

General Dental Practice Inspection (Announced)

Cardiff and Vale University
Health Board

Hickman House Dental Clinic

18 February 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Hickman House Dental Clinic at 25 Hickman Road, Penarth within the area served by Cardiff and Vale University Health Board on 18 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 dental 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 are 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

Hickman House Dental Clinic provides services to patients in the Penarth area of the Vale of Glamorgan. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board. The practice staff team includes eight dentists, one dental hygienist, six dental nurses, two trainee dental nurses and two receptionists. The practice is managed by a practice manager, who used to be a practice nurse at the practice.

A range of dental services are provided including orthodontics and implants. The practice provides dental services for both NHS and privately paying patients.

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

4. Summary

HIW explored how Hickman House Dental Clinic meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Patients told us they were very satisfied with the service they received at Hickman House Dental Clinic and received enough information about their treatment. Feedback from patient questionnaires and comments from patients on the day of the inspection were positive about all areas of care.

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

Overall, we found the practice was being run with the intention to meet the relevant standards. We made recommendations to improve decontamination procedures and aspects of patient records.

At the time of the inspection, the practice was owned by two principal dentists. The principal dentists were assisted in the day to day running of the practice by the practice manager, who was also a dental nurse.

The practice had a number of relevant policies and associated procedures in place with the intention of providing safe care to patients. Staff told us communication at the practice was good and we saw staff working efficiently as a team.

The practice should update the concerns (complaints) procedure so it reflects the '*Putting Things Right*' arrangements.

The dental practice was visibly well maintained both internally and externally. The premises provided a comfortable environment for patients to be seen by their dentist.

5. Findings

Patient Experience

Patients told us they were very satisfied with the service they received at Hickman House Dental Clinic and received enough information about their treatment. Feedback from patient questionnaires and comments from patients on the day of the inspection were positive about all areas of care.

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

Prior to the inspection, we asked the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In addition, we spoke with three patients who were receiving treatment on the day of the inspection. Twenty questionnaires were returned. Patients who completed the questionnaires and spoke to us had been using the dental practice for between one year and 50 years.

Patient feedback was unanimously positive. All patients told us they were satisfied with the service they received and felt welcomed by the practice staff. We saw staff treating patients in a friendly and professional way.

A sample of patient comments included:

“Very good dentist. Everyone is very friendly and helpful. Could not ask for a better dentist.”

“Always very happy with service and treatment.”

“A lovely practice. Very welcoming staff. Extremely knowledgeable dentist.”

“The team give exceptional service. I often work out of the country but always make sure I return to Hickman House for my check ups as the service is so exceptional and the team make me feel so welcome.”

“Before coming to Hickman House I did not enjoy coming to the dentist, I had bad experiences years ago somewhere else, however as soon as I came here I felt at ease. Very friendly and professional team”

There was a flexible appointment system in place whereby patients could book appointments both in advance and on an emergency basis. This meant patients could be confident that where they experienced dental pain, there was a system in place to try to ensure they were seen quickly. Patients were reminded about their appointment by a text message service.

Patients told us they had not experienced any significant delays when waiting to be seen. Staff described that a process was in place for informing patients should their dentist be running late so that patients were advised as quickly as possible if there would be a delay.

All patients felt that they were given enough information regarding their treatment, with two stating “*Yes I find the dentist is very clear*” and “*yes always given enough information and feel confident before proceeding*”.

Practice information was available to patients in a folder which was found in each waiting area. This information was also available on the practice website. We noted that the website did not have the General Dental Council (GDC) address, or a link to the GDC website as required under the GDC guidelines for advertising. We also saw that some of the details on the website, such as staff GDC registration numbers were either missing or incorrect.

Improvement needed

The practice should ensure the information on its’ website is accurate and complies with the GDC guidelines for advertising

The majority of patients told us they knew how to access out of hours dental care. We saw a sign in the window with details of the emergency contact telephone number, although this was small and could not easily be seen. We saw that the emergency telephone number was included in the practice patient information leaflet and on the practice website, and we confirmed that the number is provided on the practice’s answer machine message.

The practice owner and practice manager told us there was no formal process in place for assessing patient views. However, they confirmed that they would always be happy to speak to patients about their views of the practice. We recommended the practice should develop a method of regularly gaining patient views and feedback to assess the quality of the service provided.

