

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board, **IDH**

**Thomas Street Dental
Practice**

9 February 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to IDH Thomas Street Dental Practice at 45 Thomas Street, Llanelli within the area served by Hywel Dda University Health Board on 9 February 2015.

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 Wales¹.

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

- Information held by 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
- Examination of 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

- HIW patient questionnaires.

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.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

3. Context

IDH Thomas Street Dental Practice provides services to patients in the Llanelli area. 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 five dentists, nine nurses, two receptionists and one practice manager.

A range of general dental services are provided, including dental implants and teeth whitening. Approximately 60% of patients are treated privately and 40% are NHS patients.

As IDH Thomas Street Dental Practice is a mixed practice providing both private and NHS dental services, any dentist working at the practice who is also registered with HIW to provide private dentistry will also be subject to the provisions of The Private Dentistry (Wales) Regulations 2008 and Private Dentistry (Wales) (Amendment) Regulations 2011.

4. Summary

HIW explored how IDH Thomas Street Dental Practice meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

All patients we surveyed and spoke to said they were satisfied with the service they received from the dental practice. We recommended the practice make improvements to the information given to patients and to the methods for gaining patient feedback.

We found care and treatment was planned and delivered safely to patients. In general, patient records at the practice were satisfactory, but we recommended that some improvements should be made regarding social history, treatment planning, treatment options, informed consent, mouth cancer screening and notes relating to radiographs.

We saw that the practice was being run safely, with systems in place to ensure patient safety. The current interim practice manager had recently been appointed whilst the existing practice manager was on long-term leave. Staff told us they appreciated the efforts of the current practice manager and we saw evidence of their work over the last few months to ensure the smooth running of the practice.

We found the building was appropriately maintained and provided a safe environment for patients to receive treatment. Access to the practice was suitable for wheelchair users.

5. Findings

Patient Experience

All patients we surveyed and spoke to said they were satisfied with the service they received from the dental practice. We recommended the practice make improvements to the information given to patients and to the methods for gaining patient feedback.

Twenty patient questionnaires were completed prior to the date of inspection. We also spoke to four patients on the day of inspection. All patients said they were satisfied with the care they received at the practice and felt welcomed by staff.

A sample of patient comments included the following:

“All staff are very pleasant and professional. Always been fitted in if an emergency appointment is needed. My dentist is very understanding of my fears and deals with me with compassion, patience and understanding.”

“I always find the staff very friendly and welcoming. Nothing is too much trouble. They are very accommodating.”

“Have been in this dentist since a teenager. Have seen a couple of different dentists since I’ve been here. They have all been very good.”

“Staff and dentist are very professional and friendly and make my visits very comfortable.”

One of the patients we spoke to on the day of inspection said they were nervous about coming to the dentist, but said their dentist was very good and helped put them at ease.

The majority of patients said they had not experienced delay in being seen by the dentist and knew how to access out of hours dental services. We saw a sign outside the practice window with the emergency contact number for ‘out of hours’ services and we confirmed there was a contact number provided on the practice’s answer phone message.

All patients said they received enough information about their treatment. When asked if they were given enough information, one patient said “yes, *everything always well explained*”. Staff told us treatment options were discussed with

patients. However, we have made a recommendation about the recording of treatment options in patient notes in the following section on Delivery of Standards for Health Services in Wales (page 12).

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. We were told that daily thirty minute slots for emergency appointments were available for each dentist. This means patients could be seen quickly when required.

We saw evidence that patient surveys had previously been conducted at the practice. The practice manager told us that surveys had not been conducted recently, but planned to conduct these on a regular basis in future. We suggested the practice may also want to consider providing a suggestions box in the patient waiting area.

Recommendation

The practice should develop a method of gaining patient views and feedback to regularly assess the quality of the service provided.

Eight out of twenty patients said they were unsure how make a complaint. We saw complaints posters were displayed in the patient waiting areas. Given the comments from patients, the practice may wish to consider how the complaints posters could be made more visible to patients.

The practice had a website that was clear and easy to navigate. However, at the time of inspection, this did not include the General Dental Council² address, or a link to their website as required under the General Dental Council guidelines for advertising. The website included a section on patient feedback which confirmed that complaints should be made to the practice manager, who could also provide details of other organisations patients may wish to contact in the event they had a complaint. However, this information about other organisations should also be displayed on the practice's website in accordance with General Dental Council guidelines.

² The General Dental Council is the organisation which regulates dentists and dental care professionals in the United Kingdom. Anybody who wants to work in the UK as a dentist or dental care professional must be registered with the General Dental Council.

