

General Dental Practice Inspection (Announced)

Huw De Lloyd Dentist

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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 Huw De Lloyd Dentist at 50 The Parade, Cardiff CF24 3AB, within Cardiff and Vale Health Board on the 22 October 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

We found that Huw De Lloyd Dentist was committed to providing a positive patient experience. The environment was visibly clean and tidy and there were suitable processes in place to support this.

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

This is what we found the service did well:

- The practice was committed to delivering a positive patient experience, evidenced by a positive response in the HIW questionnaires
- All areas of the premises were visibly clean and tidy
- There was excellent record keeping in all aspects of radiography

This is what we recommend the service could improve:

- The practice should review its range of health promotion material available in the waiting areas
- The practice should review its fire risk assessment and emergency business continuity arrangements
- Some aspects of record keeping must be made explicitly clear in all patient notes

We identified the service was not compliant with:

- The practice had not been undertaking and recording regular (weekly as a minimum) checks of the resuscitation equipment, namely the automated external defibrillator (AED) and oxygen kit
- As a consequence, we found that the AED was displaying a low battery warning and advised the practice to fit a replacement battery. Within the oxygen kit, the oropharyngeal airways had also expired.

These are serious matters and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW has 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

Huw De Lloyd Dentist provides services to patients in the Cardiff and surrounding area.

The practice has a staff team which includes one dentist, one dental nurse and a receptionist.

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 that Huw De Lloyd Dentist provided a positive patient experience for patients at the practice and we found suitable processes in place to support this.

We observed professional and friendly interactions with patients throughout the inspection process.

In order to improve the quality of the patient experience, we recommend that the practice reviews its range of health promotion material and considers methods to display results and outcomes of patient feedback.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 40 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice more than two years.

Overall, patient feedback was positive; all of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Patient comments included:

"Very thorough examination and time given for all explanations/decisions"

"I have always been treated with the upmost respect, dignity and kindness. This is an excellent practice. Would recommend"

"Very professional approach with good explanations for all procedures. Calm atmosphere"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients were very happy with the service provided, patient comments included:

"More comfortable chairs in the waiting room"

“Free internet services for patient. More technology for booking, interactive services etc.”

Staying healthy

Health promotion protection and improvement

We saw that a small range of written information on preventative care and good oral hygiene for both children and adults was available within the waiting area for patients to read whilst on the premises. The practice may wish to consider updating and expanding the material available to cover areas, such as smoking cessation, and provide sufficient copies so that patients can take them away to read in their own time.

All but one of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Improvement needed

The practice must review its provision of health promotion material available in its waiting areas.

Dignified care

We observed a range of staff speaking to patients in person and on the telephone in a polite and professional manner. We also observed that the door to the surgery was closed throughout the treatment of patients. Without exception, all of the patients who completed a HIW questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff confirmed that should a patient wish to have a private conversation then this could be carried out in one of the available surgeries.

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

We noted that the 9 Principles developed by the General Dental Council (GDC) were on display within the waiting area to ensure patients were aware of the standards of care they should receive from dental professionals.

Patient information

All of the patients who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. They also said that they had received clear information about available treatment options.

We saw that a price list for private treatment charges was on display in the reception area and details for patients who are part of the dental plan scheme were also displayed. All but two of the patients who completed a HIW questionnaire told us the cost was always made clear to them before they received any treatment.

The practice had copies of their patient information leaflet available in the reception area for patients to read. A number of practice policies, such the complaints procedure, were also on display in the reception.

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

Communicating effectively

The majority of information available at the practice including posters, leaflets and signage was in English. However, we were told by staff that there have been no requests for information in other languages or formats. Staff told us that every effort would be made to identify communication needs prior to a patient's first appointment and to put in place arrangements should a request be received.

All but one of the patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

A copy of the practice's patient information leaflet and statement of purpose was provided to us by the registered manager which we found contained the essential information required by the regulations.

Improvement needed

The practice must ensure that its patient information leaflet is on prominent display for patients to read.

