

General Practice Inspection (Announced)

Birchgrove Dental Practice,
Cardiff and Vale University Health
Board

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

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

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Birchgrove Dental Practice, 100 Caerphilly Road, Cardiff, CF14 4AG, within Cardiff and Vale University Health Board on the 31 January 2019.

Our team, for the inspection comprised of two HIW inspectors including one lead, and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Birchgrove Dental Practice provided a friendly and professional service to their patients.

The practice was patient focussed. We saw evidence of strong leadership, and the practice had the required policies and procedures in place to support both patients and staff.

The practice was maintained to a high standard, as were staff files and practice information.

This is what we found the service did well:

- There was evidence of strong management and leadership from the registered manager and practice manager
- Patients provided positive feedback that they were happy with the service provided
- Appropriate arrangements were in place to ensure that equipment was maintained to a high standard.

This is what we recommend the service could improve:

- The practice should ensure information is available to help patients make informed choices about oral healthcare and treatments.
- The practice must carry out a range of audit and quality improvement activities to show continuous improvement.

There were no areas of non-compliance identified at this inspection.

5. What we found

Background of the service

Birchgrove Dental Practice provides services to patients in the Birchgrove area of Cardiff. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes two dentists, one hygienist, one therapist, three dental nurses, one receptionist and a practice manager.

The practice provides a range of NHS and private general dental services.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall, we found the practice was committed to providing a positive experience for their patients. The majority of patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

The practice had a limited range of oral health promotion and treatment information leaflets for patients, so should consider providing a wider range to support patients to gain a better understanding of oral health.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 41 completed questionnaires.

Overall, patient feedback was positive; the majority of the patients that completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"Very pleased with the care and service I receive and would be happy to recommend to others"

"Surgery is professional and efficient responding to queries via email or in the surgery"

"Very pleased with the service and care I have received. I would have no hesitation in recommending the practice"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; comments provided by patients included:

"Online booking if possible. A few more toys or books for kids"

"Possibly book appointments online"

Staying healthy

Health promotion protection and improvement

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

The practice provided information in the waiting room to patients on private dental treatments that were available. However, we did not see health promotion information, such as information regarding good oral health or smoking cessation. The practice should provide a wide range of information to patients to support them to make good oral health choices

Improvement needed

The practice should provide a wide range of information to patients to support them to make good oral health choices

Dignified care

All but one of the patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

We observed staff talking to patients in a polite and courteous manner.

The reception desk was located in a separate area to the waiting room, providing patients' with privacy during discussions with staff. Staff told us that if there was a need to hold a private conversation with a patient in person or on the telephone, they could use the office. All dental surgeries had doors which could be closed to provide patients receiving treatment appropriate levels of privacy and dignity.

We noted that the 9 principles as set out by the General Dental Council (GDC)¹ were displayed in the reception area.

Patient information

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

Information detailing the costs of both NHS and Private treatments was clear to patients throughout the practice.

The practice Patient Information Leaflet gave comprehensive information about the practice and included all the information required by the Private Dentistry Regulations (2017) and was available to patients.

Outside the building we saw that the practice's opening hours and the emergency contact telephone number was displayed, along with the names of each dentist working at the practice.

Communicating effectively

Without exception, all of the patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

The practice was bi-lingual and they told us that information is made available to patients in the Welsh language. We advised the practice that they could include a question on their patient forms asking for patients to identify their language preference.

The practice has a website, which contains comprehensive information for patients including how to book appointments and the range of treatments available.

¹ <https://standards.gdc-uk.org/> The GDC has set out 9 principles that apply to all registered dental professionals that outlines the standards, performance and ethics that patients can expect from a dental professional

Timely care

Details of how patients could access emergency dental care when the practice was closed was made available to patients outside the surgery, in the patient leaflet and on the practice's website. The practice also had emergency appointments daily during working hours. However, just under a third of the patients that completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem. The practice may wish to reconsider promoting these services.

The majority of the patients that completed a questionnaire felt that it was 'very easy' to get an appointment when they needed it.

