

## **General Dental Practice Inspection (announced)**

Aneurin Bevan University  
Health Board, Kieron  
Hastings Dental Practice,  
Abertillery

19 January 2015

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In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Kieron Hastings Dental Practice, 24 Kings Street, Abertillery within the area served by Aneurin Bevan University Health Board on 19 January 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 Wales<sup>1</sup>.

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

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

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<sup>1</sup> Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1<sup>st</sup> 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](http://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**

Kieron Hastings Dental Practice provides services in the Abertillery area of Blaenau Gwent. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board. The practice employs a staff team which includes one principal dentist, one practice manager (who also works as a dental nurse), one dental nurse and one receptionist.

A range of general dentistry services are provided. Approximately 50% of patients are treated privately and 50% are NHS patients.

## 4. Summary

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

HIW understands that Kieron Hastings Dental Practice is a mixed practice providing both private and NHS dental services. In this respect, any dentist working at the practice who is also registered with HIW to provide private dentistry will also be subject to the provisions of The Private Dentistry (Wales) Regulations 2008 and (Amendment) Regulations 2011.

All patients told us they were satisfied with the service they received from the dental practice. 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 care and treatment was planned and delivered safely to patients. However, we identified improvements needed to patient records.

On the day of the inspection, we saw that the practice was being safely run, with systems in place to ensure patient safety. However, we recommended the practice consider arrangements for clinical peer review and annual appraisals for all staff, including the principal dentist, to ensure formal monitoring of the quality and safety of the care provided.

We found the building was appropriately maintained and provided a safe environment for patients to receive treatment. We recommended the practice consider the arrangements to ensure that paper patient data is protected and secure. A fire risk assessment should also be conducted and any misleading signs should be removed.

## 5. Findings

### *Patient Experience*

***All patients told us they were satisfied with the service they received from the dental practice. We recommended the practice should develop a method of gaining patient views and feedback to regularly assess the quality of the service provided.***

Twenty one patient questionnaires were completed prior to the date of inspection. We also spoke to three patients on the day of inspection. Patient feedback was positive. All patients said they were satisfied with the care they received at the practice and felt welcomed by staff. The majority of patients told us they did not experience any delay in being seen by the dentist. Patients who said they had experienced delay said this was only once or occasionally.

A sample of patient comments are the following:

*“The dental surgery is always clean and everybody is very polite, prompt and efficient. The service provided is very good.”*

*“I have always had a warm welcome and excellent treatment by dentist.”*

*“Very efficient and friendly staff.”*

*“Very satisfied.”*

*“I usually come for emergencies only, but I’ve always been treated as a patient and made to feel welcome.”*

*“Myself and my family have been coming to the dentist all our grown up lives and are quite comfortable here.”*

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. This means patients could be seen quickly when required. On the day of inspection, we saw two patients who came into the practice without an appointment and asked to be seen as an emergency. Staff accommodated these requests by either seeing the patients that day or the following morning. The practice manager and principal dentist explained they tried to see patients who are experiencing pain and discomfort as soon as possible. This was shown in the following comment from one patient.



*“I have always been able to see the dentist as an emergency patient on the same day if I phone early in the morning.”*

The staff team were well established and had been working at the practice for many years. This means patients were familiar with the staff and had continuity of care because they were able to see the same dentist.

Patients had access to relevant information about the dental service and a folder with practice information leaflets was available at the reception desk. The practice did not have a website, but basic information on the practice, including contact details and opening times, is available through the Aneurin Bevan Health Board website.

The majority of patients said they knew how to access ‘out of hours’ dental services. There was a sign outside the practice with the opening times and emergency contact number for ‘out of hours’ services. We called the practice and found there was an emergency contact number provided on the practice’s answer phone message.

The majority of patients told us they received enough information about their treatment; only one patient said “*Not at times*”.

We saw some information on health promotion in the patient waiting room/reception area informing patients on healthy eating and teeth care, but there was minimal information about mouth cancer prevention. Staff told us that smoking cessation information was given to patients, but leaflets were not available on the day of inspection.