Timely care

Every patient who completed a questionnaire felt that it was easy to get an appointment when they needed it.

During the inspection we observed patients being treated in a timely manner. Staff told us that patients are informed about any delays upon arrival or as soon as possible thereafter.

We saw that details on how patients can access emergency out hours care was displayed on the outside of the practice and we were told that the same information is relayed to patients on the practice's answerphone system. These details included a telephone number for the out-of-hours emergency dental care service. The majority of patients who completed a HIW questionnaire said they would know how to access out of hours care if they had an urgent dental problem.

Individual care

Planning care to promote independence

All but one of the patients who completed a questionnaire stated that the dentist enquires about their medical history before undertaking any treatment. This is required by professional guidelines to help a dentist understand potential diseases or identify medication that might impact on a patient's dental treatment. In the sample of patient records that we reviewed, we saw evidence to confirm that medical histories were being recorded appropriately on patient records.

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

People's rights

The practice had an equal opportunities policy in place within their statement of purpose which demonstrates a commitment to ensure that everyone has access to fair treatment. In line with the Equality Act 2010, the policy acknowledged the

need to deliver services and treatment to all patients regardless of a protected characteristic¹.

The practice had a new patient policy as required by the regulations which outlined the arrangements for accepting new patients into the practice. A copy of the policy was available to prospective patients to view upon request.

In terms of physical access, the practice had on-street car parking available on the road outside the property. The practice operates on the ground floor, thereby ensuring access for patients with limited or restricted mobility.

Listening and learning from feedback

The registered manager told us that a random selection of patients are asked to complete a feedback form and return this to a feedback box in the waiting area. We were told that patients are able to provide this anonymously if they wish. Practice staff also told us that verbal feedback received from patients is recorded on the patients file to ensure that this is captured and acted upon appropriately.

We saw evidence to confirm that feedback is regularly reviewed and acted upon, and that data is analysed on an annual basis. However, we did not see that the practice had a mechanism in place to display the results of this feedback to patients. We recommend that the practice implements a mechanism, such as a 'you said, we did' display, to demonstrate learning, improvement and to display any positive comments based on feedback received.

The formal procedure for patients to raise a complaint or concern about their care was outlined in a complaints policy which was displayed for patients in the waiting area. The procedure enabled staff to handle any such complaints effectively and in a timely manner and was consistent with the Private Dentistry (Wales) Regulations 2017.

¹ The Equality Act 2010 makes it an offence to discriminate against someone because of a protected characteristic. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

Improvement needed

The practice must implement a mechanism for displaying the results and outcomes of feedback to patients.

Delivery of safe and effective care

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

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

We found the practice to be clean and well-maintained, which was underpinned by a range of appropriate policies and procedures.

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

Safe care

Managing risk and promoting health and safety

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

The reception and waiting areas were welcoming, tidy and free from obvious hazards. There were no concerns given by patients over the cleanliness of the dental practice; every patient who completed a questionnaire felt that, in their opinion, the dental practice was very clean.

The building appeared to be well maintained internally and externally and we found all areas of the practice to be modern and in a good state of repair.

Overall we found appropriate arrangements were in place to adequately protect staff and people visiting the practice in the event of a fire:

- two practice staff had recently undergone fire training
- fire extinguishers throughout the practice had been serviced within the last twelve months and a fire equipment maintenance contract was in place
- emergency exits were appropriately signposted.

However we found that whilst a fire risk assessment had recently been undertaken and the practice had taken steps to remedy any identified areas for improvement, there were a number of outstanding actions within the risk assessment. In order to mitigate the risk of fire and to protect all persons on the premises, the practice must review and update the actions accordingly, taking reasonable steps to implement any recommendations that were made.

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

The principal dentist had been recently trained in first aid to ensure that any persons or patient at the practice can be appropriately treated.

We saw that the practice had a business continuity policy, as required by the regulations, which detailed some contingencies that were in place to ensure the safe running of the practice in the case of an emergency or natural disaster. We recommend that the practice enhances this policy to ensure that it has thoroughly considered its business continuity arrangements.