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

Individual care

Planning care to promote independence

Where applicable, all but one of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

The practice was not suitable for patients with mobility difficulties as both surgeries are located on the first floor. Patients with mobility difficulties who enquire about dental care are directed to the Community Dental Service provided by Cardiff and Vale University Health Board.

We noted that the practice had a number of policies in place including an Equality and Human Rights Acts policy and new patient acceptance policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

Listening and learning from feedback

We found there was a complaints policy in place that was compliant with NHS Putting Things Right² and the Private Dentistry Regulations. The complaints log was comprehensive and showed a contemporaneous account of proceedings, including outcomes and lessons learned.

The practice undertakes annual patient surveys and has a suggestion form available in the waiting room, to allow patients to provide regular feedback to the practice. Results of the annual survey and suggestions from patients are discussed internally during team meetings as appropriate. The practice informed patients of any actions taken as a result of feedback on a poster displayed in the waiting room.

²http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we found evidence that patients were provided with safe and effective dental care. Medical records were maintained to a high standard.

We noted that clinical facilities were well equipped and there were arrangements in place for the safe treatment of patients.

We recommend the practice ensures that all staff have appropriate training in areas such as radiography and safeguarding.

Safe care

Managing risk and promoting health and safety

There were no concerns given by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire felt that, in their opinion, the dental practice was “very clean”.

We found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. The outside of the building appeared to be well maintained. Inside, the building was light, tidy and spacious.

We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety policy and emergency contingency policy. Policies and risk assessments were readily available to all staff and noted at team meetings. There was a sufficient environmental risk assessment in place to help protect both staff and patients.

Fire extinguishers were available at various locations around the building, and servicing of the fire extinguishers had been carried out within the last twelve months. The practice had a fire safety risk assessment in place as well as a fire policy and we saw that staff were appropriately trained.

Clinical waste was stored appropriately.

Under the Control of Substances Hazardous to Health Regulations 2002³, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) protocol and a mercury handling policy.

Infection prevention and control

The practice had a process for the cleaning and sterilisation (decontamination) of dental instruments within a designated decontamination room as is recommended in Welsh Health Technical Memorandum Revision 1 (WHTM) 01-05⁴. We saw evidence that the protocol for checking the sterilisation equipment was available and up to date. There was also an infection control policy and a sharps safety policy in place for staff, meaning both staff and patients were being sufficiently protected from needle stick injuries and infection. Staff had access to, and used personal protective equipment (PPE) when undertaking decontamination activities.

The surgeries were visibly clean and tidy and the practice had a daily cleaning schedule for staff to follow to ensure all were kept in line with WHTM 01-05.

We saw evidence that all staff had up to date infection control training. We also saw evidence that the practice had carried out regular infection control audits in accordance with WHTM 01-05.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all members of clinical staff.

We noted that an audit in relation to the Welsh Health Technical Memorandum 01-05⁵ had been undertaken, but advised that an improvement plan is

³ http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/

⁴ <http://www.wales.nhs.uk/sites3/documents/254/WHTM%2001-05%20Revision%201.pdf>

⁵ www.wales.nhs.uk/sites3/documents/254/WHTM_01-05_Revision_1.pdf WHTM 01-05 is a prescriptive guide to effective decontamination and sterilisation protocols for dental practices.

produced in order to ensure appropriate action is taken to address any improvements identified.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation and medical emergency procedure. All staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation.

The practice had two appointed first aiders, ensuring staff and patients had appropriate access to first aid care in the event of an accident or injury.

The practice had appropriate emergency drugs however the emergency resuscitation equipment did not have paediatric pads for the defibrillator. HIW recommends that all practices who treat children should have age appropriate resuscitation equipment in place, or a risk assessment to evidence why this is not required, in line with Resuscitation Council Quality Standards⁶. We alerted the practice manager and new pads were ordered immediately. The practice's first aid kit was complete and in date. The practice had comprehensive policies and procedures in place which had been agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines.

We were told that all drug-related adverse incidents are recorded via the MHRA Yellow Card⁷ scheme.