Improvement needed

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

When asked about making complaints, patients told us they either knew how to complain or did not have a reason to complain and felt happy to approach staff with any concerns. We saw there was a complaints poster displayed near to the reception area on the ground floor and also in the upstairs waiting area. This was written in quite small font, so we suggested that the practice consider how they could make information such as the complaints poster 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

Overall, we found the practice was being run with the intention to meet the relevant standards. We have made recommendations to improve decontamination procedures and aspects of patient records.

Clinical Facilities

We looked at the clinical facilities in each of the surgeries and found these contained relevant equipment for the safety of patients and staff. We noted that all surgeries were clean and tidy.

Personal protective equipment (PPE), such as disposable gloves and eye protection was available for staff to use to help prevent cross infection. Dedicated hand washing sinks were also available to help with infection control.

We found that there was no system in place to check the stock of materials such as local anaesthetic in each of the dental surgeries. We found some materials that were out of date. We recommended that the practice devise a system for checking and replacing expired materials in each of the dental surgeries.

Improvement needed

The practice should make suitable arrangements to review the system of checking materials held in each of the surgeries. Changes should be made as necessary to ensure materials that are nearing their expiry date are identified and replaced before they expire.

Decontamination

At the time of the inspection, the practice did not have a dedicated room for the cleaning and sterilisation of dental instruments. The practice used manual cleaning of instruments and an autoclave (steriliser) in each of the five surgeries. Where practices use the same room for patient treatment and decontamination, it is recommended that they develop a plan to move towards a dedicated area or room for decontamination. We saw advanced plans for building work which is due to start at Hickman House Dental Clinic in the next few months. These plans include the construction of a dedicated decontamination room.

We looked at the decontamination processes in one of the surgeries, and we were told that each of the other surgeries follows the same procedure. There was one sink for decontamination use in each surgery, and no bowl was used.

This meant that instruments were cleaned and rinsed in the sink prior to being sterilised. We recommended that to be compliant with the Welsh Health Technical Memorandum 01-05² (WHTM01-05) guidelines, a separate bowl should be used for rinsing instruments.

Improvement needed

The practice should ensure that bowls are provided in each surgery for manual cleaning and rinsing of dental instruments.

After being sterilised, dental instruments should be placed in a sealed bag and the date of decontamination and also an expiry date for safe practice should be recorded on the bag. We saw that in some surgeries the date of expiry was written on bagged instruments and in other surgeries only the date of decontamination was stated. We were assured that all instruments in the practice were routinely used within one month of sterilisation. However, we recommended that for consistency and safety across all surgeries, both dates should be included. We also saw that some instruments were stored in bags which were not sealed, and other instruments which were not bagged.

Improvement needed

The practice should ensure that instruments are stored appropriately to reduce the risk of contamination. All bags must be sealed. All stored instruments must be marked with the date they were processed and wrapped.

Logbooks for checking equipment had been maintained and the equipment being used for the cleaning and sterilisation of instruments was visibly in good condition. We saw evidence that infection control audits had been completed in accordance with WHTM 01-05.

Waste disposal

Contract documentation was in place for the disposal of non hazardous and hazardous waste. We saw waste had been segregated into different coloured bags/containers to indicate correct methods of disposal. These were stored securely whilst waiting to be collected. Potentially dangerous materials such as oxygen gas cylinders and chemicals were stored safely.

² The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

We were told that extracted teeth were put in the clinical waste. We reminded the practice to ensure that all extracted teeth with amalgam are placed into the amalgam separator³ and all other extracted teeth put in the yellow sharps bin for safety.

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. However, we found that whilst all dentists had attended ionising radiation training, all nursing staff had not. The General Dental Council⁴ requires all registrants to attend this training once in every five years as part of their continuing professional development. Continuing education is also required by the Ionising Radiation (Medical Exposure) Regulations 2000.

Improvement needed

The practice must ensure that all appropriate staff have ionising radiation training and that this is updated every five years.

Drug storage and emergency equipment

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Resuscitation equipment and emergency drugs were available in the event of a patient emergency (collapse) at the practice. This meant that in the event of a patient collapsing, staff had the necessary skills and access to life saving equipment and drugs to respond promptly.

Patient records

We looked in detail at a sample of 22 patient records, including records from each dentist working at the practice. Generally, the records we saw were satisfactory. However, we noted that none of the records we saw referred to mouth cancer screening. Discussion with the practice owner confirmed that

³ A device that removes particles of mercury amalgam (found in some dental fillings) from waste water before it enters the sewer system.