Improvement needed

The practice must review and update the actions listed within its fire risk assessment.

The practice must review and enhance its business continuity arrangements and policy.

Infection prevention and control

We found evidence that suitable infection and control measures were in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05². The dedicated decontamination room was visibly clean and

² 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.

followed a dirty to clean decontamination route. We saw that staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections.

We saw that the autoclave cycles were being recorded appropriately. We also saw evidence of a log book that confirmed staff had been undertaking appropriate daily and weekly checks to ensure that sterilisation equipment, including the ultrasonic bath, was functioning correctly and had been meeting validation requirements. This also included evidence of a valid maintenance inspection certificate.

We also saw that staff had access to secure boxes to transport clean and used instruments to help prevent cross-contamination. We also noted that the practice had appropriate methods and tools available to ensure the correct pre-sterilisation of instruments as part of the overall decontamination process. All instruments seen were appropriately bagged and date stamped within an acceptable range.

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

We looked at staff records and found an acceptable Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Staff and patient toilet and changing facilities were available within the practice. We saw that the toilet had appropriate feminine hygiene facilities. Sufficient space for staff to store personal items was also available within the practice.

Medicines management

During the inspection we looked at the emergency equipment, including the resuscitation kit and emergency drugs, available at the practice. We saw that the practice had not been undertaking and recording regular (weekly as a minimum) checks of the resuscitation equipment, namely the automated external defibrillator (AED) and oxygen kit, to ensure that the equipment was fully stocked, in good condition and within their individual expiry dates.

As a consequence, we found that the AED was displaying a low battery warning and advised the practice to fit a replacement battery. Within the oxygen kit, the oropharyngeal airways had also expired.

Our concerns regarding these issues were dealt with under our non compliance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

The registered manager told us that they had experienced a difficulty in obtaining the drug, midazolam, but, after consultation, confirmed to us that they had placed an order through an alternative supplier on the day of the inspection. The practice has confirmed to HIW that this has been received and included this within their drugs kit.

The practice had a policy in place for resuscitation and managing medical emergencies in line with national guidelines for resuscitation. We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

Staff were aware of the need to report any adverse reactions to medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme³ to help the MHRA ensure healthcare products are acceptably safe for patients and those that use them.

Safeguarding children and adults at risk

The practice had an up-to-date safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. The policy included contact details for staff to appropriately report any concerns to the relevant local safeguarding agencies.

The safeguarding lead for the practice was the registered manager who had oversight of safeguarding matters. The registered manager confirmed that knowledge of safeguarding issues is disseminated through induction and training. We saw evidence that all clinical and non-clinical staff were formally trained to an appropriate level.

³ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Medical devices, equipment and diagnostic systems

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

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

- Staff had received up-to-date ionising radiation training
- a radiation policy was in place and local rules⁴ were displayed by the X-ray equipment to set out the working procedures to ensure that radiation exposure to staff is restricted
- x-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment.

Effective care

Safe and clinically effective care

We saw evidence that an audit on compliance with the Health Technical Memorandum (HTM) 01-05 decontamination best practice guidelines is undertaken annually and that the changes recommended as a result of this audit had been implemented. However, we noted that the audit most recently undertaken had been the England-specific audit tool, rather than the WHTM audit tool designed specifically for dental practices operating in Wales. The practice must ensure that the correct WHTM audit is used in the future to ensure that any Wales specific measures are taken into account.

We recommend that the practice undertakes further audit activities, such as patient record keeping and smoking cessation in order to further quality assure the care and treatment being provided.

⁴ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

We also recommend that the practice undertakes clinical peer review in order to fulfil CPD requirements and to identify areas in which changes can be made with the objective of improving the quality of service offered to patients.

The practice should also consider making use of the Health Education and Improvement Wales Maturity Matrix Dentistry⁵ practice development tool which encourages the dental practice team to work together to identify key areas for improvement based on professional guidelines and on legislative requirements.

