality assurance.

#### Improvement needed

Ensure that a programme of clinical audits are implemented.

### Quality improvement, research and innovation

We were informed by the practice manager that the practice has used Dental Compliance Made Easier<sup>11</sup> scheme to self-evaluate. We were also informed by the practice manager that consideration is begin given to use the British Dental Association (BDA) good practice scheme.

The practice might wish to consider using the Health Education and Improvement Wales (HEIW) Maturity Matrix Dentistry practice development tool. The Maturity Matrix is a dental practice team development tool that encourages the team to focus on best practice, quality and safety, legislative requirements and on how they work as a practice team.

### Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place to guide staff about what was required of them.

### Record keeping

A sample of patient records was reviewed. Overall, there was evidence that the practice is keeping very good quality clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

In all cases, the records we reviewed were individualised for that patient and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of very good quality.

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<sup>11</sup> <https://www.dental-compliance.co.uk/>

We did note that there was no evidence that Delivering Better Oral Health, an evidenced based toolkit for prevention had been implemented. We were verbally assured by the principal dentist that oral health advice is given to patients but is not always recorded. As previously mentioned in the report, all but one of the patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy. We recommend that any oral health advice is always recorded within patients' records.

#### Improvement needed

Ensure that any oral health advice is always recorded within patients' records.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We found the practice to have good leadership and clear lines of accountability.

The team appeared very happy and were competent in carrying out their duties and responsibilities. Staff said they felt supported and worked well together.

We saw that the practice had a range of policies and procedures in place.

## Governance, leadership and accountability

We found the practice to have good leadership and clear lines of accountability.

The role of registered manager<sup>12</sup> is undertaken by the practice manager with the principal dentist nominated as the responsible individual<sup>13</sup>.

Staff told us that they were confident in raising any issues or concerns directly with the principal dentist or practice manager and felt well supported in their roles.

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<sup>12</sup> "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

<sup>13</sup> "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

The dental team were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures, which were available electronically and in hard copy. We saw evidence showing staff had signed the policies to confirm they had been read and understood. All policies and procedures contained an issue number and/or review date. This ensured that policies were reviewed regularly to confirm local practices were up-to-date.

We saw a copy of the statement of purpose which included all information required by the Private Dentistry (Wales) Regulations 2017.

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

## **Staff and resources**

### **Workforce**

We noted that staff had a contract of employment that was retained in staff files. We also saw that the practice had an induction programme in place, which covered training and relevant policies and procedures.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles, and meeting the Continuing Professional Development (CPD) requirements.

We found that the team meets informally, on a regular basis, to discuss any issues. However, we found that only informal notes were kept of these meetings. We recommended to the practice that all team meetings, formal or informal should be minuted and recorded. We saw that the practice had already developed a file for formal team meetings which included templates and examples of how formal team meetings should be conducted.

We also found that no staff appraisals had taken place. We were informed by the practice manager that staff appraisals have not been undertaken as they only took the practice over in August 2018. Now that they have been managing the practice for over a year, plans are already in place for staff appraisals to be undertaken.

The Private Dentistry (Wales) Regulations 2017 require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) certificate issued within the previous three



years. We saw evidence that DBS clearance checks had been carried out for all clinical staff.

## 4. What next?

Where we have identified improvements and immediate non compliance issues during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks' notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that the surgery door remained open whilst patients received treatment.	Risk of patients' privacy and dignity compromised.	We brought this to the attention of the practice manager who immediately arranged for the surgery door to be closed.	The practice immediately arranged for the surgery door to remain closed and all staff made aware.

## Appendix B – Immediate improvement plan

**Service:** The Gables Dental Practice

**Date of inspection:** 2 July 2019

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
The practice must ensure that:  1) the vaccine refrigerator is monitored at regular times each day and records maintained;  2) items other than medicines, e.g. food and drink must not be stored in the vaccine refrigerator;  3) any medicines passed their expiry dates are disposed of accordingly complying with current waste regulations.	Regulation 22 (2) (a)	DAILY/WEEKLY CHECKS SIGN ACCORDINGLY RE: TEMP MEASUREMENTS	A.CIESIELSKA OWCZAREK	5 September 2019
		NEW FRIDGE PURCHASED- DEDICATED ONLY FOR STORING MEDICATIONS – SITUATED IN A DESIGNATED AREA IN A SURGERY- INVOICE MF00021929	A.CIESIELSKA OWCZAREK	5 September 2019
		WERE DISPOSED IN A LOCAL PHARMACY-PROOF UPON REQUEST	A.CIESIELSKA OWCZAREK	6 September 2019