### ***Recommendation***

***The practice should consider providing patients with further health promotion information, including mouth cancer prevention.***

The practice had a poster above the reception area to encourage patients to provide suggestions as to how the practice could improve. However, the practice did not have a system to regularly gain patients’ views (i.e. patient survey or suggestion box) and act upon them, as a way of assessing the quality of their service.

### ***Recommendation***

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

We looked at the verbal complaints record at the practice which showed a small number of patients were unhappy with the treatment provided. The practice had

a complaints policy and poster displayed behind the reception desk. We noticed the text on this poster was very small and difficult to read when standing at reception. The practice manager moved this poster on the day of inspection to help make it more visible to patients and agreed to increase the text size. Ten out of 24 patients said they were unsure how to make a complaint.

***Recommendation***

***The practice should ensure the complaints policy is visible to patients, particularly by increasing its visibility in the waiting area.***

We found the complaints process generally complied with arrangements in the NHS patient complaints procedure known as 'Putting Things Right'<sup>2</sup> and gave a list of relevant organisations for patients to contact in the event they had a complaint. The policy was missing the details of HIW for private patients. This is required by the Private Dentistry Regulations. The policy also needed to be clearer about the process and relevant organisations to contact depending on whether patients were receiving NHS or private treatment.

***Recommendation***

***The practice must include the details for HIW on the complaints policy for private patients. The complaints policy should clearly detail the procedure and organisations to contact depending on whether patients were receiving NHS or private treatment.***

We also suggested that the practice consider how they could make information more accessible to a wider range of patients. For example, we noticed that many of the signs, notices and patient information around the practice did not make use of larger font sizes and were not available in other languages, including Welsh.

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<sup>2</sup> 'Putting Things Right' are the arrangements in place for handling and responding to concerns about care and treatment provided by the NHS in Wales.

## *Delivery of Standards for Health Services in Wales*

**Overall, we found care and treatment was planned and delivered safely to patients. However, we identified improvements needed to patient records.**

### **Clinical facilities**

We looked at the clinical facilities of the ground floor surgery that was in use and these contained relevant equipment for the safety of patients and staff. However, we found there were tears in the upholstery of the dental chair which prevented effective cleaning to protect patients from cross infection.

#### ***Recommendation***

**The practice should ensure improvements are made to the dental chair to allow for effective decontamination.**

We also suggested the practice remove unused equipment stored in the clinical treatment area to allow the drawers to be cleaned effectively. We noticed the computer equipment (keyboard and mouse) in the clinical treatment area was not protected from contamination (i.e. using a plastic cover that can be removed and easily cleaned) to prevent cross infection.

#### ***Recommendation***

***The practice should ensure that all computer equipment used in the clinical treatment area can be cleaned effectively to reduce the risk of cross infection.***

We found the practice were using a type of instrument (matrix bands for holding filling material in place) which are difficult to keep clean and pose a risk of sharps injury to staff when changing the metal bands. It is recommended by the Welsh Health Technical Memorandum (WHTM 01-05)<sup>3</sup> that these instruments should be replaced by single-use matrix bands. Although we found that the practice kept these instruments suitably clean, we have made a recommendation that they should consider changing to single use matrix bands.

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

### ***Recommendation***

***The practice should consider replacing the matrix bands with single use types, to reduce the risk of cross infection and to protect staff from potential sharps injuries due to the difficulties in using this type of instrument.***

### **Decontamination of instruments and storage**

In general, the facilities and equipment used for cleaning and sterilising dental instruments at the practice were meeting the recognised good standard for decontamination. Staff told us cleaning was conducted at certain times each day and instruments waiting to be cleaned were kept in a box. We advised that whilst instruments were waiting to be decontaminated, they should be kept in a moist or humid environment to help make them easier to clean in accordance with WHTM 01-05 guidelines.

### ***Recommendation***

***Dirty instruments that are waiting to be cleaned should be kept in a moist or humid environment to prevent contaminants from drying onto instruments and making cleaning more difficult.***

The practice had a dedicated room for the cleaning and sterilisation of dental instruments and suitable processes in place to prevent patients from cross infection. Dedicated hand washing sinks and disposable items were available to help with infection control. However, we noticed that soap dispensers were not available for these sinks.

