

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

The Family Practice ABMU

Inspection date: 10 December  
2018

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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 Family Practice, Morfydd Street, Swansea, within Aber Bro Morgannwg University Health Board on the 10 December 2018.

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, the Health and Care Standards (2015) 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 that the practice provided safe and effective care for its patients.

There was a strong team led by the principal dentist who have served the area for many years.

We found there were some areas for improvement around patient record keeping and ensuring staff training was up to date.

This is what we found the service did well:

- All patients we spoke to rated this practice as excellent or very good
- The practice provides a large selection of material on oral health for patients
- The practice was accessible for patients with restricted mobility
- The practice was very clean and tidy.

This is what we recommend the service could improve:

- Mandatory staff training requires greater scrutiny to ensure compliance
- Complete the transition to fully electronic recording of patient notes.

## 3. What we found

### **Background of the service**

The Family Practice, Morfydd Street, Swansea provides services to patients in the Morriston area of Swansea. The practice forms part of dental services provided within the area served by ABMU Health Board.

The practice has a staff team which includes one dentist, three registered dental nurses, one receptionist and one self employed hygienist.

The practice provides a range of NHS and 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.*

We found that the practice was committed to providing a positive experience for their patients. All patients who completed a HIW questionnaire, rated the service provided by the practice as excellent or very good.

The practice had a complaints policy and a robust system for capturing formal and informal complaints was in place.

The practice invited feedback from patients with forms available to complete on reception.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 24 were completed. Patient comments included the following:

*I have been happy with the way this practice has treated me*

*I have been a patient at the dental surgery for twenty plus years. In all this time I have found them to be professional and incredibly helpful*

*I have always received excellent care at the practice*

*Very friendly and helpful staff*

## Staying healthy

### Health promotion protection and improvement

In the reception and waiting area we saw a large selection of information available on oral health and dental treatments.

The majority of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy

## **Dignified care**

Without exception, all patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. We observed staff treat patients courteously and professionally. We noted the practice had a patient dignity and respect policy.

Staff told us that if there was a need to hold a private conversation in person or on the telephone with a patient they would use the second waiting room. The practice had a confidentiality policy and a policy relating to accidental disclosure of confidential information in place.

We found that both handwritten and electronic patient information was stored securely, ensuring that personal and sensitive information was protected. We noted the practice had a data protection policy.

## **Patient information**

Where applicable, all patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and said that they had received clear information about available treatment options.

There were notices setting out NHS treatment costs and private treatment costs in the waiting area. All of the patients, where applicable, said that the cost of any treatment was always made clear to them before they received any treatment.

We noted there was information on accessing NHS and private services policy. This included the arrangements for acceptance of patients, and the arrangements for assessment, diagnosis and treatment of patients.

The practice had a detailed patient information leaflet that was readily available to patients and visitors to the practice.

Outside the practice, we saw that the practice's opening hours and emergency contact telephone number were displayed along with the name and qualifications of the principal dentist.

## **Communicating effectively**

All of the patients that completed a HIW questionnaire told us that they have always been able to speak to staff in their preferred language.

None of the staff at the practice are fluent in Welsh. There was a notice in the reception area to advise patients that a bilingual service could be provided on request and the practice had provisions in place to achieve this.

## **Timely care**

Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice and provided on the practice's answerphone message. Only one of the patients that completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem.

All of the patients that completed a questionnaire told us that it was very easy or fairly easy to get an appointment when they needed it.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if the principal dentist was running late they would advise the patient waiting of any delay.

## **Individual care**

### **Planning care to promote independence**

The practice provides treatments as set out in their Statement of Purpose<sup>1</sup>.

A review of patient records showed that the principal dentist is recording that she asks patients about their medical history at the time of their visit.

Where applicable, all of the patients that completed the questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment

### **People's rights**

In terms of access to the practice there was a gentle slope from street level to the front door. Access to reception and the downstairs treatment area were unrestricted. However there would be some difficulty accessing the patient toilet

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<sup>1</sup> <http://www.assembly.wales/laid%20documents/sub-ld10945/sub-ld10945-e.pdf>

which was not appropriate to accommodate people with restricted mobility or would require physical aids to use the toilet facilities.

The practice had in place appropriate policies to protect people's rights, including an equal opportunities policy, patient dignity and respect policy and patient experience policy.

