

General Dental Practice Inspection (Announced)

Park Place Dental Practice,
Cardiff and Vale University Health
Board

Inspection date: 1 May 2019

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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 Park Place Dental Practice (MA & ST Hill Ltd) 3-4 Park Place Cardiff CF10 3DP, within Cardiff and Vale University Health Board, on the 1 May 2019.

Our team for the inspection comprised of a HIW inspector and a dental peer reviewer.

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

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

2. Summary of our inspection

Overall, we found evidence that Park Place Dental Practice provided a very 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.

Feedback received from HIW questionnaires confirmed that the majority of patients rated the service provided at the practice as excellent or very good.

Clinical areas were maintained to a very high standard, and staff had access to, and used, a variety of good practice methods and protocols to allow them to deliver very good care to patients.

This is what we found the service did well:

- There was evidence of strong management and leadership from the Principal Dentist and Practice Manager
- All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good
- Patients provided positive feedback that they were happy with the service provided
- The staff team appeared happy in their roles and had a strong commitment to providing a high quality service
- Clinical facilities were of a very high standard, well-equipped and visibly very clean
- The practice is a training practice for Cardiff University and patient records were of a high standard and very professional.

This is what we recommend the service could improve:

- Advising patients of the results of their feedback and any changes made
- Review the management of emergency drugs and ancillary equipment.

3. What we found

Background of the service

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

The practice has a staff team which includes three dentists, including the principal dentist and a dental foundation training year 1 (DF1)¹ dentist, two hygienists, six dental nurses, including a student nurse on placement, one receptionist and a practice manager.

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

¹ <https://dental.walesdeanery.org/training-programmes/dental-foundation-training>

Quality of patient experience

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

We found Park Place Dental Practice was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent, or very good. Patients also told us that they were treated with dignity and respect by staff at the dental practice.

The practice had a range of information to support patients in making effective choices about good oral health and treatment options when necessary. There was a welcoming atmosphere and staff made a conscious effort to make patients feel relaxed and at ease from the moment they arrived.

In addition to requesting feedback from patients and informing the dental professionals of the outcome, patients should also be informed of any outcomes and changes made as a result of this feedback.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 40 were completed. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; all 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:

"Receive excellent care from the dentist. Always willing to explain his procedures. Receptionist is outstanding"

"All staff always polite, knowledgeable and want the best for their clients"

"Excellent service. Environment is superb and staff are outstanding. Fantastic customer service. Dentist has given me sound advice about"

my dental care - regular reminders and hygienist is superb. My oral care/hygiene has improved with the educational advice given by staff".

Patients were asked on the questionnaires how the dental practice could improve the service it provides, all comments provided by patients were positive, complementary and no improvements suggested.

Staying healthy

Health promotion protection and improvement

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

We saw that a wide range of information was available to patients within the waiting areas, covering private and NHS treatments as well as general information around oral health for both adults and children. This was available on an overhead television monitor and in a folder in both the private and NHS patient waiting areas. This included information on preventative, restorative and orthodontic areas with pictures and diagrams for ease of understanding.

Dignified care

Without exception, all of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff told us that if they needed to hold a private conversation with a patient, they used the small meeting room near reception to ensure discussions upheld patient confidentiality. We noted that the practice had various policies that related to privacy, dignity and confidentiality.

The practice also had appropriate policies to ensure patients are treated with dignity and respect, including a patient leaflet on personal information. We noted that the 9 Principles as set out by the General Dental Council (GDC)² was displayed in the reception area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

² <https://standards.gdc-uk.org/>

Information was displayed informing patients of their right to have a chaperone present when being seen by healthcare staff. The use of chaperones aims to protect both the healthcare professional and patient when the patient is being examined.

We saw reception staff welcoming patients in a friendly manner and being polite and courteous when speaking to them.

Patient information

We found that the patient information leaflet was available to patients in reception and gave comprehensive information about the practice. We saw posters in both waiting areas displaying private treatment costs and NHS treatment fees. The patients' complaints procedure was also displayed in both Welsh and English.

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

Communicating effectively

All but two of the patients that completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

Written information was available, this was predominantly presented in English. The patient complaints procedure was bilingual and there was a notice relating to the Language Line³ being available for translation. The practice have also made arrangements to provide further information in Welsh and to help staff make an 'Active Offer'⁴.