⁶ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration might want to ad

⁷ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Improvement needed

We recommend that all practices who treat children should have age appropriate resuscitation equipment in place, or a risk assessment to evidence why this is not required, in line with Resuscitation Council Quality Standards

Safeguarding children and adults at risk

We saw that the practice had comprehensive policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies. Policies were regularly reviewed to ensure the practice had up to date information available.

All staff had appropriate child protection and protection of vulnerable adults training and staff evidenced that they were confident in what action to take in the case of a concern.

We suggested that the safeguarding lead for the practice consider attending a higher level of safeguarding training to ensure

they have the appropriate skills and understanding of safeguarding issues to act as a lead.

Medical devices, equipment and diagnostic systems

We noted that the dental equipment was regularly serviced and maintained with the exception of the OPT machine⁸ which was overdue. During the course of the inspection a service was booked for the following week, and the practice agreed to put the machine out of use until this service had been completed. The practice must ensure that servicing schedules of all machines are kept as per manufacturers' guidelines.

⁸ An Optimal Pulse Technology (OPT) machine takes panoramic radiographs. Panoramic radiographs are dental X-rays of the upper and lower jaw, and shows a two-dimensional view of a half-circle from ear to ear. This allows for more comprehensive x-rays to look for specific problems.

The radiation protection file was comprehensive and informative, however we advise that an equipment inventory detailing the radiography equipment should be added to provide a clear contemporaneous log of equipment.

In accordance with the requirements of the General Dental Council⁹ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000¹⁰ we expect that all staff undertake appropriate radiation protection training. We noted that not all of the dental nurses had undertaken the required training at the time of the inspection and recommended that all staff must have appropriate training to ensure the safe use of radiographs. These were undertaken and proof of these were provided shortly after the inspection.

Improvement needed

The practice must ensure that regular servicing and maintenance of equipment is maintained as per manufacturers guidelines

The practice must ensure that all staff have appropriate regular radiation protection training.

Effective care

Safe and clinically effective care

We saw evidence that the practice had undertaken a small number of clinical audits, but we recommend audits such as patient records, antibiotic prescribing and cancer screening should take place to promote patient safety.

The practice had appropriate arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

⁹ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

¹⁰ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

We found evidence throughout the course of the day that professional, regulatory and statutory guidance, such as NICE guidelines¹¹, were given due considerations and followed where appropriate.

Improvement needed

The practice should undertake a broader range of audits to promote patient safety.

Quality improvement, research and innovation

We were told that the practice was not using any quality improvement tools such as the Welsh Deanery Maturity Matrix Dentistry practice development tool¹² or the BDA Good Practice Guide¹³ for Quality Improvement of the practice. We recommended that the practice consider using one of these tools to develop continual quality improvement.

Improvement needed

The practice should consider using a Quality Improvement tool in the practice

Information governance and communications technology

1. ¹¹ <https://www.nice.org.uk/.../oral-and-dental-health>

¹² <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry> The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements, and also about how they work.

¹³ <https://www.bda.org/goodpractice> BDA Good Practice is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. The practice also had a records management policy. Electronic records were regularly backed up to protect patient information and prevent loss.

Record keeping

We reviewed a sample of patient records. We found that generally the records were of a good standard, however we found in a number of cases there were omissions in recording, namely extra and intra oral examinations¹⁴. The practice was recommended to record extra oral and intra oral examination separately as part of record keeping in line with professional guidelines.

Improvement needed

The practice was recommended to record extra oral and intra oral examination separately as part of record keeping in line with professional guidelines.

¹⁴ Extra and intra oral examinations are soft tissue examinations of the areas within and outside the mouth.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found evidence of good management and leadership in the practice.

The practice had a comprehensive range of relevant policies and procedures in place that were reviewed annually, and we saw evidence that they had been read by all staff.

There were robust management procedures in place for the benefit of staff, including a comprehensive induction programme, annual staff appraisals and regular staff meetings.

Governance, leadership and accountability

Birchgrove Dental Practice is owned by the Registered Manager¹⁵. The Registered Manager also acted as the Responsible Individual¹⁶ and principal dentist. The Practice Manager confirmed that she had undertaken management training during her degree..