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
The practice must ensure that it has adequate resuscitation equipment kit at all times.	Regulation 31 (3) (b)	PURCHASED & DELIVERD – PLACED IN A SURGERY- INVOICE 0000414540	A.CIESIELSKA OWCZAREK	03 September 2019

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): A.CIESIELSKA OWCZAREK**

**Job role: PRACTICE MANAGER**

**Date: 08 SEPTEMBER 2019**

## Appendix C – Improvement plan

**Service:** The Gables Dental Practice

**Date of inspection:** 3 September 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
Ensure that the patient information leaflet contains all the required information by the regulations.	4.2 Patient Information, PDR 6 (1) Schedule 2	CHANGES IMPLEMENTED	AGNES OWCZAREK	COMPLETED
<b>Delivery of safe and effective care</b>				
Ensure that the door to the decontamination room is kept closed and appropriate unauthorised access signage displayed.	2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05 and PDR 13	PROPER SIGN WERE PLACED ON THE DOORS. DOORS NOW ARE KEPT CLOSED AT ALL TIMES	AGNES OWCZAREK	COMPLETED
Ensure that all tests and checks for the autoclave and ultrasonic equipment are completed at the recommended intervals in line with WHTM 01-05 and the manufacturer's instructions.		LOG BOOK WAS IMPLEMENTED TO KEEP ALL RECORDS ABOUT PERFORMED SCHEDULED MAINTENANCE AND TESTS	AGNES OWCZAREK	COMPLETED

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		REQUIRED BY WHTM01-05 AND RECOMMENDED BY THE MAKER		
Ensure that the results of the autoclave cycle are printed, checked and retained.		CHECKLIST WAS CREATED AND IS FOLLOWED ACCORDING TO REQUIREMENTS. ALL RESULTS ARE AVAILABLE ON ELECTRONIC VERSION BUT NOW WERE PRINTED, REVIEWED, SIGNED AND ARE STORED IN RELEVANT FOLDER.	AGNES OWCZAREK	COMPLETED
Ensure that the daily maintenance programme checklist is completed.		DAILY MAINTENANCE CHECKLIST (ALREADY IN PLACE), BUT WAS IMPLEMENTED AND ALL ACTIVITY WILL BE CARREID OUT ACCORDINGLY.	AGNES OWCZAREK	COMPLETED
Ensure that the legionella risk assessments are reviewed and updated.		LEGIONELLA INTERNAL RISK ASSESMENTS WERE REVIEWED AND COMPLETED REGULARY. EXTERNAL RISK ASSESMENT- DUE 2019- ARRENGED	AGNES OWCZAREK	INTERNAL – COMPLETED EXTERNAL – ARRANGED 1 MONTH
Ensure that a no controlled area notification is displayed where x-rays are taken.	2.9 Medical devices, equipment and	RELEVANT SIGNS WERE PLACED AND DISPLAYED IN VISIBLE LOCATIONS WHEN X- RAY ARE TAKEN	AGNES OWCZAREK	COMPLETED



Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Ensure regular image quality assurance audits are completed for the X-ray machine.	diagnostic systems; WHTM 01-05	INTERNAL AUDIT WAS CARRIED OUT. SAMPLE OF 15 RANDOMLY CHOSEN DIGITAL IMAGES WERE TAKEN, REVIEWED, GRADED AND JUSTIFIED ACCORDINGLY IN PTS RECORDS. EXTERNAL AUDIT IS CARRIED OUT ONCE PER YEAR.	ROBERT OWCZAREK	COMPLETED
Complete the Wales Deanery Quality Improvement Tool checklist for Ionising Radiation.		WALES DEANERY CHECKLIST PRINTED AND COMPLETION IN PROGRESS	ROBERT OWCZAREK	IN PROGRESS 1 MONTH
Ensure that a programme of clinical audits are implemented.	3.1 Safe and Clinically Effective care; PDR 8	AUDIT IMPLEMENTED. ELECTRONIC VERSION WILL BE CREATED SOON.  SAMPLES OF 20 ACTIVE PATIENTS REVIEWED AND AUDITED. REGULAR AUDIT NOW WILL BE CARRIED OUT	ROBERT OWCZAREK	COMPLETED
Ensure that any oral health advice is always recorded within patients' records.	3.5 Record keeping; PDR 20		ROBERT OWCZAREK	COMPLETED
<b>Quality of management and leadership</b>				
N/A				

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): AGNES OWCZAREK**

**Job role: PRACTICE MANAGER**

**Date: 5 NOVEMBER 2019**