³ Language Line is a UK language translation service agency that provides a wide range of interpreting, translation and localisation agency services.

⁴ An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

Timely care

The majority of the patients who completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice, on the patient information leaflet, in the patient policies folder available in both receptions and on the practice's answerphone message.

All of the patients that completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it. There is also the facility to book online through the practice website.

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

Individual care

Planning care to promote independence

During the inspection we noted that treatment options had been recorded on all relevant records we reviewed. This provided assurance that patients were supported to make choices about their treatment options.

All of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. We also noted patients completing this information during the inspection.

People's rights

The practice is located in a conservation area on the ground floor of a five floor Victorian building. The practice was accessible for wheelchair users and the patient toilet was wheelchair accessible.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy and equal opportunities policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

Listening and learning from feedback

The practice had a colour coded (for each dentist and hygienist) questionnaire where patients could score the service they had received and leave comments. The practice communicated the outcomes to the staff concerned. We were informed that when the practice receive patient feedback, comments or suggestions or complaints from patients who can be identified this is feedback directly to them in person. In addition, the practice has a Facebook page on which patients can communicate directly, share their comments, suggestions and feedback of the service. The practice manager stated that they or the principal dentist will respond directly to any patient feedback received via the Facebook page which can then be viewed by anyone visiting the Facebook page.

In order to demonstrate to all patients that the practice listens and acts on their feedback we recommend that the practice display the outcomes or changes made as a result of patient feedback in the waiting areas or the patient information leaflet.

We found there was a complaints policy in place, in both English and Welsh that was compliant with NHS Putting Things Right⁵ and the Private Dentistry Regulations and included reference to the relevant agencies. The complaints record was complete and showed a contemporaneous account of proceedings.

Improvement needed

Outcomes and any changes made as a result of patient feedback to be displayed within the practice.

⁵http://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 found that the clinical facilities were very well equipped, and there were arrangements in place for the safe treatment of patients.

We particularly noted the additional measures that the practice had taken, to re-assure staff, against exposure to x-rays.

We recommend that the practice should review their management of emergency drugs and ancillary equipment.

Safe care

Managing risk and promoting health and safety

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

The practice was bright, light, tidy, spacious and included overhead vistas and lighting for the patients to view when undergoing treatment in the surgeries. Overall 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 had been newly designed and purpose built for the practice with consideration given to staff and patients’ needs.

We saw that there were a number of comprehensive policies in place relating to the fitness of the premises, including a health and safety policy, risk management policy and emergency contingency policy. Policies and risk assessments were readily available to all staff and noted at team meetings.

There was an environmental risk assessment in place to help protect both staff and patients.

We saw fire extinguishers were available at various locations around the building, and we found that servicing 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. All staff had also received appropriate fire training.

Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002⁶, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a COSHH protocol and a mercury handling policy. We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) waste. Clinical waste was stored appropriately.

To ensure staff confidence when exposed to x-rays the practice decided, when the practice was initially fitted out 2 years ago, to increase the level of x-ray protection in the partitioning walls and used additional x-ray shielding plasterboards in the partitioning walls.

The practice uses digital x-rays and does not require staff to have their x-ray radiation exposure levels to be continually monitored. The practice decided to give additional assurance to staff, by providing all staff involved in the taking of x-rays with x-ray monitoring badges, which are analysed by Velindre NHS Trust monthly. We consider these are excellent examples of reassuring staff and patients that they are protected from the risks of exposure to ionising radiation when working with x-rays.

Infection prevention and control

The practice had a process for the cleaning and sterilisation (decontamination) of dental instruments within a dedicated decontamination room as is recommended in the Welsh Health Technical Memorandum (WHTM) 01-05⁷. The room had clear directions from the dirty area to the clean area.

⁶ http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/

⁷ www.wales.nhs.uk/sites3/documents/254/WHTM_01-05_Revision_1.pdf

We saw evidence that the protocol for checking the sterilisation equipment was available and up to date, and there was an infection control policy and a sharps safety policy in place for staff to refer to. This meant that both staff and patients were being sufficiently protected from needle stick injuries and infection. Staff also had access to, and used, personal protective equipment (PPE) when undertaking decontamination activities.

