

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

Cardiff and Vale University  
Health Board

**Holton Dental Centre**

25 February 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Holton Dental Centre at 157 Holton Road, Barry within the area served by Cardiff and Vale University Health Board on 25 February 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment.

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in *Doing Well, Doing Better: Standards for Health Services in 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 dental 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

Holton Dental Centre provides services to patients in the Barry area of the Vale of Glamorgan. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board. The practice staff team includes four dentists, one dental hygienist, five dental nurses and one dedicated receptionist. Two of the dental nurses also work as receptionists. One of the dentists is undertaking a foundation year of dental training under the guidance of a more experienced dentist at the practice. The practice is managed by an experienced practice manager and is owned by a principal dentist who works in a sister practice.

A range of dental services are provided. The practice provides dental services for NHS and privately paying patients, as well as patients signed up to the Denplan payment plan scheme. Approximately three quarters of patients receive NHS treatment.

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

## 4. Summary

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

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

Overall, we found the practice was being run with the intention to meet the relevant standards. We found that patient records were generally of a very high standard. We have made recommendations to improve aspects of the practice decontamination procedure.

At the time of the inspection, the practice had recently been taken over by the current owner, who did not work at the practice. The day to day running of the practice was managed by an experienced practice manager.

The practice had a number of relevant policies and associated procedures in place with the intention of providing safe care to patients. We saw staff working efficiently as a team and all staff told us they were happy and felt well supported in their roles.

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

The dental practice was visibly well maintained. The premises provided a comfortable environment for patients to be seen by their dentist. There was no surgery available on the ground floor of the practice and the practice was not accessible to wheelchair users.

## 5. Findings

### *Patient Experience*

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

Prior to the inspection, we asked the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In addition, we spoke with four patients who were receiving treatment on the day of the inspection. Twenty questionnaires were returned. Patients who completed the questionnaires and spoke to us had been using the dental practice for between three months and 35 years.

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

A sample of patient comments included:

*“Very satisfied, no complaints, have always been pleased with the service.”*

*“First class service at this practice. I am very happy with every aspect of my treatment.”*

*“I am a nervous patient and I am always made to feel at ease with appointment and treatments.”*

*“The dentist and nurse explain any treatment required in easy to understand language.”*

*“I am so pleased that I travel approximately 50 miles each way to visit.”*

*“A good practice which is very welcoming.”*

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



Most patients told us they had not experienced any significant delays when waiting to be seen. Staff described how they would inform patients should their dentist be running late so that patients were advised as quickly as possible if there would be a delay.

All patients felt that they were given enough information regarding their treatment, with one stating they receive *“a thorough explanation of all treatment in layman’s terms”* and another stating *“all my questions are answered completely”*.

Practice information was available to patients in a leaflet which was found in the reception area.

We were told that Welsh speaking staff members, including one of the dentists, were available for patients who requested this.

The practice does not have a website, although we were told by the practice manager that there are plans to introduce a website after a rebranding exercise, which is due to be completed by the end of the summer 2015. We suggested that the practice should look at the GDC guidelines for advertising when designing their website.

The practice manager told us that the practice continually seeks patient views about their service. We saw evidence of questionnaires on the reception desk for patients to complete. The practice manager showed us a file of completed questionnaires which are assessed and considered as soon as they are received. We saw an example of this was where a patient had identified that the quality of the appearance of the exterior of the building *“did not match the inside”*. The practice manager told us that they had changed the front door and had submitted an application for a grant to renovate the front of the building.

Although we saw cards on the reception desk with the emergency out of hours dental care number printed and we confirmed that the emergency number is provided on the practice’s answer machine message, eleven of the 24 patients who completed our questionnaire told us they did not know how to access out of hours dental care. We saw a sign in the window with details of the emergency contact telephone number and we also saw that the emergency telephone number was on a notice in the waiting room, but this was quite small and was surrounded by other practice notices. We suggested that the practice might wish to consider how it displays information so that important details stand out to patients.

