

General Dental Practice Inspection Report (Announced)

Bridge End Dental Practice,
Betsi Cadwaladr University Health
Board

Inspection date: 23 May 2023

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	13
• Quality of Management and Leadership	18
4. Next steps.....	22
Appendix A - Summary of concerns resolved during the inspection	23
Appendix B - Immediate improvement plan.....	24
Appendix C - Improvement plan	25

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Bridge End Dental Practice, Betsi Cadwaladr University Health Board on 23 May 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 18 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that Bridge End Dental Practice was committed to providing a positive experience for patients.

All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

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

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what we recommend the service can improve:

- Action should be taken to seek suitable help and advice on implementing the 'Active Offer'.

This is what the service did well:

- The practice had arrangements in place to protect the privacy of patients, including dedicated areas for patients to have private conversations with staff
- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity.

Delivery of Safe and Effective Care

Overall summary:

We found that Bridge End Dental Practice was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

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

The dental team were very knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

This is what we recommend the service can improve:

- Ensure all emergency contact details are included within the business continuity plan
- Review and update the whistleblowing policy
- Forward to HIW the original acceptance certificate for the x-ray unit
- Ensure that clinical records of new dentists are audited as soon as possible after starting in post
- Recording of patients' preferred language choice within clinical records.

This is what the service did well:

- The practice premises was accessible
- Dental surgeries were clean, well equipped and fit for purpose, with well-maintained equipment
- Good quality audits had been completed.

Quality of Management and Leadership

Overall summary:

We found Bridge End Dental Practice to have very good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the registered manager, who we found to be very committed and dedicated to the role and the practice.

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

Staff had access to appropriate training opportunities in order to fulfil their roles.

This is what we recommend the service can improve:

- Complete the Health Education and Improvement Wales (HEIW) integrating smoking cessation audit.

This is what the service did well:

- A range of policies were readily available to staff to support them in their work roles
- Staff, both clinical and non clinical, worked very well together as part of a team
- Very well maintained staff files
- All clinical staff had attended training relevant to their roles and were meeting the Continuing Professional Development (CPD) requirements.

3. What we found

Quality of Patient Experience

Patient Feedback

HIW issued a questionnaire to obtain patient views on the care they received at this practice. In total we received 18 responses from patients at the setting.

Overall, all patient comments were positive. All patients rated the service they received as very good or good.

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

“I felt welcome when I came into the practice. My treatment was explained all the way throughout appointment. I was given clear options of further treatment.”

“Very friendly practice.”

Person Centred

Health Promotion

There was a folder in the waiting area containing information for patients on dental health and the practice in general. Health promotion material was also on display in the waiting area. Some of this information was available in English and Welsh. This means patients had access to information which could support them in caring for their own oral hygiene.

We saw ‘No Smoking’ signs within the practice confirming that the practice adhered to the smoke free premises legislation.

Price lists were also clearly on display in the waiting area and within the patient information folder. All patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We saw clear signage that indicated how to contact the practice out of hours and who the registered practitioners were working at the practice.

Dignified and Respectful Care

There were arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff.

All patients who completed a questionnaire stated that they felt that staff at the practice treated them with dignity and respect.

All patients stated that they felt the dental team helped them to understand all of the available options for treatment when they needed it. All patients also told us that things are always explained to them during their appointment in a way they can understand.

Patients told us:

“Felt like I had plenty of time to ask questions.”

“My treatment was explained all the way throughout appointment. I was given clear options of further treatment.”

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way. Doors to surgeries were kept closed during treatments.

We found that the 9 Principles, as set out by the General Dental Council (GDC), was displayed by the main entrance.

Individualised care

General information about the practice was available on its website, social media page, was displayed by the main entrance, waiting area and reception.

The practice has a patient information leaflet which contained all the information required by the regulations.

In response to the HIW questionnaire, all patients told us that they were given enough information to understand which treatment options were available, and that their medical history was checked before treatment.

All patients agreed that they were given enough information to understand the risks and benefits of the treatment options and that costs were made clear to them before treatment.

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

Timely

Timely Care

We saw that staff made every effort to ensure that dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

The majority of patients (14/18) who completed the questionnaire said it was very easy to get an appointment when they needed one with the remaining four patients stating it was fairly easy.

The majority of patients (15/18) who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem and three told us they did not know. An emergency number was available should patients require urgent out of hours dental treatment. Contact information was displayed by the main entrance, provided on the practice website, answer phone message and patient information leaflet.

Equitable

Communication and Language

We were told there were no Welsh speaking staff working at the practice. We were told that, if required, staff could access a translation service to help them communicate with patients whose first language is not English.

The practice had a range of patient information available, including a patient information leaflet and complaints policy. All information was available in English, with some information available in Welsh. Staff informed us that they could make the information available in alternative formats if requested.