The surgeries were visibly clean and tidy and there was a daily start and end of day checklist for each surgery that staff completed to ensure all surgeries were kept in line with the WHTM 01-05. There was new cabinetry in each surgery that was easily cleaned. The floors were sealed and extended to the walls, again for ease of cleaning.

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.

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

Medicines management

The practice had procedures in place to deal with patient emergencies, including a Medical Emergency Policy and Procedure and a Patient Management Procedures folder. 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 three appointed first aiders, ensuring staff and patients had appropriate access to first aid care in the event of an accident or injury.

Whilst the practice had emergency drugs and emergency resuscitation equipment, we noted that two of the syringes included with the emergency drugs were out of date. As there were additional in date syringes available, the

practice had appropriate emergency kit in accordance with Resuscitation Council (UK) guidance⁸.

The emergency drugs and equipment were kept in a cupboard in a corridor with patient access and the emergency algorithms were attached to the resuscitation bag. We would recommend that algorithms are kept with the relevant emergency drugs for varying emergencies and kept in a dedicated clearly labelled box in a safe protected environment.

The practice's first aid kit was complete and in date. The practice had policies and procedures in place which had been seen and agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines. We noted the practice had a process for stock checks of emergency equipment and drugs used in line with the Resuscitation Council (UK) guidelines. In view of the issue described above relating to the two syringes, we recommend that the practice ensure that a process is available for staff to ensure appropriate checking of all drugs and ancillary dated items.

Improvement needed

The location and storage of the emergency drugs and associated algorithms should be changed to a safer protected environment.

The practice must remove the out of date syringes and ensure that a process is available for staff to ensure appropriate checking of all drugs and ancillary dated items.

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.

⁸ 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

At the time of the inspection, all staff had appropriate safeguarding training for child protection and protection of vulnerable adults. A safeguarding lead was also in place. The practice uses the Disclosure and Barring Service (DBS) Update Service⁹, which allows them to check if any relevant information has been identified about a member of staff since their Certificate was last issued.

Medical devices, equipment and diagnostic systems

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

The practice had, in a dedicated room, an Orthopantomogram. This is a scanning device that gives a panoramic view of the jaw and teeth. The scan can provide information on wisdom teeth, bone loss, orthodontic assessment, jaw trauma, dental pain, or be used as part of a general dental check-up.

We also noted wall mounted folders in each surgery and the sterilisation room containing relevant systems and protocols for that area. Where reusable medical devices were used, they were handled safely and disinfected appropriately in the decontamination room.

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

In accordance with the regulations, the practice had a maintenance and safety of facilities policy that included the testing of equipment, the undertaking of appropriate risk assessments and the reporting of incidents.

In accordance with the requirements of the General Dental Council¹⁰ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000¹¹ all dentists had completed the required training.

⁹ <https://www.gov.uk/dbs-update-service>

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

¹¹ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Effective care

Safe and clinically effective care

We saw evidence that the practice had a number of clinical audits in place to help demonstrate keeping up to date with professional standards. Results of the audits will help to identify areas for improvement and support any changes to dental team practises.

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.

We found evidence throughout the course of the day that professional, regulatory and statutory guidance, such as NICE guidelines¹², were given due consideration and followed where appropriate.

Quality improvement, research and innovation

As detailed above, we saw evidence that the practice has completed a range of clinical audits and due consideration is given to professional guidance.

The practice is contracted with Cardiff University to provide a clinical placement for a student dental nurse and foundation dentist. Cardiff University requires that all Clinical Supervisors for Nurses and Education Supervisors for Foundation Dentists, in this case the principal dentist, be responsible for providing relevant training at the practice.

Information governance and communications technology

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. Electronic records were regularly backed up to protect patient information and help prevent loss.

The practice had a number of appropriate policies and procedures in place including a data protection and data security policy. This meant that staff had access to suitable guidance with regard to their day to day work.

1. ¹² <https://www.nice.org.uk/.../oral-and-dental-health>

Record keeping

We reviewed a sample of patient records. The sample we reviewed provided evidence that the practice was keeping their clinical records to a high standard. This demonstrated that care was planned and delivered to a high standard, maintaining patients' safety and dental wellbeing.