When asked about making complaints, two thirds of patients told us they did not know how to make a complaint about their dental service. However, many commented that they did not feel the need to raise a concern and would find out

if the need ever arose. We saw the practice complaints procedure displayed in the waiting room. This was written in quite small font, so we suggested that the practice consider how they could make information such as the complaints notice more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages including Welsh.

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

**Overall, we found the practice was being run with the intention to meet the relevant standards. We found that patient records were generally of a very high standard. We have made recommendations to improve aspects of the practice decontamination procedure.**

### Clinical Facilities

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

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

We found that in one of the surgeries the flooring was not sealed where it meets the wall, and also that there were some work surfaces which were not sealed. We found that the flooring was not adequately sealed in another surgery. According to the Welsh Health Technical Memorandum 01-05<sup>2</sup> (WHTM01-05) guidelines, work surfaces and floor coverings should where possible be jointless. Where joints are unavoidable, they should be sealed or welded. We have recommended that the practice address this issue, particularly in Surgery 2 and Surgery 3.

### **Improvement needed**

***The practice should ensure that all work surfaces and floor coverings are, where possible, jointless. Where joints are unavoidable, they should be sealed or welded.***

### Decontamination

The practice had a dedicated room for the cleaning and sterilisation of dental instruments and we saw suitable processes in place to prevent patients from cross infection. Comprehensive equipment was available in this room including a dedicated cleaner for hand pieces and specific water for use in the autoclave

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

(steriliser). Dedicated hand washing sinks and disposable items were available to help with infection control and all appropriate personal protective equipment for staff was available.

However, we noted that a window extractor fan was in use which caused air to flow from the side of the room where dirty instruments were cleaned to the side of the room where clean and sterilised instruments were drying. This raised the possibility that dirty particles could re-infect clean instruments. The practice turned off the extractor fan on the day of the inspection and we made a recommendation that the practice consider relocating the fan to the ceiling above the sinks as a more permanent solution.

### ***Improvement needed***

***The practice should relocate the extractor fan in the decontamination room so that it no longer causes a dirty to clean flow of air.***

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

### **Waste disposal**

Contract documentation was in place for the disposal of non hazardous and hazardous waste. We saw waste had been segregated into different coloured bags/containers to indicate correct methods of disposal. These were stored securely whilst waiting to be collected.

### **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. No certificate was available to confirm that two of the dentists had attended ionising radiation training. The General Dental Council<sup>3</sup> requires all registrants to attend this training once in every five years as part of their continuing professional development. Continuing education is also required by the Ionising Radiation (Medical Exposure) Regulations 2000. We were informed that both of these dentists had recently qualified and had received this training as part of their university training. We

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<sup>3</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

reminded the practice that these dentists will require this training again within their first five years of practice.

We saw that in one of the surgeries there was no appropriate isolation switch available for the x-ray machine. An isolation switch is required to switch off the machine in the event that the machine malfunctions or if there is an emergency. It is important that this switch is located outside the area which is exposed to radiation.

***Improvement needed***

***The practice should ensure that an isolation switch for the x-ray machine in Surgery 2 is fitted outside the controlled zone.***

Drug storage and emergency equipment

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

We noted that there was only one auto injector (EPI pen) available in the surgery to deal with severe allergic reaction. If a patient experienced a prolonged attack, this might not be sufficient. We therefore recommended that the practice have more medication available for this purpose.

***Improvement needed***

***The practice should ensure sufficient treatment is available in the emergency drugs kit for anaphylaxis. 1:1000 adrenaline ampules and corresponding syringes and needles is suggested by the Resuscitation Council (UK).***

Patient records

We looked in detail at a sample of 12 patient records, including records from each dentist working at the practice. Generally, the records we saw were of a high standard, especially those notes written by the two newly qualified dentists.

However, we noted that some of the records we saw did not contain all information required. Discussion with the dentists confirmed that mouth cancer screening is carried out, although this was not always recorded in the notes we

saw. We looked at how often patients were invited back to the practice for check ups and saw that this was appropriate although not always documented. We looked at how patient consent was recorded, and we did not see a record of consent for examinations and specific treatment in every case.

We recommended the dentists at the practice should ensure that they record mouth cancer screening, recall dates and a patient's continued consent to treatment. The practice used a clinical notes template for patient records and updated this on the day of the inspection to ensure that in future all notes will contain the required information.