### ***Recommendation***

***The practice should ensure all appropriate hand washing facilities, including soap dispensers, are in place to prevent cross infection.***

We noticed the lighting in the decontamination room was not bright enough to allow staff to visually check the instruments were clean, as required in the cleaning procedure.

### ***Recommendations***

***The practice should ensure suitable bright lighting is available for the visual inspection of instruments during the decontamination process.***

We found that staff members did not have appropriate eye protection when decontaminating instruments. We also advised the practice should provide eye washing facilities to assist with any accidents that occurred.

### ***Recommendation***

***The practice should ensure that all appropriate personal protective equipment, including eye protection, is worn when decontaminating instruments.***

We found the practice had conducted infection control audits in previous years, but the last audit was conducted more than one year ago. In accordance with WHTM 01-05 guidelines, infection control audits should be conducted at least annually. As a result of these audits, the practice should develop an improvement plan.

### ***Recommendation***

***The practice should conduct annual infection control audits and develop an improvement plan.***

### **Waste disposal**

In general, waste was handled, stored and disposed of appropriately at the practice and a current clinical waste disposal contract was in place. However, staff told us they were disposing of dental models (teeth impressions) within the clinical waste. These items should be disposed of separately in appropriate containers.

### ***Recommendation***

***The practice should ensure dental models/impressions are stored and disposed of in appropriate waste containers.***

### **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 and up-to-date. We also saw evidence that the dentist had received appropriate training about the safe use of radiographic equipment. However, we found that staff training on radiography needed to be updated.

### ***Recommendation***

***The practice should ensure that clinical staff have appropriate training in radiography.***

## **Drug storage and emergency equipment**

Staff had access to appropriate resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. Staff had also received up-to-date training on how to deal with medical emergencies. We found there was a suitable system to replace expired medication, and drugs were stored and organised clearly. This avoids any delay in treating patients in an emergency. We suggested that battery checks to the defibrillator (used for life-threatening cardiac events) should be recorded together with the other equipment, to ensure this was suitable for use. The practice agreed to record these checks.

## **Patient Records**

We looked in detail at a sample of six electronic patient records and found there were improvements needed to ensure patient care was appropriately recorded. Based on the records we sampled, we found the following areas for improvement:

- The practice did not have a robust system for gaining informed consent from patients. Treatment plans we saw did not include information on procedures so that patients could consider them and make an informed decision
- Treatment options were not consistently recorded in patient notes
- Medical history checks were conducted, but lacked detail on medical conditions. We found they were not consistently countersigned by the dentist and updates were not always recorded in patient records
- The provision of smoking cessation information/advice to patients who smoked was not recorded in patient notes
- The records we saw were unclear whether full mouth cancer screening had been conducted
- The patient recall frequency was not always recorded, meaning it was unclear if National Institute for Health and Care Excellence (NICE) guidelines were being followed
- Basic periodontal (soft tissue) examinations were recorded but evidence this was acted upon was not consistently documented. We did not find consistent evidence that patients were informed of the results of this examination. This means that patients may not have been told about what the examination showed about the health of their teeth/gums

- Patient x-rays taken were not consistently justified, graded for quality and the clinical findings from these x-rays were not always noted. Every x-ray taken should be clinically justified and reported on to ensure that all useful information is obtained and preserved for future use. The grading of each x-ray is recommended as part of quality assurance

### ***Recommendation***

***General improvements are needed to patient records to ensure patient care and treatment is appropriately recorded and patient records are complete and accurate. In particular, improvements should be made in relation to obtaining and recording informed consent, treatment options, medical histories, smoking cessation, mouth cancer screening, recall frequency, basic periodontal examinations and radiographs.***

## ***Management and Leadership***

**On the day of the inspection, we saw that the practice was being safely run, with systems in place to ensure patient safety. However, we recommended the practice consider arrangements for clinical peer review and annual appraisals for all staff, including the principal dentist, to ensure formal monitoring of the quality and safety of the care provided.**

Approximately 50% of the patients at the practice are treated on a private basis, and the other 50% are NHS patients. The practice was run by an experienced practice manager and there was a well established staff team who had all worked at the practice for many years. This meant that patients received care from familiar staff.

