

**General Dental Practice
Inspection [Announced]
Hywel Dda University Health
Board, Friars Dental Clinic**

14 October 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Friars Dental Clinic at Park Avenue, Aberystwyth, SY23 1PB which forms part of Hywel Dda University Health Board on 14 October 2014.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in *Doing Well, Doing Better: Standards for Health Services in Wales*¹.

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

- Information held by Healthcare Inspectorate Wales (HIW)
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient medical records
- Examination of practice policies and procedures; equipment and premises
- Information within the practice information leaflet and website

¹ Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1st April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. www.weds.wales.nhs.uk/opendoc/214438

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

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

Please note that dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

3. Context

Friars Dental Clinic provides services to approximately 4,900 patients in the Aberystwyth area of Ceredigion. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board. The practice employs a staff team which includes; two dentists, one hygienist, three dental nurses, one practice manager and one receptionist.

The services provided include:

- Both Private and NHS treatment
- Hygienist

4. Summary

HIW reviewed how Friars Dental Clinic meets the Doing Well, Doing Better: Standards for Health Services in Wales.

Overall, we could not be assured that the provision of dental care and treatment was supported by a range of well established management systems and processes which ensured that patients' care and treatment was delivered safely and in a timely way. We found that there had been a recent change of ownership (1 September 2014) from Denticare Limited to Integrated Dental Holdings Group (IDH) and therefore the practice was in a period of transition.

There had also been a number of changes over the past few years in the dentists practicing at Friars Dental Clinic and the practice manager having a prolonged time of leave. This meant that people were not likely to receive care from staff who were familiar to them and staff were not working within robust management systems.

Notwithstanding the above; most people told us that they were satisfied with the standard of care they received at the practice and received sufficient information about their treatment. Feedback from the patient questionnaires was positive on most areas of care.

However, we could not be assured that care and treatment was always planned and consistently delivered in a way that was intended to ensure people's safety and welfare and on the day of the inspection we could not be assured that the practice was being effectively run.

People using the practice and staff could be assured that the building was safe and people's privacy was protected.

5. Findings

Patient Experience

Overall most people told us that they were satisfied with the standard of care they received at the practice and received sufficient information about their treatment. Feedback from the patient questionnaires was positive on most areas of care.

Prior to the inspection, we asked the practice to distribute 20 (HIW) questionnaires to patients in an attempt to obtain people's views on the dental services provided. In addition, we spoke with a small number of people who were receiving treatment on the day of the inspection (four people).

20 questionnaires were returned. Both the people who completed the questionnaires and those spoken with had been using the service for between six months and 34 years. All (24 people) indicated that the practice team usually made them feel welcome with comments such as;

“there is a nice atmosphere in the practice and the staff and waiting

rooms are modern and comfy”

and

“This is the best practice I have ever been to and I am very happy with the service I get”.

Most people (23) felt that they were involved in making decisions about their care, with only one person stating there was not enough information about treatment. This person felt that due to different opinions the care was *“not the best”*. Examination of a sample of patient records and conversations with two of the dentists disclosed different ways of working. One dentist confirmed that treatment options were discussed with patients following consultations. The records scrutinised for this dentist showed that they were updated after each visit; detailing the treatment patients had been given, as well as future plans. However the second dentist stated that treatment plans were discussed with people, but this was not evident in this dentist's records. Discussion with the practice manager indicated that people do not have a treatment plan to take away and read.

Recommendation

**All people must have written dental plans for each course of treatment.
Also, plans must be updated if the treatment changes.**

Responses to the question concerning how to access the out of hours service, indicated that half the people would not know how to access care when the practice was closed. There was only a small note on the front door, which was very difficult to see, outlining a telephone number to call in an emergency. The practice manager stated that the on call dentist could be contacted via NHS Direct or via the telephone number left on the practices answer phone.

Recommendation

The practice needs to ensure they make the telephone numbers for the out of hours service easily accessible to people.

There was a flexible appointment system in place and people could book appointments both in advance and on an emergency basis. This meant people could be confident that there was a system in place to try to ensure they were seen quickly when required. 15 people stated that they were satisfied with this system and had not experienced any delay in their appointment time. Eight said there had been delays but they added;

“some delay sometimes but usually a good reason”

“delays, but the wait was an acceptable time”

Only one person felt the delays were not acceptable.

We noted there was only a very small sign (which was difficult for people with any sight impairment to read) on the front door indicating the opening times for the practice.