Recommendation

The practice should ensure that information provided on its website complies with the General Dental Council guidelines for advertising.

Private and NHS price lists were displayed in the reception area. There were no practice information leaflets available for patients. The practice told us they were in the process of being re-branded by the provider as they had recently changed ownership. As a result, they were waiting for updated copies of practice information leaflets.

We found there was minimal health promotion information displayed in the reception and waiting areas, except for leaflets on smoking cessation. We recommended the practice consider providing additional health promotion information, such as mouth cancer prevention and awareness of the sugar content in popular food and drinks.

Recommendation

The practice should consider providing patients with further health promotion information.

We suggested the practice should consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages, including Welsh. The need for this could be assessed through gaining patient feedback.

Delivery of Standards for Health Services in Wales

We found care and treatment was planned and delivered safely to patients. In general, patient records at the practice were satisfactory, but we recommended that some improvements should be made regarding social history, treatment planning, treatment options, informed consent, mouth cancer screening and notes relating to radiographs.

Clinical facilities

We looked at the clinical facilities in each surgery and found these contained relevant equipment for the safety of patients and staff. We noted that all surgeries were generally clean and tidy. We found instruments were stored appropriately to avoid contamination. Clean and wrapped instruments were stamped with the date they were cleaned and the expiry date. This means that the practice had a suitable system to ensure that instruments were not kept beyond the recommended storage period.

The practice had a suitable system for safe needle use to prevent sharps injuries to staff. We noticed the practice had purchased one of the safer systems for disposing of needles, but it was not being used by all dentists. We advised all dentists to try using this system, so they could progress to best practice.

Decontamination of instruments

The practice had a dedicated room for the cleaning and sterilisation of dental instruments and suitable processes in place to protect patients from cross infection. Dedicated hand washing sinks and disposable items were available to help with infection control. We observed that staff wore appropriate personal protective equipment when conducting the decontamination.

We saw logbooks for cleaning equipment were maintained and one of the dental nurses demonstrated the standard checks they performed at the start and end of each day. We did not see evidence of individual training records for decontamination, in accordance with Welsh Health Technical Memorandum

(WHTM 01-05)³ guidelines. However, we were told that staff were aware of the correct procedures to follow.

Recommendation

The practice should ensure that individual training records on decontamination are available for all staff involved with decontamination.

We saw evidence the practice had conducted an infection control audit in October 2014 and had developed an action plan to address the issues highlighted. We noticed the audit tool used was primarily designed for use in England and we advised the practice to use the audit tool developed by Cardiff University, as recommended by the WHTM 01-05 guidelines. We also advised the practice to provide target dates for when the actions from the infection control audit would be completed.

Waste disposal

In general, waste was handled, stored and disposed of appropriately at the practice and a current clinical waste disposal contract was in place. However, staff told us they disposed of study models/casts in the clinical waste and not in an appropriate waste container.

Recommendation

The practice should ensure that study models/casts are disposed of in the appropriate gypsum container and not in the clinical waste bags.

We also noticed that the mercury (used for some types of teeth filling) handling policy needed to be updated as there were various pieces of information in the policy, some of which were last updated in 2005.

Recommendation

The practice should ensure an up-to-date mercury handling policy is in place.

³ The Welsh Health Technical Memorandum 01-05 is a set of guidelines intended to raise the quality of decontamination (cleaning and sterilisation) work in primary care dental services.

Radiographic equipment

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available. We saw certificates to show the dentists had completed the necessary ionising radiation training. We also saw evidence that quality assurance audits for x-rays had been conducted to ensure the image quality.

Drug storage and emergency equipment

Staff had access to appropriate resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. We found evidence that staff had received up-to-date training on how to deal with medical emergencies. We saw emergency medication was stored appropriately at the practice and there was a logbook for checking the expiry of drugs. The practice manager told us that drug expiry dates were also held by the provider head office and were automatically re-ordered when required. Medication and prescription pads were kept securely at the practice.

Patient records

We looked in detail at a total of eleven patient records with samples taken from each of the dentists. Overall, the patient records at the practice were satisfactory. We also found the practice had a suitable system for obtaining medical history checks and these were countersigned by the dentist. However, we noticed the patient records for one of the dentists were inadequate. The dentist concerned agreed to make improvements. We also saw that another of the dentists previously had poor record keeping, but this had recently improved over the last few months. We discussed our findings with the dentists and practice manager.