#### Improvement needed

The practice must make provision for people with restricted mobility to use the toilet facilities.

#### Listening and learning from feedback

The practice had a complaints policy for both NHS and private dental treatment. We noted that the policy was aligned to the NHS Putting Things Right<sup>2</sup> complaints process, it included contact details for the local health board and HIW. The policy was aligned to the Private Dentistry Wales 2017 Regulations<sup>3</sup> in respect of private dental treatment. The policy was clearly displayed in the reception area.

The practice manager was the nominated lead for all complaints. Even though very few had been received, the practice did have a system in place for capturing formal complaints, ensuring the nature of the complaint, action taken and outcome would be recorded. The practice also had a system in place to capture verbal/informal concerns.

The practice had a customer feedback form in the waiting area but currently do not provide feedback to the patients. We advise that the practice considers including a You Said, We Did<sup>4</sup> style of feedback.

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<sup>2</sup> "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

<sup>3</sup> <http://www.legislation.gov.uk/wsi/2017/202/made>

<sup>4</sup> [You Said, We Did](#)

## 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 we found evidence that patients were provided with safe and effective dental care.

We found the clinical facilities to be well equipped; there were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

Resuscitation equipment and emergency drugs were available at the practice and we were assured that there were appropriate systems in place to ensure that these were in date, safe and ready for use.

### Safe care

#### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well-being of staff and people visiting the practice. We noted there was a health and safety policy along with other relevant policies that complied with the regulations. We noted there was a health and safety poster in the decontamination room.

There were no concerns raised by patients over the cleanliness of the dental practice; all patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean. The building appeared to be well maintained both internally and externally. We observed all public access areas to be clean and uncluttered.

We noted that regular portable appliance tests were undertaken to help ensure the safe use of electrical appliances within the practice. We saw fire extinguishers were available at various locations around the building. We saw evidence that servicing had been carried out within the last twelve months, to ensure extinguishers were fit for use. We also noted the appropriate signposting of the fire exits. All of the staff had received training in fire

awareness and safety and this was re-enforced with annual training and regular fire drills.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical), non-hazardous (household) and amalgam waste. Clinical waste was stored correctly.

Under the Control of Substances Hazardous to Health Regulations (COSHH) 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a COSHH controls checklist and relevant safety data sheets. This provided information on substances that are hazardous and the instructions for safe use within the practice.

The practice had an accident reporting policy and a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book that was completed when an accident occurred. At the time of the inspection the practice did have a business continuity and disaster recovery policy, however a large part of the information such as telephone numbers and certificates were not contained within the detail.

#### Improvement needed

The practice must ensure that the business continuity plan is complete and fit for purpose containing all the necessary information.

#### 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 room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

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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 evidence that the log books for checking the sterilisation equipment were maintained. There was an infection control policy and sharps safety policy in place and the practice had a designated infection control lead.

Staff had access to and used personal protective equipment when working in the decontamination areas.

All clinical staff were aware of the sharps injury protocol<sup>6</sup>.

We saw evidence that most mandatory training was up to date. However there was no system in place for monitoring compliance and this had resulted in some courses such as safeguarding being booked late. We recommend the practice develops a training matrix to remedy this.

We saw evidence that the practice was re-using matrix bands. We recommend that the practice uses single use matrix bands.

The practice had a limited supply of ultrasonic hand pieces for use by the hygienist. The practice must increase the number in rotation to ensure it maintains infection prevention and control standards.

We saw evidence that the practice undertakes regular infection control audits in accordance with WHTM 01-05.

#### Improvement needed

The practice should introduce a system for monitoring mandatory training compliance.

The practice must ensure matrix bands are single use only.

The practice must increase the number of ultrasonic hand pieces.

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<sup>6</sup> The European Council Directive 2010/32/EU (the Sharps Directive) was introduced to prevent injuries and blood-borne infections to hospital and healthcare workers from sharp instruments such as needles. The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 implement aspects of the directive that are not specifically addressed in existing GB legislation

## Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy.

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardiorespiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to their role<sup>7</sup>. We saw evidence that all staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had two appointed first aiders.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>8</sup>.

We noted that prescription pads were kept securely.