We also saw evidence of a consent policy which outlined how the practice assesses patient consent and capacity for treatment.

Improvement needed

The practice should undertake additional audit activities, including peer review, in order to further quality assure the care and treatment being provided.

The practice must implement a clinical audit policy in support of the above recommendation.

Information governance and communications technology

The practice had a data protection and security policy in place that set out procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulation (GDPR).

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

Record keeping

Overall we found there to be good record keeping in the sample of patient records that we reviewed which support the practice to deliver quality patient care. This is because all of the patient records that we reviewed included:

⁵ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

- initial and updated dental and medical histories, including: reasons for attendance, symptoms, oral hygiene and diet
- full base charting and baseline BPE (basic periodontal) recording
- recording of intraoral and extraoral soft tissue examinations
- excellent findings in all aspects of radiography, such as justification, clinical findings and quality grading.

However, we found some inconsistencies in the sample of patient records that we reviewed. We recommend that the practice ensures that the following aspects are included and clearly recorded at all times:

- informed consent: whilst we saw evidence that consent is obtained for treatment, recording of this was not explicit in all of the patient notes that we reviewed
- oral cancer screening: whilst the practice stated that this is undertaken as part of a patients' soft tissue examination, screening was not explicitly clear in all of the patient notes that we reviewed
- recall, in accordance with NICE guidelines
- risk assessments, such as caries, periodontal and oral cancer
- treatment options available to patients

We found computerised patient notes which were clear and appropriately backed-up. We noted that the practice also maintained a number of paper records for patients causing a duplication of effort and which could lead to inconsistencies in record keeping. We would advise the practice to maintain computerised patient records wherever possible.

Improvement needed

The practice must ensure that patient records are fully maintained according to the relevant professional standards

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.

Staff appeared to work well together and had access to appropriate training opportunities in order to fulfil their roles and responsibilities.

We found evidence of good management. However the practice should consider undertaking more quality improvement activities to help further monitor and quality assure patient care and effective team working.

Governance, leadership and accountability

Huw De Lloyd Dentist is owned by the principal dentist who is the responsible individual and the registered manager. The practice is supported by a small team of clinical and non-clinical staff.

We found the practice to have good leadership and clear lines of accountability. We observed staff working well together, evidenced by their interaction with patients and their co-operation and demeanour throughout the inspection process.

At the time of the inspection, the practice was undergoing staffing changes and, as a result, the principal dentist (also the registered manager) was undertaking a significant amount of duties within the practice. Once the team is embedded into the practice, we would recommend that the registered manager, where it is appropriate to do so, delegates certain tasks and responsibilities to members of the wider team.

As identified, we would then recommend that the practice considers undertaking more quality improvement activities to help further monitor and quality assure patient care and effective team working.

We found a wide range of policies and procedures were in place to ensure the safety of both staff and patients. We saw that policies had been regularly

reviewed in line with the regulations and that staff had been made aware of these during their induction process.

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

Staff and resources

Workforce

Overall, we found suitable governance arrangements in place at the practice. Staff had a contract of employment and a job description setting out their roles and responsibilities and we saw that these were retained on staff files. New members of staff are provided with an induction and a probationary period.

The practice confirmed that receive appraisals on a minimum of an annual basis and that staff had attended training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements. Whilst we found CPD training to be up-to-date, we would advise the practice to ensure that staff files and training records are appropriately maintained and organised in order to clearly evidence compliance with the relevant regulatory and training requirements.

We saw evidence that practice meetings were held regularly to allow staff to identify lessons learned and provide an opportunity for staff to raise any issues they may have. Minutes of each meeting are taken and sent to all staff to ensure any absent members of staff are aware of what was discussed.

We were told that the practice manages to maintain an appropriate number of qualified staff working at the practice at all times without having to use agency dental nurses.

A recruitment policy was in place that set out the process to follow to recruit potential new members of staff and described appropriate pre-employment checks the practice would undertake to ensure new staff are suitably qualified and protected to work with patients.