We found that patients were given x-rays at appropriate time intervals, and that the quality of x-rays was monitored. We saw evidence that different treatment options are discussed with patients before deciding on an agreed treatment plan.

We saw that appropriate referrals for specialist care were made, although referrals were not always followed up. We advised that the practice keep a log of all referrals made so that they can ensure that referrals are received and acted upon.

***Improvement needed***

***The practice should create a log of patient referrals so that any referrals made to other agencies can be followed up where required.***

## ***Management and Leadership***

**At the time of the inspection, the practice had recently been taken over by the current owner, who did not work at the practice. The day to day running of the practice was managed by an experience practice manager.**

**The practice had a number of relevant policies and associated procedures in place with the intention of providing safe care to patients. We saw staff working efficiently as a team and all staff told us they were happy and felt well supported in their roles.**

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

We saw that there was a well established staff team at Holton Dental Centre with some having worked at the practice for many years. This meant that patients received care from familiar staff. On the basis of our interviews with staff and our observations, we concluded that staff worked efficiently together as a team. All staff told us that they were happy in their roles and happy with their place of work. This was evident from the positive atmosphere we observed during this inspection.

Nursing and reception staff told us that they received an appraisal approximately once every year and we saw evidence of this. We also saw evidence of appraisals of dentists. The foundation dentist received ongoing supervision from her trainer and told us she felt very well supported. All staff told us they felt well supported in their roles and were able to raise any work related concerns they may have.

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

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

We saw confirmation that all clinical staff were registered with the General Dental Council. Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD). We found evidence that staff had attended training within the staff records we saw. This meant that patients could be assured that they are treated by staff who have appropriate skills and up-to-date training. We also saw evidence that appropriate indemnity insurance was in place for all clinical members of staff.

We were told that a formal induction was in place which enabled new employees to become familiar with the work environment. This meant that

patients received care and treatment from staff who were confident and acquainted with their place of work.

We saw evidence that most staff had undertaken training in child protection, although one dentist had not. Some staff had received training in the protection of vulnerable adults and we were informed by the practice manager that other members of staff will be attending this training in future.

***Improvement needed***

***The practice should ensure that all staff receive training in child protection and the protection of vulnerable adults.***

In accordance with the relevant regulations<sup>4</sup> for private dentistry, all dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice.

We saw records of hepatitis B immunity for clinical staff. Records for one staff member registered with the General Dental Council indicated that a booster vaccination was required by October 2014 and this had not taken place.

***Improvement needed***

***The practice should ensure that all clinical staff have appropriate vaccinations, including any recommended boosters, to protect against blood borne viruses.***

We looked at a sample of maintenance certificates and schedules. These confirmed that equipment was inspected in accordance with mandatory requirements. We saw that the testing of portable appliances (PAT) had been undertaken to ensure the safe use of small electrical appliances within the practice, although these tests had taken place longer than one year ago. It is best practice for such tests to be done annually.

***Improvement needed***

***The practice should ensure that PAT testing is carried out on an annual basis***

The practice had a procedure in place for all patients to raise concerns (complaints), whether they were private or NHS patients. We found that slight

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<sup>4</sup> The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009



amendments were required to ensure the policy fully reflected the current arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'). The policy should contain contact details for the Public Services Ombudsman for Wales and the local Community Health Council.

### **Improvement needed**

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

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

### **Improvement needed**

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

At the time of our inspection, not all dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the Regulations for private dentistry<sup>5</sup>. We discussed this with the practice owner and practice manager who agreed to ensure that all dental staff update their DBS check in order to comply with current regulations. It is not mandatory for other practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the employees suitability for employment. We discussed the checks undertaken of new staff with the practice manager and concluded that these checks could be more robust.

### **Improvement needed**

***The practice should ensure that all suitable pre-employment checks are carried out for new staff. This includes undertaking a risk assessment of each role to determine whether a Disclosure and Barring Service criminal records check is required.***

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<sup>5</sup> The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009. Amendments were made that came into force on 1 January 2012. These set out the legal requirements in relation to dentists providing private dentistry services.