Staff told us they had a clear understanding of what was expected of them and felt supported in their roles. Staff also told us they would be comfortable raising any concerns they may have to the practice manager.

All clinical staff were registered with the General Dental Council and had indemnity insurance cover. A certificate confirming the dentist is registered with HIW to provide private dentistry was displayed in the reception area. We suggested the practice make this certificate more visible to patients by moving it closer to where patients would usually wait. This was addressed on the day of inspection by the practice manager.

We found the practice had a range of relevant policies, procedures and maintenance certificates. The practice manager explained they were in the process of developing a practice manual which would also include a review of the practice's policies. We found the majority of policies and procedures had review dates to demonstrate they were current. However, some policies were missing review dates. The practice manager informed us this would be corrected in the new practice manual.

### ***Recommendation***

***The practice should have a robust system for ensuring all policies and procedures are current.***

We looked at a sample of staff training records which confirmed staff completed training opportunities relevant to their role. Staff told us they had been supported with training and continued professional development. All staff had completed training in child protection. There was folder with information on adult protection and the practice manager was booked to attend protection of



vulnerable adults training. We advised that all relevant staff should have training in the protection of vulnerable adults.

***Recommendation***

***The practice should ensure all staff are aware of the signs of abuse of both children and vulnerable adults and of the local procedures that should be followed if abuse is suspected.***

We saw evidence of annual appraisals of staff being conducted at the practice. However, no appraisal had been conducted for the principal dentist. The principal dentist had previously participated in peer review audit projects, but there were no ongoing arrangements for clinical peer review at the practice. This means there was no ongoing monitoring of the quality and safety of the care provided.

***Recommendation***

***The practice should consider arrangements for clinical peer review and have annual appraisals for all staff, including the principal dentist.***

Staff meetings were conducted approximately every two months. We saw notes from two of these meetings, but they lacked detail about the topics discussed. We suggested the practice improve the notes from staff meetings, so that clear records of discussions could be seen. We were given an example of learning from these meetings, where the complaints procedure was discussed in light of guidance from 'Putting Things Right'. As a result, the practice had printed 'Putting Things Right' leaflets and made them available to give to NHS patients, should they wish to make a complaint.

The practice had an induction programme for new and temporary staff, although all current staff members had been at the practice for many years. The practice manager told us agency staff had not been used at the practice.

We saw evidence of staff hepatitis B immunity records. The records for the dentist recommended a booster after five years, which was overdue and the immunity status for the practice manager (who also worked as a dental nurse) was unclear.

***Recommendation***

***The practice should ensure all clinical staff have appropriate vaccinations to protect against blood borne viruses.***

The practice had an arrangement for occupational health support for staff through the health board. The practice also had suitable arrangements for the recording of accidents and incidents.

We were told there were no outstanding complaints to date and the practice had not received a written complaint. We saw a record summary of verbal complaints received at the practice. Complaint records were stored appropriately and correspondence letters regarding complaints were available electronically. However, we suggested the practice use the available complaints record sheet (as included in the complaints policy) to document the actions taken in more detail. Although patients told us they were satisfied with the service provided by the practice, a common theme could be seen from the small number of verbal complaints received. For example, these complaints related to a small number of patients who were unhappy with the treatment provided. The practice manager told us the dentist had been made aware of this.

Given the number of recommendations identified during this inspection, consideration should be given to ensuring there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards.

## *Quality of Environment*

**We found the building was appropriately maintained and provided a safe environment for patients to receive treatment. We recommended the practice consider the arrangements to ensure that paper patient data is protected and secure. A fire risk assessment should also be conducted and any misleading signs should be removed.**

The practice is located in the centre of Abertillery close to the main shopping area. The practice has two surgeries on the ground floor (one surgery is not in use). The building also has a first floor, where there had previously been other surgeries that are now only used for storage. The waiting area/reception is located on the ground floor. Parking is available in town centre car parks close to the practice and there is also some limited street parking outside.