The regulations 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 checks had been carried to help ensure that safety of patients and other staff.

The practice had a whistleblowing (speaking-up) policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care. The policy had clear signposting for raising concerns both internally and externally, including HIW.

We saw that the practice had an inoculation injury policy in place, including a sharps injuries protocol to follow in the event of a needlestick injury. The policy stated that occupational health is available to the practice through a local hospital. However given that the practice is solely private, we advise that the practice confirms in writing that these arrangements for occupational health support is still available to the practice.

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
No immediate concerns were identified			

Appendix B – Immediate improvement plan

Service: Huw De Lloyd Dentist

Date of inspection: 22 October 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 service must undertake weekly (as a minimum) documented checks of the emergency drugs and emergency resuscitation equipment as recommended by the Resuscitation Council (UK) to monitor stock levels, condition of equipment and that all drugs and equipment are still within their individual expiry dates.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(2)a Regulation 31(3)b	Friday check lists: - Oxygen - Emergency Drugs - Defibrillator Checklist iteming drugs and equipment updated	Huw De Lloyd	In operation
The service must order and fit a replacement battery to the Automated external defibrillator	As above	Ordered and fit battery	Huw De Lloyd	Completed

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
(AED) to ensure its effectiveness in the event of a medical emergency.				

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): **Huw De Lloyd**
Job role: **Principal Dentist**
Date: **30/10/2019**

Appendix C – Improvement plan

Service: Huw De Lloyd Dentist

Date of inspection: 22 October 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
Quality of the patient experience				
The practice must review its provision of health promotion material available in its waiting areas	Health and Care Standards 1.1 Health promotion, protection and improvement;	We will display Health promotion material more prominently in the waiting room. We currently support promotions through our Denplan membership that supply posters etc that target promotional messages at certain times of the year. We will provide more information on gum disease, smoking, oral cancer, diet and preventative care and hygiene	Huw de Lloyd	The process is being undertaken currently
The practice must ensure that its patient information leaflet is on prominent display for patients to read.	The Private Dentistry (Wales) Regulations 2017 S 6(3)	We have kept a copy at reception and give to all new patients at the practice to familiarise. We have printed another	Huw de Lloyd	Implemented

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		copy available in the centre of our waiting room with other reading material.		
The practice must implement a mechanism for displaying the results and outcomes of feedback to patients.	Health and Care Standards 6.3 Listening and Learning from feedback,	This is an exercise we perform annually and results are made available for a month after in the waiting room. We will expand this to present results all year around as instructed	Huw de Lloyd	immediate
Delivery of safe and effective care				
The practice must review and update the actions listed within its fire risk assessment.	The Private Dentistry (Wales) Regulations 2017 s 22(4) (f)	The installation of an emergency light in the reception/waiting room area ground floor (historically this was deemed not necessary when other installations were made elsewhere in the building) however this was recommended on the most recent fire risk assessment.	Huw de Lloyd	March 2020
The practice must review and enhance its business continuity arrangements and policy.	s 8(1)(o)		Huw de Lloyd	
The practice should undertake additional audit activities, including peer review, in order to further	The Private Dentistry (Wales) Regulations 2017	Resources being used were not always relating to Wales Guidelines, but will ensure they are.	Huw de Lloyd	Committed to ongoing Quality assurance for

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>quality assure the care and treatment being provided.</p> <p>The practice must implement a clinical audit policy in support of the above recommendation</p>	<p>s 16(1) (a)</p> <p>s 8(1) (n)</p>			<p>treatment being provided</p>
<p>The practice must ensure that patient records are fully maintained according to the relevant professional standards</p>	<p>Health and Care Standards</p> <p>3.5 Record keeping;</p>	<p>The practice will start phasing out paper records in combination with our Computer records for patients</p>	<p>Huw de Lloyd</p>	<p>From April</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): **Huw de Lloyd**

Job role: **Principal Dentist**

Date: **12/12/2019**