⁴ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

mouth cancer screening is carried out by each dentist, although this was not recorded in the notes we saw. We also noted that in most of the records we saw, the patient's social history (including alcohol intake and whether the patient smoked) was not completed. This means that the opportunity to provide appropriate advice for example on smoking cessation may be missed. We found that clinical notes could be further improved by including the reason for the patient's attendance; past dental experience and a diagnosis of teeth to be treated.

We found that patients were given x-rays at appropriate time intervals, and that the quality of x-rays was usually monitored. However, there was sometimes no evidence of x-ray justification or clinical evaluation of the x-ray recorded in patient notes.

We saw examples of written treatment plans and we observed one patient being given a treatment plan to sign following consultation with the dentist. Dental treatment plans printed for patients showed all treatment needed, but did not show the order in which the treatment would be undertaken, or when the patient needed to return for dental examination or hygienist visits. We suggested that dentists at the practice should record the treatment plan in a logical sequence that deals with the patient's dental problem. Alternative treatment plans and options should also be noted, together with reasons as to why treatment has been selected or rejected.

We looked at how patient consent is recorded, and found that when a local anaesthetic was given to patients, their express consent was correctly recorded. However, we did not see a record of consent for examinations and specific treatment so we suggested the dentists at the practice should record a patient's continued consent to treatment.

We looked at how often patients were invited back to the practice for check ups and saw that this was appropriate although not always documented.

Improvement needed

Dentists at the practice must ensure the following are recorded in individual patient's notes:

- ***Mouth cancer screening***
- ***Social history including smoking and alcohol intake***
- ***Reason for attendance***
- ***Patient's past dental experience***
- ***Diagnosis on which the treatment has been based***
- ***Justification and clinical evaluation of x-rays***

- ***Treatment options discussed***
- ***Patient consent***
- ***Recalls.***

Management and Leadership

At the time of the inspection, the practice was owned by two principal dentists. The principal dentists were assisted in the day to day running of the practice by the practice manager, who was also a dental nurse.

The practice had a number of relevant policies and associated procedures in place with the intention of providing safe care to patients. Staff told us communication at the practice was good and we saw staff working efficiently as a team.

The practice should update the concerns (complaints) procedure so it reflects the 'Putting Things Right' arrangements.

Two principal dentists owned the practice, assisted by the practice manager. We saw that there was a well established staff team with some having worked at the practice for many years. This meant that patients received care from familiar staff. On the basis of our interviews with staff and our observations, we concluded that staff worked efficiently together as a team.

We were told that the year preceding the inspection had been difficult for the practice as significant events meant that each of the owners of the practice had taken extended periods of leave. We were told by staff and patients alike that this period had been managed very well and the service provided had not been affected.

Nursing staff told us that they received an appraisal approximately once every year and we saw evidence of this. Staff told us they felt well supported in their roles and were able to raise any work related concerns they may have. Dentists did not receive formal appraisal, although we were told that ad hoc discussions about any clinical issues took place. We suggested that the practice could hold a regular meeting for clinicians to address any points of improvement required, for example to record keeping. Constructive feedback and improvements can then be implemented, monitored and re-assessed on a regular basis.

Staff also told us about team meetings, which took place at the same time every month. We saw minutes from the last meeting which confirmed that relevant topics relating to practice and staff development, and patient care were discussed.

The practice had a range of relevant policies and procedures with the intention of ensuring patient care and treatment was delivered safely.

We saw confirmation that all clinical staff were registered with the General Dental Council. Staff told us they were able to access training relevant to their

role and for their continuing professional development (CPD). We found evidence of staff having attended training within the staff records we saw. This meant that patients were treated by staff who had appropriate skills and up-to-date training. We also saw evidence that appropriate indemnity insurance was in place for all clinical members of staff.

We saw evidence from files of staff members who had recently joined the practice that formal induction and orientation programmes were in place which enabled new employees to become familiar with the work environment. This meant that patients received care and treatment from staff who were confident and acquainted with their place of work.

We saw evidence that all staff had undertaken recent training in child protection and the protection of vulnerable adults.

In accordance with the relevant regulations⁵ for private dentistry, all dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice. Some details required updating and arrangements were made for this on the day of the inspection.