## *Quality of Environment*

**The dental practice was visibly well maintained. The premises provided a comfortable environment for patients to be seen by their dentist. There was no surgery available on the ground floor of the practice and the practice was not accessible to wheelchair users.**

Holton Dental Centre is situated near to the town centre in Barry. There is no dedicated parking available although there is a free multi-storey car park nearby.

The practice manager told us that the practice had applied for a grant from the Vale of Glamorgan Council to upgrade the front of the building. This will include refreshing the paint work and new signage. We were told that planning permission has been obtained and the work should be completed by the end of summer 2015.

We saw a notice in the ground floor window indicating the opening times for the practice and the telephone number for patients to contact to receive out of hours dental care in an emergency. The name and qualifications of one dentist were displayed, but not for the other dentists. We were told that new signage has already been planned to include the names and qualifications of all dentists, once the renovation work has been carried out.

The practice is not accessible for wheelchair users. We saw evidence that the practice had considered patients with additional mobility needs. However, as there is currently no dental surgery on the ground floor, there were no plans to make the front of the building accessible.

The practice has considered the needs of patients with hearing impairment and a hearing loop system was available.

The practice had a main reception and waiting area on the ground floor with a dental laboratory to the rear of the ground floor which was not part of this inspection. There was a smaller waiting area on the first floor where the three dental surgeries are located. The staff facilities and practice manager's office were located on the second floor. Observations made during the inspection confirmed the size of the waiting areas were appropriate for the number of surgeries.

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

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

### **Improvement needed**

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

The practice had a unisex patient toilet on the first floor and a unisex staff toilet on the second floor. The facilities were visibly clean and contained suitable hand washing facilities to prevent cross infection.

We found there were suitable arrangements to ensure patient records were stored securely. Staff told us electronic records were backed-up daily and stored offsite. Paper records were stored in locked filing cabinets in the reception area. This means the practice has taken measures to ensure the safety and security of patients and their information.

## 6. Next Steps

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

The improvement plan should clearly state when and how the findings identified at Holton Dental Centre 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:** Holton Dental Centre

**Date of Inspection:** 25 February 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
	None			
	<b>Delivery of Standards for Health Services in Wales</b>			
9	The practice should ensure that all work surfaces and floor coverings are, where possible, jointless. Where joints are unavoidable, they should be sealed or welded. [WHTM 01-05 paragraph 6.47-6.48]	We have made arrangements for these areas to be sealed:  Surgery 2: where the flooring meets the wall and an area of work surface.  Surgery 3: Where the flooring meets the wall.	Louise Slimings (Practice Manager)	1 month
10	The practice should relocate the extractor fan in the decontamination room so that it no	We are investigating the possibility of placing an extractor fan in the ceiling of the area that dirty	Louise Slimings	Remedial Action