Recommendation

The practice needs to ensure they make information about opening hours easily accessible to people.

Whilst there was a complaint process visible on the downstairs waiting room wall, this was not up to date and was not consistent with the “Putting Things Right”² guidance. When we asked people if they would know how to make a

² Putting things Right is the integrated processes for the raising, investigation of and learning from concerns (complaints). Concerns are issues identified from patient safety incidents,

complaint or raise a concern the majority, 16 people in total, said they would not know. Eight said they would know, however none knew they could contact HIW. There was no patient information leaflet giving relevant information regarding the practice which would include how to raise a concern (complaint).

Recommendation

The practice needs to ensure they make patient information leaflets (which should outline the services offered by the surgery, including the complaints process) easily accessible to people. The leaflets must be fully compatible with the 'Putting Things Right' arrangements.

When questioned regarding their views on the overall service they received, almost everyone indicated they were satisfied; with comments such as; “*very satisfied*”, “*very happy with service provided*”, “*always polite and pleasant*” and “*my dentist is always there for my dental care and I can only praise for the attention to detail that’s given*”. One person however, was not satisfied and told us that it was likely that this would be the last visit to the practice.

In addition to the questions asked, some people made personal observations and suggestions to improve the service which included;

“I do feel that it is very good for the community that this practice takes NHS patients. I do feel that private and NHS patients must be treated equally. In this practice it would be good for a stair lift to be installed for elderly people to gain access to upstairs surgery. All in all 8 out of 10”

Further discussion with staff, regarding access for less able people indicated that arrangements would be in place for people with mobility problems to be seen in one of the downstairs surgeries.

Another person commented;

The practice seemed to go through a period of time when there was a frequent turnover of dentists which resulted in a lack of continuity and disagreements in care plans and treatment. This does seem to have resolved recently”.

Delivery of Standards for Health Services in Wales

We could not be assured that care and treatment was always planned and consistently delivered in a way that was intended to ensure people's safety and welfare.

Patient Records

Records were kept at the practice on a computer database, with some information being held in paper records. Scrutiny of a sample of eight dental records (i.e. four patient records for each dentist working at the practice) indicated that although people's needs were assessed, the care and treatment was not planned and recorded robustly. We found that half the records had no written medical history. Where this was present, it had not been signed by the patient. There were updates to medical conditions within all the patient's records but the details were only written in half of the records. Only three of the eight had previous dental histories recorded; none had a social history which included alcohol and tobacco use. With regard to treatment plans, we saw one recorded, five did not have any and two were deemed not suitable to have a full treatment plan. Only three of the eight had consented to treatment; and only half had been recalled within the National Institute for Health and Care Excellence (NICE)³ guidelines.

Recommendation

With the exception of the previous dental history and the social history (which are only recommended) the recording of consent to treatment and the agreed care and treatment plans, is mandatory under the Standards for Health Services Wales –Doing Well Doing Better 2010 and therefore must be maintained.

Where people had received radiographs (X-Rays) there was very little evidence of clinical evaluation of the x-ray. Also when a local anaesthetic (injection) had been given the amount or the site was not recorded. This does not ensure safe or effective practice.

³ The NICE dental recall clinical guideline helps clinicians assign recall intervals between oral health reviews that are appropriate to the needs of individual patients.

Recommendation

The records relating to radiography and local anaesthetics are mandatory under the Standards for Health Services Wales –Doing Well Doing Better 2010 and therefore must be maintained.

When we discussed with the dentists the poor quality of recording, one stated it was because the computer system was often not working and the reception staff could not always scan the treatment plans to give to people.

Drug Storage and Emergency Equipment

Exploration of how emergency drugs were kept at the practice revealed that they were securely stored. We also found that there were suitable arrangements in place to ensure that expired drugs were promptly replaced.

There was a dedicated First Aider and the first aid kit was stored behind the reception desk, within easy reach. Equipment required in the case of an emergency was available with certain items stored in each surgery as well as within the first aid kit.

Decontamination

Observation of the procedures in place concerning decontamination of instruments revealed that although there were some appropriate measures in place, there was no daily log book for recording the checks undertaken. For example, there was no validation record for each wash cycle; there was no plan to use washer-disinfector to clean and disinfect hand pieces or use of dedicated cleaning equipment. Conversation with the practice manager led to confirmation that there were no routine quarterly audits (checks) in relation to infection control requirements in accordance with the Welsh Health Technical Memorandum (WHTM 01-05) ⁴. We did notice however that there were dedicated hand washing facilities in key areas of the practice premises.