We identified the following observations and improvements needed to patient records at the practice:

- Social history, including smoking and alcohol intake was not consistently recorded
- Treatment planning evidence needed to be improved
- Treatment options discussed with patients were not always recorded in patient notes
- Informed consent was not consistently recorded. We were told treatment procedures were verbally explained to patients, but patients were not consistently provided with written treatment

information (e.g. root canal, crowns and extractions) for them to consider and make an informed decision

- Mouth cancer screening was not consistently recorded in notes
- The justifications for why x-rays needed to be taken and the clinical findings (what the x-rays showed) were not always recorded. We also found the frequency for taking x-rays were not in line with recognised guidelines⁴

Recommendation

Improvements should be made to patient record keeping, particularly regarding social history, treatment planning, treatment options, informed consent, mouth cancer screening and notes relating to radiographs. The practice should ensure that guidelines and selection criteria are followed in relation to the frequency of taking radiographs.

⁴ The Faculty of General Dental Practice (FGDP) UK has developed guidelines for *Selection Criteria for Dental Radiography 3rd Edition* which is the third of the five books in the FGDP's series of standards for dental professionals. The FGDP exists to support primary care dental teams to improve standards of patient care.

Management and Leadership

We saw that the practice was being run safely, with systems in place to ensure patient safety. The current interim practice manager had recently been appointed whilst the existing practice manager was on long-term leave. Staff told us they appreciated the efforts of the current practice manager and we saw evidence of their work over the last few months to ensure the smooth running of the practice.

The practice provides approximately 40% NHS and 60% private treatments to patients. The practice manager had been in place since October 2014 and was providing cover for the existing practice manager who was on long-term leave. We were told that prior to October 2014 the practice had been without consistent management since 2012. Despite the short amount of time the current practice manager had been in post, we saw evidence of the work put in to ensure that systems and management processes were in place. Staff told us they appreciated having the management support provided by the practice manager. Staff members also told us they would be comfortable raising any concerns with the manager.

We found the practice had a range of relevant policies and procedures in place. However, we found that many of the policies needed to be updated as the review dates had lapsed for more than one year and others did not have review dates. This means it was not clear if a policy was the latest version. We also found the standard corporate policies used had not been consistently adapted for local use at the practice. Not all policies had staff signatures to indicate their awareness and understanding.

Recommendation

The practice should have a robust system for ensuring all policies and procedures are current, adapted for local use and that staff are aware of them.

We confirmed the dentists were registered with the General Dental Council and had indemnity insurance cover. We saw the certificates for all five dentists, confirming their registration with HIW, were on display at the practice. We noticed that the certificates needed to be updated with the current practice name and the current address of HIW. The practice agreed to correct this.

The practice manager told us that annual appraisals had been conducted in previous years, but not recently. We were told that appraisals would be conducted in future.

Recommendation

The practice should ensure that appraisals are conducted for all staff working at the practice.

The dentists at the practice had recently started having weekly meetings to discuss clinical issues and perform audits. One dentist told us they benefitted from having clinical discussions with their colleagues and asked advice from one another. This means the practice used informal peer supervision to help ensure the quality and safety of the care provided.

We looked at a sample of staff files at the practice. We saw evidence that clinical staff had hepatitis B immunity records. However, we found records for one dentist indicated a 'booster' vaccination was needed and the immunity status for one of the dental nurses was unclear. This means staff may not be sufficiently protected against blood-borne viruses. One staff member had not gained sufficient immunity despite being vaccinated. The practice manager told us that a separate risk assessment had been carried out for this staff member, with measures to help protect them against hepatitis B infection.

Recommendation

The practice should ensure that clinical staff have appropriate vaccinations and that records are clear regarding immunity status.

We looked at a sample of continued professional development files for staff. These showed staff had training opportunities relevant to their role. We saw evidence that staff had completed child and adult protection training.

The practice had suitable arrangements for occupational health support from the health board and for the recording of accidents and incidents.

Staff meetings were conducted approximately every month and we saw an example of notes from the last two meetings. Meeting notes provided appropriate records of discussion.

The practice had a satisfactory system for recording complaints using an electronic system. Correspondence was also kept together in a paper file. The practice manager told us they were in the process of completing a complaint case. We saw evidence that complaints were handled appropriately by the practice.