All patients who completed a questionnaire told us their preferred language was English. However, we recommended the practice contact the local health board for advice and support to implement the 'Active Offer' in accordance with Welsh language standards¹.

The registered manager is required to provide HIW with details of the action taken to seek suitable advice and support to implement the 'Active Offer'.

¹ <https://www.gov.wales/welsh-language-primary-care#31537>

Rights and Equality

There was an 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.

There was good access to the building. Wheelchair users could access the waiting area, reception, toilet facilities and all surgeries.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service. In addition, all told us they felt the premises was accessible.

Delivery of Safe and Effective Care

Safe

Risk Management

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building appeared to be very well maintained internally and externally. 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. The majority of patients (15/18) who completed the questionnaire felt that the dental practice was very clean with three patients stating it was fairly clean.

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

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

The practice had a range of policies and procedures, as well as risk assessments in place, such as, fire, environmental and health and safety. All risk assessments were current and regularly reviewed.

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

We saw that the practice had a business continuity plan in place to ensure continuity of service provision and safe care for patients. However, no emergency contact details were included within the plan. We were informed that all contact details are held on the registered managers mobile phone and What's App group.

We recommend that the registered manager ensures all contact details are included within the business continuity plan.

Infection, Prevention, Control (IPC) and Decontamination

The practice had dedicated space for the cleaning and sterilisation (decontamination) of dental instruments. The decontamination room is not a secure, closed area. However, we found that the practice has reduced the risks as far as reasonably practical. We were informed that plans are in place to refurbish

the area and have a dedicated, closed decontamination room and we saw that detailed plans had been drawn up.

The facility was clean, well organised, well equipped and uncluttered.

The decontamination arrangements were good. Staff demonstrated the decontamination process and we found that:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- There was ample personal protective equipment (PPE) to protect staff against injury and/or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were sturdy and secure.

We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

Infection control audits had been completed using recognised audit tools, including the Health Education and Improvement Wales audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognise this as good practice due to the comprehensive scope of the audit.

There was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was in place to record the autoclave start and end of the day safety checks.

Each surgery had a cleaning checklist, and we saw that these had been regularly completed.

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.

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

There was 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.

Medicines Management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training. The practice had two trained first aiders.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. There was an effective system in place to check the emergency equipment and drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

We saw prescription pads being stored securely.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff demonstrated their knowledge of the procedures to follow in the event of a medical emergency or if they had to report a medication related incident.

Safeguarding of Children and Adults

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults. One clinician was nominated as safeguarding lead and had been trained in safeguarding to level 3. Staff were able to discuss with us, in detail, the policies and procedures and also various scenarios.

Staff told us that they felt able to raise any work related concerns directly with the principal dentist and were very confident that concerns would be acted upon.

We saw that the practice had a whistleblowing policy in place. The principal dentist was the nominated contact for any concerns to be reported. We asked the registered manager who would staff go to should they have any concerns about the principal dentist. We were told that staff would approach other clinicians on site. We recommend that the practice updates the policy to reflect this.

The registered manager must review and update the whistleblowing policy.

The registered manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place.

Management of Medical Devices and Equipment

We viewed the clinical facilities and found that they contained relevant equipment. The surgeries were well organised, clean and tidy.

The practice has only one intra oral x-ray unit which is located in a separate room from the surgeries. We saw regular image quality assurance audits of x-rays were completed. We also saw evidence of up-to-date ionising radiation training for all clinical staff. However, the room used to take intra-oral x-rays is relatively small and it was noted that one wall, separating the room from the decontamination area, is not of solid construction. The registered manager informed us that there was additional shielding built into the wall. However, the original acceptance certificate for the x-ray unit was not available to confirm this. Our concerns regarding the x-ray room were resolved during our visit and is referred to in Appendix A of this report.

The registered manager must forward to HIW the acceptance certificate. If this is not available, the practice must provide evidence of a risk assessment regarding the x-ray room, either from a critical examination, commissioning information or other assessment by a Radiation Protection Advisor (RPA).

Effective

Effective Care

The practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and in policies and procedures.

Patient Records

A sample of ten patient records were reviewed. Overall, there was evidence that staff were keeping satisfactory clinical records, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing. In all cases, the records we reviewed were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of satisfactory quality. However, some gaps were identified, such as, no treatment plan in place, no recalls recorded and no record of antibiotic prescribing. We discussed our findings with the registered manager, and we advised the practice to have a greater oversight of new dentists.

We recommend that clinical records for new dentists are audited as soon as possible after starting in their role.

We also noted that patients' language choice was not recorded within any clinical notes.

We recommend that patients' preferred language choice is recorded within their clinical records.