⁴ <http://wales.gov.uk/topics/health/cmo/professionals/dental/publication/cdo-letters/decontamination2/?lang=en>. The WHTM 01-5 document provides professionals with guidance on decontamination in primary care practices and community dental practices.

Recommendation

The practice must undertake quarterly audits of infection control requirements in line with WHTM 01-05 and ensure they are meeting appropriate standards for decontamination.

Radiographic equipment

Further concerns were identified following the scrutiny of the Radiation Protection file. For example there was no named radiation protection adviser, no identification and demarcation of controlled areas, no record of dose investigation levels and no quality assurance system regarding the image quality. We also found that there was no radiation equipment check certification. This has also been dealt with in the Management and Staffing section of the report.

Recommendation

The practice needs to ensure that robust records are maintained with regard to radiographic equipment and radiation protection procedures.

Management and Leadership

On the day of the inspection we could not be assured that the practice was being effectively run.

Although there was an experienced practice manager working on the day of the inspection, this person had only recently returned to work after a prolonged period of leave. During this time the practice had changed ownership and there had been significant changes such as a new electronic system, new policies and procedures and new organisational responsibilities and accountability. The practice manager worked three days a week, was responsible for two practices and had two part time support managers (one in each practice) who worked the remaining two days of the week. This ensured that there was a manager available throughout the working week.

However, we found that the practice was not running as efficiently as necessary to ensure a consistently safe and accountable service for people. Scrutiny of a range of policies and procedures showed that the service was not underpinned by a range of management systems and quality assurance processes to ensure that patients care and treatment was delivered safely and in a timely way. We saw that there were some IDH policies; some Denticare policies and some NHS policies. Most had not been reviewed annually to ensure guidance was up to date. We also saw that there was no contact for Occupational Health support and discussion with the practice manager indicated that in the past they have relied upon the Health Board for this support. We requested that this arrangement be clarified with IDH with the relevant information made available to all staff by means of a displayed poster. The practice manager agreed to address this issue.

Recommendation

Policies and procedures need to be surgery specific and need to be reviewed annually to ensure guidance is up to date.

The practice did not have a system to regularly assess people's views and act upon them. This would ensure that the practice was offering a service which met the needs of it's population and improved the service in line with peoples' views.

Recommendation

The practice should regularly assess people's views and act upon them.

Individual staff files were plastic "poly pockets" with no consistent information stored. The "poly pockets" were stored together in a box file. It was difficult to audit staff registration numbers, clinical updates, personal details, appraisals, or

current ionising radiation training. There was no evidence of current Disclosure and Barring Service (DBS) checks, employment contracts or induction/orientation programmes which are mandatory within the Standards for Health Services in Wales – Doing Well Doing Better 2010. One dentist did not have the required Ionising Radiation Certificate required by the Ionising Radiation Regulations 1999. We did not see evidence of associate contracts for two of the dentists working for IDH. Due to the seriousness of the lack of DBS checks and Ionising Certificate, HIW issued an Immediate Assurance letter to the practice on the 16 October 2014. This letter requests that the practice notify HIW (by means of an action plan) within seven working days detailing how they intend addressing the issues.

Recommendation

Appropriate system need to be in place to ensure staff information can be easily accessed and reviewed.

We also found that although some members of the staff team were well established; some having worked at the practice for many years, there had been a high turnover of dentists over the past two years which had significantly affected the quality of the service being offered as a whole. This meant that patients were sometimes unlikely to receive care from staff who were familiar to them.

The practice manager told us that administrative and nursing staff, along with dentists and the practice manager, attended regular monthly staff meetings. This was an opportunity to raise any issues of concern about the services being provided. These meetings were also used to convey new/relevant information to the dental team. However we were told that these meetings had not been held regularly in recent months with staff indicating that there had probably been only one or two this year. On this occasion we did not look at the notes that had been taken at those events.

Recommendation

The practice must ensure that it has regular staff meetings to discuss new ways of working and for sharing lessons learned from concerns raised. These meetings including the agenda must be recorded and stored in a file.