We saw records of hepatitis B immunity for clinical staff. Records for one staff member indicated a low level of hepatitis B immunity despite vaccination. We were told that the staff member had obtained advice and knew what action to take given his low immunity. However, this was not documented in the practice. We suggested that the practice takes advice from occupational health services about whether any specific procedures should be followed to ensure that this staff member is adequately protected against blood-borne viruses and to document this.

We saw evidence that the practice undertakes regular audits to check compliance with regulations and standards. We also looked at a sample of maintenance certificates and schedules. These confirmed that equipment was inspected in accordance with mandatory requirements. We saw that the testing of portable appliances (PAT) had been undertaken to ensure the safe use of small electrical appliances within the practice. Staff and patients could therefore be assured there were systems in place to ensure equipment was inspected regularly and maintained to ensure it was fit for purpose. We found that one piece of documentation was missing in one of the dental surgeries and have made a recommendation about this.

⁵ The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009

Improvement needed

A written examination scheme is required for the compressor in surgery 5

The practice had a procedure in place for all patients to raise concerns (complaints), whether they were private or NHS patients. We found that slight amendments to the timescales for responding to complaints were required to ensure the policy fully reflected the current arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'). The policy should also contain contact details for the local Community Health Council.

Improvement needed

The practice concerns (complaints) procedure should be amended so that it fully reflects the current arrangements set out under 'Putting Things Right'.

The practice had an appropriate system for recording written complaints. However, we were told that verbal or informal complaints were not recorded. We recommended the practice record these complaints and devise a log of all complaints in order to learn from any themes or trends identified.

Improvement needed

The practice should devise a system to record verbal and informal complaints

At the time of our inspection, not all dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the Regulations for private dentistry⁶. We discussed this with the principal dentist who agreed to ensure that all dental staff update their DBS check in order to comply with current regulations. It is not mandatory for practice staff to have DBS checks, however, there is a requirement that the employing dentist undertakes checks to ensure the employees suitability for employment. We discussed the provisions for staff checks with the practice manager and saw evidence that appropriate checks are made of new staff.

⁶ The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009. Amendments were made that came into force on 1 January 2012. These set out the legal requirements in relation to dentists providing private dentistry services.

Quality of Environment

The dental practice was visibly well maintained both internally and externally. The premises provided a comfortable environment for patients to be seen by their dentist.

Hickman House Dental Clinic is situated near to the town centre in Penarth. There is no dedicated parking available although we were told that patients could park on the road outside if they were part of the blue badge scheme which helps disabled people park closer to their destination.

There was clear signage at the front of the premises indicating the opening times for the practice and the names and qualifications of the dentists working there.

The practice is not currently wholly accessible for wheelchair users. We were told the practice has a portable ramp which they use to assist those patients who are wheelchair users. However, we saw detailed plans for building renovations to the practice, which include making the practice fully accessible. We were told that the building work is due to be completed by the end of this year.

The practice had a main reception and waiting area on the ground floor with a smaller waiting area on the first floor. There were five surgeries arranged over the two floors. There was a laser clinic on the second floor of the building which was not part of this inspection. Observations made during the inspection confirmed the size of the waiting areas were appropriate for the number of surgeries.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally. Fire extinguishers were placed strategically and had been serviced regularly. The waiting areas, surgeries and reception areas were clean, tidy and satisfactorily lit and ventilated.

We saw in the patient waiting areas that there was limited health promotion information available to patients, such as mouth cancer awareness and smoking cessation.

Improvement needed

The practice should consider providing patients with increased health promotion information, including smoking cessation and mouth cancer awareness/prevention.

The practice had a small unisex staff toilet on the ground floor and a unisex patient toilet on the first floor. Neither of these toilets was accessible for wheelchair users. The facilities were visibly clean and contained suitable hand washing facilities to prevent cross infection. We saw that the future renovation plans include the provision of a wheelchair accessible toilet on the ground floor.