The practice is located on a narrow street on a hill. As a result, disabled access to the building is limited due to the narrow footpath and two steep steps to the front door. The practice manager told us they had assessed the possibility of providing a ramp to assist wheelchair users and patients with mobility difficulties. However, due to the height of the steps and the narrow footpath outside, they felt it would be unsafe as the ramp would lead directly onto the road.

A tour of the building confirmed the practice was suitably maintained internally and externally. We did not include the first floor storage areas and empty rooms in this inspection.

The practice had a unisex patient/staff toilet on the ground floor. This was visibly clean and contained suitable hand washing facilities to prevent cross infection. We saw the toilet had an accessible sign outside, but it did not have the appropriate handrails and facilities to allow patients with disabilities to use the toilet safely. The practice manager removed this sign on the day of inspection.

### ***Recommendation***

***The practice should ensure any toilet designated as accessible is suitable for safe use.***

The waiting area was a pleasant environment and was a suitable size. An employer's liability insurance certificate was displayed in the practice manager's office, but should be visible to patients. We also noticed the price list for private patients was difficult for patients to see due to the location behind the reception desk and small text size.

### ***Recommendation***

***The practice should ensure relevant information, including the employer's liability insurance certificate and price lists are easily visible to patients.***

Fire exits were signposted and fire extinguishers recently inspected. However, as the building had been converted, there were previous fire exit signs in place from the first floor leading to a door that was now blocked. Although the first floor was not often used by staff, there was a possibility that someone using the first floor could be misled by incorrect signage in the event of a fire. We advised the practice to assess the fire escape routes throughout the building and ensure that any misleading signs are removed.

### ***Recommendation***

***The practice should conduct a fire risk assessment, including the fire escape from the first floor, and ensure any misleading signs are removed.***

The practice kept a mixture of electronic and paper patient records. Whilst we found there were suitable arrangements in place to protect the security of electronic data, we felt improvements could be made to protect paper records held at the practice. Paper records were being stored in an open cabinet in the practice manager's office. The practice told us the office was locked when not in use. Whilst this provided some protection for records, we felt this could be improved by storing paper records in a closed and lockable filing cabinet to protect against both fire damage and unauthorised access.

### ***Recommendation***

***The practice should consider the arrangements to ensure that paper patient data is protected and secure.***

## 6. Next Steps

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

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

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

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Kieron Hastings Dental Practice**

**Date of Inspection: 19 January 2015**

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
<b>Patient Experience</b>				
7	The practice should consider providing patients with further health promotion information, including mouth cancer prevention.	Stop Smoking Wales Information poster and leaflets available. Advice/referral offered if warranted.	T Phillips	From 26/01/2015
7	The practice should develop a method of gaining patient views and feedback to regularly assess the quality of the service provided.	Suggestion box to be provided in waiting room. Patient surveys to be carried out 6 monthly	T Phillips T Phillips	01/04/2015 Next Survey 07/2015
8	The practice should ensure the complaints policy is visible to patients, particularly by increasing its visibility in the waiting area.	Font size to increase and position altered to ensure visibility	T Phillips	26/01/2015
8	The practice must include the details for HIW on the complaints policy for private patients.	Policy statement, patient information amended to contain all relevant information	T Phillips	26/01/2015

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	The complaints policy should clearly detail the procedure and organisations to contact depending on whether patients were receiving NHS or private treatment.			
<b>Delivery of Standards for Health Services in Wales</b>				
9	The practice should ensure improvements are made to the dental chair to allow for effective decontamination.	Information to be sought on new chairs available to be purchased and installed ASAP	Kieron Hastings	During 2015
9	The practice should ensure that all computer equipment used in the clinical treatment area can be cleaned effectively to reduce the risk of cross infection.	Keyboard cover on clinical work station	Kieron Hastings	26/01/2015
10	The practice should consider replacing the matrix bands with single use types, to reduce the risk of cross infection and to protect staff from potential sharps injuries due to the difficulties in using this type of instrument.	Research other available products. Monitor and risk assess current matrix system	Kieron Hastings	07/2015
10	Dirty instruments that are waiting to be cleaned should be kept in a moist or humid environment to prevent contaminants from drying onto instruments and making cleaning more difficult.	As per Cross Infection training advice moist gauze swab to be kept in container	Lynda Cooper	20/01/2015
10	The practice should ensure all appropriate	Soap dispensers to be installed in re-pro room	Kieron Hastings	12/02/2015