We looked at the complaints policies and found that timescales for acknowledging and responding to complaints needed to be consistent with the NHS patient complaints procedure known as 'Putting Things Right'⁵ and the Private Dentistry Regulations for private patients. The standard corporate complaints poster in the waiting room incorrectly referenced the Parliamentary Ombudsman in England and not the Public Service Ombudsman for Wales. We also saw that it referenced patient advocacy services in England rather than the Community Health Council in Wales. The practice also had a local version of the complaints policy on display which did have the correct Ombudsman referenced.

We recommended that the practice add the following contact details of organisations patients could contact in the event they had a complaint to the local policy: HIW, Hywel Dda University Health Board, and the Dental Complaints Service. The policy also needed to be clearer about the process and relevant organisations to contact depending on whether patients were receiving NHS or private treatment.

Recommendation

The timescales in the complaints policy for acknowledging and responding to complaints must be compliant with Putting Things Right for NHS patients (acknowledge in two days, respond in thirty days) and the Private Dentistry Regulations for private patients (acknowledge in three days, respond in ten days).

Patients should be provided with the contact details of the relevant organisations they could contact in the event they had a complaint (i.e. HIW, Hywel Dda University Health Board, and the Dental Complaints Service).

The complaints policy should clearly detail the procedure and organisations to contact depending on whether patients were receiving NHS or private treatment.

⁵ 'Putting Things Right' are the arrangements in place for handling and responding to concerns about care and treatment provided by the NHS in Wales.

Quality of Environment

We found the building was appropriately maintained and provided a safe environment for patients to receive treatment. Access to the practice was suitable for wheelchair users.

The practice is located near to the town centre of Llanelli. The practice has five surgeries, with two surgeries on the ground floor and three surgeries on the first floor. The reception and patient waiting area are located on the ground floor. There is a small car park at the rear of the practice with dedicated disabled parking. There is also a large pay and display car park nearby.

Access to the practice via the rear entrance is next to the disabled parking bay and is suitable for wheelchair users and patients with mobility difficulties. However, the doorway at the rear entrance is a standard width and may not be suitable for larger wheelchairs. Staff told us that patients could be seen by their dentist in one of the ground floor surgeries, if required. There is an accessible patient toilet located on the ground floor.

There was a sign outside the practice with the emergency contact number for 'out of hours' services. We also saw a sign inside the front door with the names and qualifications of dentists. However, this sign was not up-to-date as it included names of dentists no longer working at the practice. In accordance with General Dental Council standards, patients should be able to see the names and information of the team members working at the practice. We also noticed that the sign above the front door of the practice still had the old practice name 'Berwen Dental Surgery' and not the current trading name. The practice manager told us they were in the process of being re-branded and this sign would then be updated.

Recommendation

The practice should update information signs displayed at the practice, including the names of team members working at the practice.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally. The waiting area was of suitable sizes for the number of surgeries. In addition to the accessible patient toilet, there was a staff toilet on the ground floor. Both toilets were visibly clean and contained suitable hand washing facilities to prevent cross infection. There was also a staff room on the first floor with lockers for staff to secure their belongings.

Fire exits were signposted and fire extinguishers recently inspected. However, we noticed that the second fire exit to the rear of the building was signposted from the corridor but there was no fire exit sign above the door. The practice agreed to address this.

Recommendation

The practice must ensure that the fire exit to the rear of the building is appropriately signposted.

Appropriate security measures were in place to prevent unauthorised access to the building. In general, we found there were suitable arrangements to ensure patient records were stored securely. However, we found that one of the filing cabinets in the reception area containing historical patient records was not locked.

Recommendation

The practice must ensure the security of all patient information, including historical records, kept at the practice.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of recommendations in this report. 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 IDH Thomas Street Dental Practice 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: IDH Thomas Street Dental Practice

Date of Inspection: 9 February 2015

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Patient Experience				
7	The practice should develop a method of gaining patient views and feedback to regularly assess the quality of the service provided.	Placing Feedback forms onto reception and getting receptionists to hand out to patients. SMS surveys are conducted via the IDH support centre; we will have access to the results via a portal and will use the results to form discussions at our practice team meetings. PM to ensure complaints are discussed to identify learnings and improvements, at the monthly practice team meeting.	Temporary Practice Manager	In Place
8	The practice should ensure that information provided on its website complies with the General Dental Council guidelines for advertising.	IDH is aware of three areas of the GDC ethical guidelines that need to be incorporated into the IDH website. The website for the practice is being changed as part of the re-branding process. Re-	IDH Support Centre	1 week to confirm re-branding date and review