Staff were aware of the MHRA Yellow Card Scheme<sup>9</sup> for the reporting of problems experienced with medicines or medical devices

## Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults which contained the contact details for the relevant safeguarding agencies. As identified in an earlier section of this report, some staff had not completed the mandatory safeguarding training in both the protection of children and protection of vulnerable adults. The practice must ensure that all staff complete safeguarding training for both children and adults. The principal dentist is the designated safeguarding lead and when she undertakes training we would suggest consideration is given to undertaking this to level three.

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<sup>7</sup> <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

<sup>8</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration

<sup>9</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

There were arrangements in place for staff to raise any concerns with regular recorded meetings.

#### Improvement needed

The practice must ensure that all staff have the required safeguarding training and that this remains in date. Also to consider the safeguarding lead being trained to level three

#### Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained, was comprehensive and contained all the essential information.

In accordance with regulations, the practice had a policy in place relating to the maintenance and safety of equipment.

In accordance with the requirements of the General Dental Council<sup>10</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>11</sup>, all clinical staff had completed the required training.

We identified that the local rules<sup>12</sup> in both surgeries were out of date and recommended these be updated

#### Improvement needed

The practice must ensure local rules for both surgeries are up to date

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<sup>10</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>11</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)

<sup>12</sup> <https://hygeia.co.uk/radiography-local-rules/>

## **Effective care**

### **Safe and clinically effective care**

Patients benefit from a practice that seeks to continuously improve the services it provides.

We identified that recording of consent on patient records was inconsistent with the use of acronyms. We recommend that this is recorded more clearly for every patient.

Older paper patient records were not very clear and concise. We recognise the practice is in the process of moving across to fully a computerised notes system which will improve the standard of recording.

During inspection we saw that smoking cessation referral routes and cancer screening recordings were inconsistent and not always clear on the notes.

#### **Improvement needed**

The practice must clearly obtain and record patient consent on records.

The practice must expedite its move across to electronic notes.

The practice must clearly identify smoking cessation routes and cancer screening of patients within patient notes.

### **Information governance and communications technology**

The practice had electronic and paper records and we noted that the storage of these was appropriate to ensure the safety and security of personal data. Electronic files were regularly backed up and stored appropriately

#### **Record keeping**

We reviewed a sample of patient records. We found there was a lack of consistency in the recording of information. In addition, we found in some records, there were omissions for:

- The evidencing of NICE recalls<sup>13</sup>
- Recording of verbal consent
- Soft tissue examinations
- Oral cancer screening findings
- Social history
- Countersigning of medical histories
- Charts to be dated to reflect examination and treatment for each visit

We recommend that patient notes are completed in accordance with current guidelines and to maintain professional standards. We noted that the principal dentist was completing both paper and electronic records for each patient, which has resulted in some of the above information being missed and it being confusing to read a patient's dental history. We advise that consideration is made to use electronic records only.

#### Improvement needed

The recording of information should be in accordance with current professional guidelines and standards.

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<sup>13</sup> <https://www.nice.org.uk/guidance/cg19>

## 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 saw evidence of a strong management structure with clear defined roles for staff. The practice has a long history and long standing staff members. There was a strong team ethic and good team spirit evident.

The practice had a comprehensive range of relevant policies and procedures in place to support the staff in their roles. We also noted that there were annual staff appraisals and regular staff meetings.

## Governance, leadership and accountability

The Family Practice is owned by the principal dentist. There is a designated practice manager and a strong team with designated roles and responsibilities

We noted a range of policies and procedures were in place to ensure the safety of both staff and patients.

We were provided with a copy of the Statement of Purpose which contained all the relevant information. However, HIW's contact details must be provided in the section describing the practice's arrangements for dealing with complaints.

The principal dentist confirmed she was aware of her duties regarding notifications, including serious injury to patients and absence or changes to the registered manager that must be sent to HIW under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We noted the practice had a public liability insurance certificate.

## Staff and resources

### Workforce

The practice had a number of Human Resource related policies and procedures in place, including a recruitment and selection policy.

We noted that all staff had a contract of employment that was retained on staff files. We also noted that the practice had a staff training policy in place. The practice was well staffed and was able to ensure continuity of service in the event of staff absence.

We saw evidence that regular staff appraisals take place which are documented. We were told that Personal Development Plans were being introduced and there was evidence of this.

As referred to earlier in the report, we noted that not all clinical and nonclinical staff had completed training in all areas relevant to their roles, and to meet their Continuing Professional Development requirements.

The practice holds regular team meetings to discuss a number of topics, and we saw meeting minutes were also available.