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	hand washing facilities, including soap dispensers, are in place to prevent cross infection.			
10	The practice should ensure suitable bright lighting is available for the visual inspection of instruments during the decontamination process.	Planned improvements to be made to lighting	Kieron Hastings	Within 6 months
11	The practice should ensure that all appropriate personal protective equipment, including eye protection, is worn when decontaminating instruments.	To make it a condition in Staff Contract of Employment that all clinical staff must use PPE provided	Tracy Phillips	05/15
11	The practice should conduct annual infection control audits and develop an improvement plan.	To arrange formal audit as part of CPD with PGDE	Tracy Phillips	03/2015
11	The practice should ensure dental models/impressions are stored and disposed of in appropriate waste containers.	Contact Initial Medical to amend Waste Contract to include Gypsum Waste	Tracy Phillips	03/2015
11	The practice should ensure that clinical staff have appropriate training in radiography.	Radiation Protection training to be updated. Course attended by all relevant staff on 30/01/2015	Tracy Phillips	30/01/2015
13	General improvements are needed to patient records to ensure patient care and treatment is appropriately recorded and patient records	Recommendations of Inspection Team to be adopted. To be audited in 3 months	Kieron Hastings	19/04/2015



Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	are complete and accurate. In particular, improvements should be made in relation to obtaining and recording informed consent, treatment options, medical histories, smoking cessation, mouth cancer screening, recall frequency, basic periodontal examinations and radiographs.			
<b>Management and Leadership</b>				
14	The practice should have a robust system for ensuring all policies and procedures are current.	Current policies to reviewed and updated as necessary. One day per month to be set aside for this specifically.	Tracy Phillips	Review 07/2015
15	The practice should ensure all staff are aware of the signs of abuse of both children and vulnerable adults and of the local procedures that should be followed if abuse is suspected.	POVA training to be arranged for all staff. Child Safeguarding updated in 2014.	Tracy Phillips	12/2015
15	The practice should consider arrangements for clinical peer review and have annual appraisals for all staff, including the principal dentist.	Annual appraisals to include Principal	Tracy Phillips	13/02/2015
15	The practice should ensure that all clinical staff have appropriate vaccinations to protect against blood borne viruses.	Hep B boosters required immediately for 2 staff then immunity tested in 3 months <ul style="list-style-type: none"> <li>• 3<sup>rd</sup> clinical staff Hep B booster due Nov 2015</li> </ul>	Tracy Phillips	06/15

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	<b>Quality of Environment</b>			
17	The practice should ensure any toilet designated as accessible is suitable for safe use.	Safe as used but practice to consider modifications to toilet that allow disabled users safe access	Kieron Hastings	01/2016
18	The practice should ensure relevant information, including the employer's liability insurance certificate and price lists are easily visible to patients.	All relevant information is presented and positioned so that it is visible to patients	Tracy Phillips	02/2015
18	The practice should conduct a fire risk assessment, including the fire escape from the first floor, and ensure any misleading signs are removed.	First Floor has been Risk Assessed and misleading signage re-positioned	Tracy Phillips and Kieron Hastings	02/2015
18	The practice should consider the arrangements to ensure that paper patient data is protected and secure.	All patients are currently being transferred to a digital format. Historical records will be disposed of appropriately i.e. after 11 years or age 25. All data to be shredded.	Kieron Hastings	07/2016

**Practice Representative:**

**Name (print):** [Tracy Phillips].....

**Title:** [Practice Manager].....

**Signature:** [Submitted Electronically].....

**Date:** [12/02/2015].....