Examination of a variety of maintenance certificates held at the practice revealed that there was not a suitable system and management process in place to ensure that all equipment was inspected in a timely way and in

accordance with mandatory requirements. We found that there was no current Data Protection Certificate, 3 Year Critical Test for X-Ray equipment, no plan for washer disinfectors, no infection control audits, no laboratory registration certificate, no health and safety poster, no manual handling poster and no evidence of instruments used within specified time of processing. This is not an exhaustive list but indicates that there are significant areas of improvement for the maintenance and safety of equipment and working practices.

Recommendation

The practice must have a robust system to ensure that equipment is maintained and safe for use.

Discussion with staff indicated that there was an identified First Aider but no identified persons with responsibility for Health and Safety or Decontamination.

Recommendation

There should be identified personnel with responsibility for health and safety and decontamination.

Further discussion with staff indicated that there were no routine clinical audits undertaken. This was confirmed by the scrutiny of patient's dental records where there was no evidence of clinical audits verified by dentists. There was mention, by the practice manager, of a clinical mentor who undertook audits however there was no evidence of the work undertaken.

Recommendation

The practice must undertake internal clinical audits to ensure consistency and safe practices.

Quality of Environment

People using the practice and staff could be assured that the building was safe and people's privacy was protected.

Friars Dental Clinic is an established practice situated in Aberystwyth. There is no dedicated car parking, however there were car parking spaces available along the side road near to where the practice is situated. There was also a pay and display car park within a short walking distance.

Patients with mobility difficulties are able to access the practice building. This is because the premises are wheelchair accessible via a removable ramp over the main and first door entry steps which led to the reception area. In addition, some of the patient treatment rooms/surgeries are situated on the ground floor.

The practice has a reception area on the ground floor, three surgeries and waiting areas arranged over two floors and a designated ground floor room for the oral hygienist. Observations made during the inspection confirmed the size of the waiting areas are appropriate for the number of surgeries.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally. There had been a recent redecoration programme whereby some rooms had been painted; this did not include the upstairs staff toilet as this continued to look tired and worn. This room also required a sanitary disposal box. Fire extinguishers were placed in strategic places and had been serviced regularly with the next service due in October 2014.

The waiting areas, surgeries and circulation areas were clean, tidy and satisfactorily lit and ventilated. However the hygienist's surgery was not clean and instruments were seen lying on work tops not in sealed packets and instruments in the drawers were stored in an untidy manner.

Recommendation

The hygienist must ensure that the surgery is maintained to an acceptable standard of cleanliness to safeguard the health and safety of people using the service.

There are toilets available on the ground floor with appropriate hand washing signage, heated dryer and paper towels. However there was no soap available on the day of inspection.

Appropriate arrangements were seen to be in place for the safe storage and security of paper and electronic records with a corporate centrally located back-up system for electronic records. Security precautions were also in place to prevent unauthorised access to areas of the building not used by patients. An added security feature had recently been installed but was not yet activated.

Some areas of the practice were seen to be cluttered with boxes and stored items. Discussion with the practice manager indicated that better use of an upstairs room would provide storage in a safe environment. The practice manager agreed to address this situation.

The names, qualifications and registration of all dentists working at the practice were displayed behind the reception desk. There was a list of all staff working at the practice but it did not display their Registration numbers and designation.

Recommendation

The practice must visibly display a list of staff working at the practice, their designation and registration numbers where applicable.

We discussed the out of hours arrangements for the practice and found that they shared this on a rota system with another local dentist. When asked how the arrangements worked in Friars Dental Clinic, it was explained that the dentist would meet the person at an arranged time outside the practice. Further exploration of the arrangements confirmed that there was no receptionist or dental nurse in attendance. The dentist at this point was a lone worker. These arrangements must not continue and the practice should arrange for an appropriate member of staff to chaperone the dentist. This ensures a safe environment for both the people attending for treatment and the dentist involved.

Recommendation

The practice must ensure that there are adequate numbers of staff included in the out of hours rota to maintain a safe environment.

There were contracts in place for the removal of clinical and non-hazardous waste and the bags and bins were stored securely.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of all four areas of the inspection. The details of this can be seen within Appendix A of this report.