Appropriate security measures were in place to prevent unauthorised access to the building. We found there were suitable arrangements to ensure patient records were stored securely. Staff told us electronic records were backed-up daily and stored offsite. Paper records were stored in a locked garage. This means the practice has taken measures to ensure the safety and security of patients and their information.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the areas for improvement identified 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 Hickman House 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: Hickman House Dental Clinic

Date of Inspection: 18 February 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
7	The practice should ensure the information on its' website is accurate and complies with the GDC guidelines for advertising [GDC guidelines for advertising]	The website has been updated with the correct GDC number. The GDC guidelines have been read and the link to the GDC website is now on the website. We have new staff joining the tem in June 2015 so photos will be arranged of all staff members shortly after and will be updated on the website	Kirsty White	All completed
7	The practice should develop a method of regularly gaining patient views and feedback to assess the quality of service provided and ensure it meets the needs of the patient population [Standard 5a-c Doing Well, Doing Better: Standards for Health Services in	Feedback forms have been developed and will be handed out at reception at different stages throughout the year. These will be assessed and the feedback will be put onto the website and in the reception folders for patients to read	Kirsty White & Charlotte Lloyd	This will be done on a regular basis

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Wales; GDC Standard 2.1]			
Delivery of Standards for Health Services in Wales				
9	The practice should make suitable arrangements to review the system of checking materials held in each of the surgeries. Changes should be made as necessary to ensure materials that are nearing their expiry date are identified and replaced before they expire.	This issue was addressed the day after the inspection. The couple of items that were out of date were discarded of immediately. The practice has developed a checklist for each surgery that the nurses check monthly.	All staff members	All completed and reassessed on a monthly basis
10	The practice should ensure that bowls are provided in each surgery for manual cleaning and rinsing of dental instruments. [WHTM01-05 paragraph 16.1]	These were bought the day after the inspection and are now in use	Kirsty White	All completed
10	The practice should ensure that instruments are stored appropriately to reduce the risk of contamination. All bags must be sealed. All stored instruments must be marked with the date they were processed and wrapped. [WHTM01-05 paragraph 2.4k]	This was discussed at the practice meeting following the inspection. All nurses are ensuring bags are sealed correctly. During the inspection it was brought to our attention some nurses were dating bags with the date of processing and others with the date reprocessing is due. Now all nurses are stamping them with the date they	Kirsty White	All completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		were processed not the date they are due to be reprocessed.		
11	The practice must ensure that all appropriate staff have ionising radiation training and that this is updated every five years. [Ionising Radiation (Medical Exposure) Regulations 2000; GDC Standards; Standards 16e and 26d Doing Well, Doing Better: Standards for Health Services in Wales]	All the dental nurses will be placed onto a course as soon as possible, however the next course to be run in Wales with Cardiff Postgrad Department is in January 2016.	Charlotte Lloyd	Jan 2016
12	<p>Dentists at the practice must ensure the following are recorded in individual patient's notes:</p> <ul style="list-style-type: none"> • Mouth cancer screening • Social history including smoking and alcohol intake • Reason for attendance • Patient's past dental experience • Diagnosis on which the treatment has 	We have had a meeting with all the dentists and are in the process of developing amalgamated precise notes which covers all the points listed.	Kirsty White and Charlotte Lloyd	On going

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>been based</p> <ul style="list-style-type: none"> • Justification and clinical evaluation of x-rays • Treatment options discussed • Patient consent • Recalls <p>[GDC Standard 4; Standard 20c Doing Well, Doing Better: Standards for Health Services in Wales]</p>			
Management and Leadership				
16	<p>A written examination scheme is required for the compressor in surgery 5 [Standard 16a Doing Well, Doing Better: Standards for Health Services in Wales; Pressure Systems and Transportable Gas Container Regulations 1989 and Pressure Systems Safety Regulations 2000]</p>	<p>This was available and shown on the day but is in a different format from the other written examination schemes for the other compressors</p>	Kirsty White	Completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
16	The practice concerns (complaints) procedure should be amended so it fully reflects the current arrangements set out under 'Putting Things Right'. [GDC Standard 5.1.3; Standard 23 Doing Well, Doing Better: Standards for Health Services in Wales]	The complaints procedure has been amended and updated.	Kirsty White	Completed
16	The practice should devise a system to record verbal and informal complaints [GDC Standard 5.1.6]	We now have a verbal log book at reception. Any verbal complaints are discussed and addressed in our monthly staff meetings	Kirsty White	Completed
Quality of Environment				
17	The practice should consider providing patients with increased health promotion information, including smoking cessation and mouth cancer awareness/prevention. [Standard 3b and c Doing Well, Doing Better: Standards for Health Services in Wales]	We have looked into having more posters and health promotion around the practice	Kirsty White	Completed

Practice Representative:

Name (print):KIRSTY WHITE.....

Title:PRACTICE MANAGER.....

Signature:KRWHITE.....

Date:27/03/2015.....