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. The Statement of Purpose and

¹⁵ “registered manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

¹⁶ “responsible individual” means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice;

Patient Information Leaflet contained all the relevant information required by the regulations. We saw that new policies were discussed at team meetings and then signed and agreed to by staff. This meant that staff were kept up to date with the policies and procedures in place to support them in their roles.

The Registered Manager confirmed that she was aware of his duties regarding notifications, including serious injury to patients and absence or changes to the Registered Manager, that must be sent to HIW¹⁷.

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We saw the practice's public liability insurance certificate was displayed in the reception area.

Staff and resources

Workforce

The practice had a number of human resources related policies and procedures in place including a recruitment policy. Staff also completed annual appraisals and had personal development plans for the upcoming year.

Other than those previously mentioned throughout the report, we saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles to support their continual professional development.

We were told that the practice holds staff meetings regularly. These covered a broad range of topics in relation to the practice including results from feedback, new and upcoming policies and procedures, and other pieces of information

¹⁷ Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

which may impact staff. We saw minutes relating to these meetings and staff unable to attend were updated by the practice manager.

The Regulations for Private Dentistry require that at the time of registration, all staff working at the practice have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for all staff.

6. What next?

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

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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

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

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

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

7. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarizes the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Birchgrove Dental Practice

Date of inspection: 31/01/2019

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

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
There were no non-compliance issues identified during this inspection				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Birchgrove Dental Practice

Date of inspection: 31 January 2019

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice should provide a wide range of information to patients to support them to make good oral health choices	1.1 Health promotion, protection and improvement; Private Dentistry Regulations 2017 Section 13	Leaflets have been put in the waiting room which support good oral health choices for patients. This advice has been taken on board and leaflets have been put in the waiting room.	Beth Lewis – Practice Manager	Completed 7/3/19
Delivery of safe and effective care				
We recommend that all practices who treat children should have age appropriate resuscitation equipment in place, or a risk	2.6 Medicines Management; Private Dentistry	Although we were advised that adult pads were sufficient, we have now purchased child defibrillator pads to	Beth Lewis	Complete 31/1/19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
assessment to evidence why this is not required, in line with Resuscitation Council Quality Standards	Regulations 2017 Section 13	comply with best practice.		
<p>The practice must ensure that regular servicing and maintenance of equipment is maintained as per manufacturers guidelines</p> <p>The practice must ensure that all staff have appropriate radiation protection training.</p>	<p>2.9 Medical devices, equipment and diagnostic systems; Private Dentistry Regulations 2017 Section 13,</p> <p>Private Dentistry Regulations 2017 Section 17</p>	<p>The 3-year critical test has now been carried out and passed. This is now diarised for February 2022 and every 3 years after this as per manufacturers guidelines.</p> <p>Certificate submitted to HIW.</p>	<p>Beth Lewis – Practice Manager</p> <p>Beth Lewis</p>	<p>Complete – certificate attached. 2/19</p>
The practice should undertake a broad range of audits to promote patient safety.	3.1 Safe and Clinically Effective care; Private Dentistry Regulations 2017 Section 8	As well as all of our regular audits completed, we will now complete more audits again that promote patient safety.	Beth Lewis – Practice Manager	30/5/2019
The practice should consider using a Quality Improvement tool in the practice	3.3 Quality Improvement,	We will now use quality improvement tools such as the Welsh Deanery Maturity	Beth Lewis – Practice Manager	30/5/2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Research and Innovation; Private Dentistry Regulations 2017 Section 16	Matrix Dentistry practice development tool.		
The practice was recommended to record extra oral and intra oral examination separately as part of record keeping in line with professional guidelines.	3.5 Record keeping; Private Dentistry Regulations 2017 Section 20(2)	We have now separated our intra oral and extra oral examination in the notes of all clinicians in order to comply with best guidelines.	Craig Lewis — Principal dentist	Complete 31/1/19

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

Service representative

Name (print): Beth Lewis

Job role: Practice Manager

Date: 20/3/19