Efficient

Efficient

We found the facilities at the premises were appropriate for the intended dental services to be provided and there were processes in place for the efficient operation of the practice. We saw that the practice had plans in place to improve the facilities to include refurbishing the decontamination room and removing the x-ray room enabling x-rays to be taken in each surgery.

All staff we spoke with told us the facilities at the practice were suitable for them to carry out their duties and the environment was appropriate to ensure patients received the care they require.

We were told that referrals to other healthcare professionals were made electronically, which enabled efficient information sharing. We were also told that practice staff would follow up any referrals considered urgent, such as suspected oral cancer, to ensure patients are given a timely appointment.

Wherever possible, patients requiring urgent care and treatment were seen at the practice within normal opening hours to avoid patients having to attend urgent care or out of hours services.

Quality of Management and Leadership

Leadership

Governance and Leadership

We found good leadership and clear lines of accountability in place.

The day to day management of the practice was the responsibility of the registered manager who we found to be very committed and dedicated to the role. Staff told us that they were confident in raising any issues or concerns directly with the registered manager and felt well supported in their roles. Many of the staff had worked together for many years and there was good rapport amongst them.

Staff were very clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients, supported by a range of policies and procedures. We saw that staff had signed the policies to confirm they had read and understood them. All policies and procedures contained an issue and review date ensuring that they were reviewed regularly and that practices were up to date.

There were appropriate arrangements for the sharing of information through practice wide team meetings. A breadth of relevant topics covered during these meetings and minutes maintained.

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

Workforce

Skilled and Enabled Workforce

All staff working at the practice had a contract of employment. We also saw that there was an induction programme in place, which covered training and relevant policies and procedures. We saw evidence that staff appraisals were also undertaken. It was positive to note that appraisals were up-to-date and comprehensive.

Staff files contained the necessary information to confirm their on-going suitability for their roles. Training certificates were retained on file as required. All clinical

staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The registered manager confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

Culture

People Engagement, Feedback and Learning

There was a written complaints procedure in place. This was available to all patients in the waiting area. Details were also included within the patient information leaflet and statement of purpose. However, we found that the procedure needed to be reviewed and updated. The procedure did not include:

- Reference the NHS Putting Things Right
- Sources of support and advocacy
- Address and telephone number of HIW
- HIW signposted as a route for patients to make a complaint.

The registered manager must review and update the complaint procedure and provide HIW with a copy.

We discussed the mechanism for actively seeking patient feedback, which is done by providing patients with questionnaires. Patients are also able to give feedback via social media. Feedback analysis is prepared by the registered manager and discussed with the dental team at their monthly team meetings. However there was no system in place to communicate to patients what, if any action had been taken in response to feedback.

The registered manager should implement a suitable system to show patients the action taken in response to their feedback.

We saw the practice had a Duty of Candour policy in place. However, it did not contain details of staff roles and responsibilities as recommended by The Duty of Quality Statutory Guidance (2023). This should set out the local arrangements and requirements tailored to the practice. We also recommend that staff receive the Duty of Candour training.

The registered manager must update the Duty of Candour policy and ensure this is shared with staff; and a copy forwarded to HIW. We also recommend that staff receive Duty of Candour training.

All staff who we spoke with told us they knew and understood their responsibilities under the Duty of Candour.

Information

Information Governance and Digital Technology

Suitable communication systems were in place to support the operation of the practice.

The storage of patient information was appropriate, ensuring the safety and security of personal data. All paper records were kept secure and electronic files were being backed up regularly. Access to computer screens was secure and discreet. A data protection policy was in place to inform staff about what was required of them.

Learning, Improvement and Research

Quality Improvement Activities

It was very evident that staff at the practice were seeking to continuously improve the service provided. We were provided with examples of various audits which were conducted as part of the practice's quality improvement activity. These included audits of patient records, x-rays, infection prevention and control and decontamination (compliance with WHTM 01-05) and clinical waste. There was no audit covering smoking cessation.

The registered manager should arrange for the Health education and improvement Wales (HEIW) integrating smoking cessation audit to be completed.

We were informed by the registered manager that the practice had not yet implemented any team development tools. We suggested that the practice might wish to consider using the Welsh Dental Deanery 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 team.

We found the dental team to be proactive, knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

Whole Systems Approach

Partnership Working and Development

The registered manager described the arrangements in place for engagement with other services.

We were told that an electronic system was used to refer patients, including those who require an urgent referral, to secondary healthcare services. We were also told that pharmacists would contact the practice to discuss and clarify prescriptions issued by dentists.