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	longer causes a dirty to clean flow of air. [WHTM 01-05 paragraph 6.44]	instruments are processed. Until this can be done we have removed the fuse of the extractor fan to prevent further use.	(Practice Manager)	Complete.
11	The practice should ensure that an isolation switch for the x-ray machine in Surgery 2 is fitted outside the controlled zone. [Department of Health: Guidance Notes for Dental Practitioners on the Safe Use of X-Ray Equipment (2001) paragraph 3.12]	We have made arrangements for an isolation switch for the x-ray machine in Surgery 2 to be fitted outside the controlled zone.	Louise Slimings (Practice Manager)	1 month
11	The practice should ensure sufficient treatment is available in the emergency drugs kit for anaphylaxis. 1:1000 adrenaline ampules and corresponding syringes and needles is suggested. [Resuscitation Council UK guidelines]	The practice emergency drugs kit includes 2-auto injector (EPI pens) 1 for an adult & 1 for a child to deal with a severe allergic reaction.  We have already upgraded our kit to include additional 1:1000 adrenaline ampules and corresponding syringes and needles just in case a patient experiences a prolonged attack.	Louise Slimings (Practice Manager)	Completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
12	<p>The practice should create a log of patient referrals so that any referrals made to other agencies can be followed up where required.</p> <p>[General Dental Council Standards 4.1.6]</p>	<p>We have adopted a procedure to log patient referrals to outside specialists: for example The University Dental Hospital and Orthodontists. We will audit the referrals monthly to ensure the patient has received correspondence or treatment from the referred Specialist.</p>	<p>Louise Slimings (Practice Manager)</p>	<p>Completed</p>
<b>Management and Leadership</b>				
14	<p>The practice should ensure that all staff receive training in child protection and the protection of vulnerable adults.</p> <p>[General Dental Council Standards 8.5]</p>	<p>We are committed to ensure all staff undertake training in child protection and the protection of vulnerable adults. Unfortunatley the newly qualified Dentist joined the practice 1 month after our Child Protection Training. She has since booked herself on a training course.</p> <p>Some staff have already received training in the protection of vulnerable adults, other members of staff will be attending this training 17.6.15.</p> <p>In house training is carried out on Child Protection and the Protection of vulnerable adults during staff induction. This includes reading the policies which includes who to contact for further advice and how to refer concerns to the</p>	<p>Louise Slimings (Practice Manager)</p>	<p>Actioned</p> <p>All staff training complete by 18.6.15 (3 months)</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		appropriate authority.		
14	The practice should ensure that all clinical staff have appropriate vaccinations, including any recommended boosters, to protect against blood borne viruses. [General Dental Council Standards 1.5.2]	The one member of staff whose Hepatitis B booster was overdue will book an appointment with Occupational Health to arrange this.	Louise Slimings (Practice Manager)	1 month
14	The practice should ensure that PAT testing is carried out on an annual basis [Electricity at Work Regulations 1989; Health and Safety Executive]	We have sought guidance from the HSE website: they state “The Electricity at Work Regulations 1989 requires that any electrical equipment that has the potential to cause injury is maintained in a safe condition. However, the Regulations do not specify what needs to be done, by whom or how frequently (ie they don't make inspection or testing of electrical appliances a legal requirement, nor do they make it a legal requirement to undertake this annually)”.  We are however happy to bring forward the planned 2 year PAT testing to annually to comply with Healthcare Inspectorate Wales recommendations.	Louise Slimings (Practice Manager)	1 month PAT testing Booked for 27.3.15
15	The practice concerns (complaints) procedure should be amended so that it fully reflects the current arrangements set out under ‘Putting Things Right’.	The practice complaints procedure has been updated to include the Public Services Ombudsman for Wales & Local Community Health Council.	Louise Slimings (Practice Manager)	Completed



Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[General Dental Council Standards 5.1.3 - 5.1.4]			
15	The practice should devise a system to record verbal and informal complaints. [General Dental Council Standards 5.1.6 – 5.1.7]	We now have a system in place to record verbal and informal complaints. This system will run in conjunction with our current patient feedback questionnaires where we review and act on patient's comments at our monthly staff meetings to continuously improve our services.	Louise Slimings (Practice Manager)	Completed
16	The practice should ensure that all suitable pre-employment checks are carried out for new staff. This includes undertaking a risk assessment of each role to determine whether a Disclosure and Barring Service criminal records check is required. [Doing Well, Doing Better: Standards for Health Services in Wales section 25a-b]	We are extremely fortunate to have a dedicated team of staff but welcome your recommendations when recruiting future staff.  We have updated our recruitment policy to include the undertaking of a risk assessment of each role to determine whether a Disclosure and Barring Service criminal records check is required.	Louise Slimings (Practice Manager)	Recruitment Policy Completed.
<b>Quality of Environment</b>				
18	The practice should consider providing patients with increased health promotion information, including smoking cessation and mouth cancer awareness/prevention. [Doing Well, Doing Better: Standards for	We are happy to include more health promotion information in our waiting rooms.  This will supplement the notices already displayed in surgeries and the leaflets the dentist	Louise Slimings (Practice Manager)	1 month

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Health Services in Wales section 3b-c]	& hygienist provide to patients.		

**Practice Representative:**

**Name (print):** Louise Slimings.....

**Title:** Practice Manager.....

**Signature:** Louise Slimings.....

**Date:** 9.3.15.....