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

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

Appendix A

General Dental Practice: Improvement Plan

Practice: Friars Dental

Date of Inspection: 14 October 2014

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	Patient Experience			
Page 7	All people must have written dental plans for each course of treatment and must be updated if the treatment plan changes during the course of the treatment.	Practice meeting to be held to ensure all staff and clinicians to reinforce the importance of issuing patients with a written treatment plan for both NHS and Private treatment. It will also be discussed that any changes to these plans during the course of treatment will be updated onto the plans and a new copy issued patients. Therefore patients will always be kept up to date with the treatment needed and the cost of treatment including options of choice. Going forward the Practice Manager will do regular spot checks on these treatment plans to ensure they are being completed for every patient, accurately and thoroughly. In order to maintain this any future	Practice Manager and Clinical Support Manager	In place as of 20 th November 2014

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
		improvements needed will be discussed with the clinicians on an individual basis and or in team meetings. The Clinical Support Manager will attend the practice and reinforce this also.		
Page 7	The practice needs to ensure they make the telephone numbers for the out of hours service easily accessible to people.	Out of hours contact details to be displayed either on the plaque outside the practice or displayed clearly in the window for patients to see. These details will also be displayed in the waiting room.	Practice Manager	23/02/15
Page 7	The practice needs to ensure they make information about opening hours easily accessible to people.	Information regarding opening times will be clearly displayed outside of the practice (similar to the above) and also on the Patient Information leaflets which will be available on reception and in the waiting room.	Practice Manager	23/02/15
Page 8	The practice needs to ensure they make patient information leaflets (which should outline the services offered by the surgery, including the complaints process) easily accessible to people. The leaflets must be fully compatible with the 'Putting Things Right' arrangements.	Update the patient information leaflets to ensure services offered by the surgery, complaints process and information covering the 'Putting Things Right' will be included. These leaflets will also be made accessible to patients on reception and in the waiting rooms. Going forward the Practice Manager will also make sure stock levels are maintained so the information leaflets are always available to patients.	Practice Manager	26/01/15
Delivery of Standards for Health Services in Wales				

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Page 10	With the exception of the previous dental history and the social history (which are only recommended) the recording of consent to treatment and the agreed care and treatment plans, is mandatory under the Standards for Health Services Wales – Doing Well Doing Better 2010 and therefore must be maintained.	Practice Meeting will be held with all clinicians to discuss the importance of recording consent of treatment at the beginning of a new course of treatment and during treatment at every appointment. PR Patient consent forms will be completed for every new course. Both written and verbal consent will be recorded on all patients' clinical notes. The Clinical Support Manager will attend the practice and reinforce this also. Regular audits will be undertaken to maintain this.	Practice Manager and Clinical Support Manager	05/01/15
Page 11	The records relating to radiography and local anaesthetics are mandatory under the Standards for Health Services Wales – Doing Well Doing Better 2010 and therefore must be maintained.	Clinicians will complete an x-ray log for all x-rays taken this will include the grading, positioning, dentition and diagnosis. Clinicians will also ensure that batch numbers and expiry dates are included in their clinical notes when administering local anaesthetics. Regular audits will be undertaken to maintain this. The Clinical Support Manager will attend the practice and reinforce this also.	Practice Manager and Clinical Support Manager	05/01/15
Page 12	The practice must undertake quarterly audits of infection control requirements in line with WHTM 01-05 and ensure they are meeting appropriate standards for decontamination.	The Practice Manager and Cross Infection Lead will conduct a quarterly Infection Prevention Society (IPS) Audit to ensure the practice is adhering to essential standards within the WHTM 01-05 guidelines. They will also complete an IPS action plan and work towards 'Best Practice'	Practice Manager, Cross Infection Lead and Area Development Manager	IPS audit completed on 21/10/2014 – next audit to be completed in January.

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
		standards. The Cross Infection Lead will do routine checks in surgeries and observations in the decontamination room. All decontamination procedures and sterilisation testing will be recorded in surgery checklists and decontamination log books. Area Development Manager to complete Quality Assurance checks and support the action plan for the practice to reach 'Best Practice'.		ADM to carry out quality assurance checks in December
Page 12	The practice needs to ensure that robust records are maintained with regard to radiographic equipment and radiation protection procedures.	The Radiation Protection file will be updated to include Bi-annual equipment checks, Daily checks on Radiography equipment, Irmer Training records to be kept up to date by RPS' within the practice. 3 yearly Critical Examinations will be completed on all x-ray machines and records kept up to date at the practice. Any actions required on the Critical Examinations will be completed immediately. Daily Step Wedge tests will be completed on every x-ray machine.	Practice Manager	09/02/15
Management and Leadership				
Page 13	Policies and procedures need to be surgery specific and need to be reviewed annually to ensure guidance is up to date.	All company policies to be updated annually and updated versions to be shared and implemented with the staff. Company policies requiring practice specific details inputting should be completed.	Support Centre and Practice Manager	23/02/15