4. Next steps

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

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

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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

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

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

Appendix A - Summary of concerns resolved during the inspection

The table below summarises 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
<p>The room used to take intra-oral x-rays is relatively small and it was noted that one wall, separating the room from the decontamination area, is not of solid construction. The registered manager informed us that there was additional shielding built into the wall. However, the original acceptance certificate for the x-ray unit was not available during the visit to confirm this.</p>	<p>Unable to verify whether a wall separating the x-ray room from the decontamination room was adequately shielded. Staff could be at risk of harm if shielding is inadequate.</p>	<p>Discussed with registered manager</p>	<p>The registered manager immediately amended the local x-ray rules to ensure that no staff member is in the decontamination area when x-rays are being taken.</p>

Appendix B - Immediate improvement plan

Service: Bridge End Dental Practice

Date of inspection: 23 May 2023

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

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No immediate improvement plan was required for this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Bridge End Dental Practice

Date of inspection: 23 May 2023

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

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
We found no evidence that the practice was supporting the 'Active Offer' in accordance with Welsh language standards and patients would have to ask for the service through the medium of Welsh.	The registered manager must provide HIW with details of the action taken to seek suitable advice and support to implement the 'Active Offer'.	Quality Standard - Equitable	Contact LHB for advice on implementation of 'Active Offer' and provide bilingual documentation in reception area including patient information folder	Michael Berrisford	By 1/9/23
No emergency contact details were included within the business continuity plan should this be required during an emergency.	The registered manager must ensure that all emergency contact details are included within the business continuity plan.	Quality Standard - Safe	Include emergency contact details in business continuity plan	Michael Berrisford	By 1/9/23

<p>Whistleblowing policy is in need of updating to include details of who staff should approach should they have any concerns about the principal dentist, who is currently the only nominated contact.</p>	<p>The registered manager must review and update the whistleblowing policy.</p>	<p>Enable Workforce</p>	<p>Change whistleblowing policy to include alternative staff to approach if any concerns</p>	<p>Michael Berrisford</p>	<p>By 1/9/23</p>
<p>We were unable to verify whether the wall between the X-ray room and decontamination room was adequately shielded. Staff could be at risk of harm if shielding is inadequate.</p>	<p>The registered manager must forward to HIW the acceptance certificate. If this is not available, the practice must provide evidence of a risk assessment regarding the x-ray room, either from a critical examination, commissioning information or other assessment by a Radiation Protection Advisor (RPA).</p>	<p>Quality Standard - Safe IR(ME)R 2017</p>	<p>Contact practice RPA and work with them to provide satisfactory risk assessment of x-ray room. In the meantime a visual and audible check on staff to ensure no one is in the decon area during x-ray exposure</p>	<p>Michael Berrisford</p>	<p>By 1/9/23</p>
<p>Several gaps were identified in patients' clinical records which could have an impact on patient care.</p>	<p>Clinical records for all new dentists should be audited as soon as possible after starting in their role.</p>	<p>Quality Standard - Effective</p>	<p>Clinical records for all new dentists to be audited within 4 weeks of starting their role</p>	<p>Michael Berrisford</p>	<p>By 1/9/23</p>

Patients' preferred language choices are not asked and therefore the practice is unaware of patients preferred language choice and patients would need to ask for this service.	Patients' preferred language choice should be recorded within their clinical records.	Quality Standard - Effective	Patients' preferred language choice will be recorded within their clinical records from their next appt	Michael Berrisford	By 1/9/23
The complaint procedure is in need of review and updating in order for patients to be fully informed of the process.	The registered manager must review and update the complaint procedure and provide HIW with a copy.	Enabler - Learning, improvement and research	The complaint procedure will be reviewed and updated, and a copy provided to HIW	Michael Berrisford	By 1/9/23
Patient feedback analysis is not published and therefore patients are unaware of what action has been taken by the practice.	The registered manager should implement a suitable system to show patients the action taken by the practice in response to their feedback.	Enabler - Learning, improvement and research	Information will be supplied on social media and in the practice reception area to show patients the action taken by the practice in response to their feedback.	Michael Berrisford	By 1/9/23
Duty of Candour policy does not set out staff roles and responsibilities as	The registered manager must update the Duty of Candour policy and ensure this is	Enabler - Culture	The Duty of Candour policy will be updated and shared with staff. A	Michael Berrisford	By 1/9/23

recommended by The Duty of Quality Statutory Guidance (2023). Staff have not completed Duty of Candour training.	shared with staff; and a copy forwarded to HIW. Staff should also receive Duty of Candour training.		copy will be forwarded to HIW. Duty of Candour training will be organised for all staff	Michael Berrisford	By 1/9/23
No HEIW Integrated smoking cessation audits have been completed to ensure patients are supported with their tobacco dependency.	The registered manager should arrange for the HEIW integrating smoking cessation audit to be completed.	Enabler - Learning, improvement and research	A HEIW integrating smoking cessation audit will be completed	Michael Berrisford	By 1/9/23

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): Dr Michael Berrisford

Job role: Principal Dentist/Owner

Date: 18th July 2023