We found the records were very professional and recorded discussions held about treatment options, costs and reasons for attendance. Additionally, the practice used a "Risk Profile" form for all patients giving an overall percentage score based on the low / medium and high risk against Gum and Bone, Tooth Structure, Function, Cosmetic, and Oral Cancer Risk. The results of the "Risk Profile" are then given as a current and target score for patients to further understand the reasons for their treatment.

From the sample of the records we reviewed, we noted that X-rays were timely and good quality. Justification for X-rays was clearly documented and where applicable, reasons for not taking X-rays were made clear in the notes.

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 very 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 annual staff appraisals and regular staff meetings.

Governance, leadership and accountability

The practice is owned jointly by the principal dentist and the practice manager who are supported by a wider team of clinical and non-clinical staff. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

All of the staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with the dentist/s or practice manager, or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures.

The Statement of Purpose and Patient Information Leaflet contained all the relevant information required by the regulations. It was noted that new policies were signed as understood by staff. This meant that staff were kept up to date with policies and procedures in place to support them in their roles.

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

Staff and resources

Workforce

The practice had a number of human resources related policies and procedures in place including; Recruitment; Probationary Period; and Flexible Working to ensure appropriate staff were employed and retained. Staff also completed regular appraisals and we also saw evidence that all staff had contracts of employment.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and were meeting their continuing professional development (CPD) requirements. All the staff personnel folders were laid out in the same format to ensure consistency of record keeping.

We were told that the practice holds staff meetings regularly. We saw minutes relating to these meetings and staff unable to attend were updated by the practice manager. These minutes were signed and distributed to staff. The practice was in the process of changing their system of managing compliance to a cloud-based application that workflows responsibility for compliance and the ability to share and delegate responsibilities across the practice. The practice stated that this would also include the workflow of minutes to staff to ensure that they have read and agreed the minutes.

The Regulations for Private Dentistry require that at the time of registration, all dentists providing private dental services in Wales have a DBS Certificate. We saw evidence that DBS clearance checks had been carried out for all staff as described above using the update service.

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 clinical staff.

4. What next?

Where we have identified improvements and immediate concerns 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 require the service to complete an immediate improvement plan telling 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

The improvement plans should:

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

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

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

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

5. How we inspect dental practices

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

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: Park Place Dental Practice

Date of inspection: 1 May 2019

The table below includes any immediate 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.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
There were no areas of immediate non-compliance found 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: Park Place Dental Practice

Date of inspection: 1 May 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	Service action	Responsible officer	Timescale
Quality of the patient experience				
Outcomes and any changes made as a result of patient feedback to be displayed within the practice.	6.3 Listening and Learning from feedback. PDR section (s)16 (2)	The 'You Said We Did' feedback, recommended by the HIW, has been actioned and is being displayed on our Facebook and reception DVD displays. This form of feedback will now be used on an on-going basis in addition to our current methods of patient feedback. Photographic evidence has been submitted to HIW.	Sarah Hill	Actioned 21 st May 2019
Delivery of safe and effective care				

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The location and storage of the emergency drugs and associated algorithms should be changed to a safer protected environment.</p>	<p>2.6 Medicines Management. PDR s13 (4)</p>	<p>The emergency drugs and equipment have been moved within the central storage cupboard (located directed outside surgeries 1,2,3 & 4), as recommended by HIW. The Emergency Drugs and Equipment are now accessed by a single door and a latch has been added to this door as instructed by HIW. The emergency drugs box has been reorganised, so drugs are stored in 'Grab Bags' with their associated algorithms, as instructed by HIW.</p> <p>Photographic evidence has been submitted to HIW.</p>	<p>Sarah Hill</p>	<p>Actioned 3rd June 2019</p>
<p>The practice must remove the out of date syringes and ensure that a process is available for staff to ensure appropriate checking of all drugs and ancillary dated items.</p>		<p>We have amended our weekly monitoring forms for our emergency drugs and ancillary equipment so that, in addition to the existing itemised drugs, all of the ancillary items are also itemised and signed for, individually, when checked weekly. I have also</p>	<p>Sarah Hill</p>	<p>Actioned 27th May 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>added a second person monthly check to these forms to further strengthen our monitoring procedures.</p> <p>Photographic evidence has been submitted to HIW.</p>		
Quality of management and leadership				
No requirement for improvement identified.				

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): Sarah T Hill
Job role: Registered Manager
Date: 24th June 2019