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
		branding date TBC.		
8	The practice should consider providing patients with further health promotion information.	PM to view/get examples of treatment advice leaflets provided by IDH through the marketing portal. PM to read weekly bulletin/buzz where information on oral health promotions is available and describes where/how these can be obtained or whether the company is sending the packs directly to the practice (i.e. fluoride promotion for children)	Temporary Practice Manager	May 2015
Delivery of Standards for Health Services in Wales				
10	The practice should ensure that individual training records on decontamination are available for all staff involved with decontamination.	IDH to provide an Infection control training register for the PM to complete. Evidence that nurses have completed infection control module on LMS (Learning Management System) now available and will be included on the register. Information on any other training attended/completed by team members is to be included (CPD for dentists/hygienists). Reference to inductions/observations should be included. Where there are any gaps, PM to discuss with individuals and make the necessary arrangements.	Temporary Practice Manager	6 weeks
10	The practice should ensure that study models/casts are disposed of in the appropriate gypsum container and not in the	Contact SRCL for gypsum container	Temporary Practice Manager	In place

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	clinical waste bags.			
10	The practice should ensure an up-to-date mercury handling policy is in place.	IDH has a clinical and hazardous waste policy. This includes a section on amalgam but isn't clear on the handling of mercury. IDH to produce the required policy and ditricute.	IDH Support Centre	April 2015
12	Improvements should be made to patient record keeping, particularly regarding social history, treatment planning, treatment options, informed consent, mouth cancer screening and notes relating to radiographs. The practice should ensure that guidelines and selection criteria are followed in relation to the frequency of taking radiographs.	PM to confirm that record card audits for all clinicians have been conducted within the last six months in accordance with the company's policy. Results from these must be discussed with the individual clinicians and improvement plans put in place. PM to contact IDH Clinical Directors or the area Clinical Support Managers if significant concerns are identified or if PM needs support/advice.	Dentists/Temporary Practice Manager/CSM/CD	IMMEDIATE
Management and Leadership				
13	The practice should have a robust system for ensuring all policies and procedures are current, adapted for local use and that staff are aware of them.	IDH have a policy and procedure list, with review dates included. It is the responsibility of each department to review their policies and procedures. It is evident that this has not always been the case. A review by the company is currently underway and should be completed by the end of May. Policy and procedure templates are available and should be completed for local use i.e. local rules.	IDH Support Centre/Temporary Practice Manger	May 2015

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
		<p>PM to check and confirm that these have been completed. A list of which should have local level information can be provided to the PM if necessary.</p> <p>PM to discuss any newly completed policies/procedures at the team practice meeting.</p>		
14	The practice should ensure that appraisals are conducted for all staff working at the practice.	PM to produce timetable for staff appraisals. Temp PM to start the process.	Temporary Practice Manager	6 months
14	The practice should ensure that clinical staff has appropriate vaccinations and that records are clear regarding immunity status.	Requesting levels off staff which are missing levels	Temporary Practice Manager	6 weeks
15	<p>The timescales in the complaints policy for acknowledging and responding to complaints must be compliant with Putting Things Right for NHS patients (acknowledge in two days, respond in thirty days) and the Private Dentistry Regulations for private patients (acknowledge in three days, respond in ten days).</p> <p>Patients should be provided with the contact details of the relevant organisations they could contact in the event they had a complaint (i.e. HIW, Hywel Dda University Health Board, and the Dental Complaints</p>	<p>The company has in place a specific policy/notice and code practice for Wales that is written in accordance with the Putting it Right document and the Private Dentistry Regulations.</p> <p>PM to contact the Patient Support Team to ensure they have the correct versions of these and to provide training for the practice team on these procedures at the earliest opportunity. PM to display and implement the use of the correct notices and code of practices ASAP.</p>	Temporary Practice Manager	Immediate

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	Service). The complaints policy should clearly detail the procedure and organisations to contact depending on whether patients were receiving NHS or private treatment.			
Quality of Environment				
16	The practice should update information signs displayed at the practice, including the names of team members working at the practice.	PM to ensure the meet the team poster template provided by IDH is displayed immediately. PM to contact IDH CQC team to determine exactly what signage is missing and they will provide advice as to what to do next.	Temporary Practice Manager	Immediate
17	The practice must ensure that the fire exit to the rear of the building is appropriately signposted.	Exit sign been placed	Temporary Practice Manager	In Place
17	The practice must ensure the security of all patient information, including historical records, kept at the practice.	Ordering New filing Cabinet	Temporary Practice Manager	Order immediately

Practice Representative:

Name (print): Charlotte Evans

Title: Temporary Practice Manager

Signature: C.Evans

Date: 12/03/2015