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Page 13	The practice should regularly assess peoples' views and act upon them.	Patient feedback should be gathered on a daily basis through the use of feedback forms. Each month the feedback should be analysed and shared in practice meetings. Learnings and changes as a result of feedback should also be shared with patients.	Practice Manager	26/01/15
Page 14	Appropriate system need to be in place to ensure staff information can be easily accessed and reviewed.	Practice Meet the Team Poster should be displayed for patients to see. Each member of staff should have a personal file on record containing all recruitment documents (i.e. eligibility to work, DBS, References, CV, Hep B Vaccinations, appraisals etc.). These personal files should be organised and audited on a regular basis including a record of training certificates.	Practice Manager	05/01/15
Page 14	The practice must ensure that it has regular staff meetings to discuss new ways of working and for sharing lessons learned from concerns raised. These meetings including the agenda must be recorded and stored in a file.	Practice meetings to be held once a month. Practice Manager to book these in advance for the year. Meeting minutes must be recorded for all meetings and the agenda must include patient feedback/compliments/complaints and anything that is recorded on NHS Choices. Lessons learnt and changes made to improve our services will also be documented in the minutes.	Practice Manager	20 th Nov- Monthly Staff meeting dates booked for 2015
Page 15	The practice must have a robust system to	Data Protection Certificate will be updated and displayed. 3 Year Critical Test for X-Ray	Practice Manager	05/01/15

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	ensure that equipment is maintained and safe for use.	equipment has been completed by company called DBG and certificates are now in the radiation protection file as evidence. A plan for washer disinfectors will be included into the IPS Action plan for future plans to be working to best practice, infection control audits has now been completed, laboratory registration certificate will be gathered from each lab and kept on file, health and safety poster is displayed in the staff room, manual handling poster to be ordered and displayed. Cross infection lead will oversee and do spot checks on bagging of instruments to ensure date stamping of 12 months is happening at all times during the sterilisation process.		
Page 15	There should be identified personnel with responsibility for health and safety and decontamination.	Practice Manager to oversee Health and Safety responsibilities and will also ensure 2 members of staff are trained as fire Marshals and another trained in first aid. Practice Manager to also appoint a member of the team to become the Cross Infection Lead. Training must be given to the Lead and clear job description/roles and responsibilities must be discussed and documented.	Practice Manager	23/02/15
Page 15	The practice must undertake internal	Record Card Audits, Radiography Audits, Antimicrobial Prescription Audits, Referral Audits	Practice Manager, Clinical Support	26/01/15

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	clinical audits to ensure consistency and safe practices.	and the IPS Audit will all be completed on a 6 monthly basis and the results analysed. Should the results highlight any issues where improvement is need the Clinical Support Manager will complete 121's with the clinicians and set them clear action plans. These audits may then be repeated on a more frequent basis to ensure improvements are made and sustained. Area Development Manager will complete regular checks on these audits also.	Manager and Area Development Manager.	
Quality of Environment				
Page 16	The hygienist must ensure that the surgery is maintained to an acceptable standard of cleanliness to safeguard the health and safety of people using his service.	Practice Manager and Cross infection Lead to investigate why the hygienist is struggling to maintain the surgery to an acceptable standard. Once the issues around this have been established support should be provided to the hygienist to ensure cleanliness of the surgery is maintained to an acceptable standard. Be it providing them with a nurse to help decontaminate or allowing more time to clean between patients etc. Practice Manager and Cross Infection Lead to monitor this and make changes to support Hygienist.	Practice Manager and Cross infection Lead	05/01/15
Page 16	The practice must visibly display a list of staff working at the practice, their	'Meet the Team' poster must be displayed in the waiting room and on reception. This must include	Practice Manager	05/01/15

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	designation and registration numbers where applicable.	their registration numbers etc.		
Page 16	The practice must ensure that there are adequate numbers of staff included in the out of hours rota to maintain a safe environment.	Practice Manager to review the rotas and discuss further with the Area Development Manager for more options of providing staff. Practice Manager to plan rotas at least a month in advance.	Practice Manager and Area Development Manager	05/01/15

Practice Representative:

Name (print):Emma Holden.....

Title:Practice Manager.....

Signature:E J Holden.....

Date:24th November 2014.....