The Regulations for Private Dentistry 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 both clinical and non-clinical staff.

Clinical staff require immunisation against Hepatitis B. This is to protect themselves and patients. The practice provided proof of immunity for all members of its permanent 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 1999](#), 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 on this inspection			

## Appendix B – Immediate improvement plan

**Service:** The Family Practice, Morfydd Street, Swansea

**Date of inspection:** 10/12/2018

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
There were no immediate non compliance issues				

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:** The Family Practice, Morfydd Street, Swansea

**Date of inspection:** 10/12/2018

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>				
	1.1 Health promotion, protection and improvement; Insert appropriate part of PDR			
	4.1 Dignified Care; Insert appropriate part of PDR			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	4.2 Patient Information, <i>Insert appropriate part of PDR</i>			
	3.2 Communicating effectively; <i>Insert appropriate part of PDR</i>			
	5.1 Timely access; <i>Insert appropriate part of PDR</i>			
	6.1 Planning Care to promote independence; <i>Insert appropriate part of PDR</i>			
The practice must make provision for people with restricted mobility to use the toilet facilities	6.2 Peoples rights; <i>Insert appropriate part</i>	Hand rails to assist people with restricted mobility are being installed.	Nicola Young Principal Owner	End of April 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	of PDR			
	6.3 Listening and Learning from feedback, <b>Insert appropriate part of PDR</b>			
<b>Delivery of safe and effective care</b>				
The practice must ensure that the business continuity plan is complete and fit for purpose containing all the necessary information.	2.1 Managing risk and promoting health and safety; <b>Insert appropriate part of PDR</b>	Already been actioned, all necessary information included and completed.	Tracy Hardwick Practice Manager	February 2019
<p>The practice should introduce a system for monitoring mandatory training compliance.</p> <p>The practice must ensure matrix bands are single use only.</p> <p>The practice must increase the number of ultrasonic hand pieces.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination, <b>Insert appropriate part of PDR</b>	<p>In addition to the personal development plans all staff have for their registration a mandatory training compliance table has been created which allows all these topics to be clearly highlighted and completion monitored for all the practice staff.</p> <p>Matrix bands are no longer re-banded for each patient using autoclaved</p>	Tracy Hardwick Practice Manager	February 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		holders, but a fully disposable single use product is now standard. Ultrasonic handpieces have already been purchased in January 2019		
	2.6 Medicines Management; Insert appropriate part of PDR			
The practice must ensure that all staff have the required safeguarding training and that this remains in date. Also to consider the safeguarding lead being trained to level three	2.7 Safeguarding children and adults at risk; Insert appropriate part of PDR	All staff are booked on the safeguarding course on 1st March 2019 Nicola Young as safeguarding lead will attend next available level 3	Tracy Hardwick Practice Manger	March 2019 1 <sup>st</sup>
The practice must ensure local rules for both surgeries are up to date	2.9 Medical devices, equipment and diagnostic systems; Insert appropriate part of PDR	All local rules have been updated.	Tracy Hardwick Practice Manager	December 2018
The practice must clearly obtain and record	3.1 Safe and	All notes are now electronic and all	Nicola Young	December

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>patient consent on records.</p> <p>The practice must expedite its move across to electronic notes.</p> <p>The practice must clearly identify smoking cessation routes and cancer screening of patients within patient notes</p>	<p>Clinically Effective care; <b>Insert appropriate part of PDR</b></p>	<p>aspects highlighted are more clearly recorded and marked with smoking habit and cessation notes and cancer screening of patients.</p>	<p>Principal Owner</p>	<p>2018</p>
	<p>3.3 Quality Improvement, Research and Innovation; <b>Insert appropriate part of PDR</b></p>			
	<p>3.4 Information Governance and Communications Technology; <b>Insert appropriate part of PDR</b></p>			
<p>The recording of information should be in accordance with current professional guidelines and standards</p>	<p>3.5 Record keeping; <b>Insert appropriate part</b></p>	<p>All records are now electronic and meet all guidelines and standards required.</p>	<p>Nicola Young Principle Owner</p>	<p>December 2018</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	of PDR			
<b>Quality of management and leadership</b>				
	Governance, Leadership and Accountability; Insert appropriate part of PDR			
	7.1 Workforce; Insert appropriate part of PDR			

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): TRACY HARDWICK**

**Job role: Practice Manager**

**Date: 20/02/2019**