

General Dental Practice Inspection (Announced)

Betsi Cadwaladr University
Health Board

Oasis Dental Practice Mold

25 March 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Oasis Dental Practice Mold at 25 Chester Street, Mold, Flintshire, CH7 1EG within the area served by Betsi Cadwaladr University Health Board on 25 March 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*¹.

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

¹ Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1st April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. www.weds.wales.nhs.uk/opendoc/214438

- Information within the practice information leaflet and website
- 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

Oasis Dental Practice Mold is part of the Oasis Dental Care network, registered under Oasis Healthcare Ltd, who provide private, NHS and specialist dentistry services to patients throughout England, Wales and Northern Ireland². The Mold Dental Practice provides services to approximately 14,000 patients in Mold and the surrounding area of Flintshire County.

Oasis Dental Practice Mold forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board. The practice employs a staff team which includes six dentists, nine dental nurses, a practice manager, a practice co-ordinator and a receptionist.

A range of services are provided. These include:

- Dental health check-ups
- Fillings
- Extractions
- Bridges, crowns and root canal treatments
- Teeth straightening and whitening
- Dental implants

Oasis Dental Practice Mold is a mixed practice, providing predominantly NHS dental services, but also some services that fall under private dental care arrangements. 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 the Private Dentistry (Wales) (Amendment) Regulations 2011.

² Information accessed March 2015 via <http://www.oasisdentalcare.co.uk/about-us/>

4. Summary

HIW explored how Mold Dental Practice met the standards of care in the *Doing Well, Doing Better: Standards for Health Services in Wales*.

Patient Experience

Overall, all the patients who responded to HIW's questionnaire and who we saw during the inspection were satisfied with the services provided. We saw that written information was available for patients, including the charges for NHS and private services and the complaints procedures. Patients are provided with sufficient opportunities to provide feedback about their experience.

However we have advised the practice to ensure that Oasis' corporate information is adapted for their Oasis dental practice in Mold, taking into consideration the relevant regulations, guidelines and standards applicable in Wales.

Delivery of Standards for Health Services in Wales

We found that the dental facilities and equipment available were good. Dental practitioners were conforming to policy and guidance in the process of cleaning and sterilising instruments.

We have reminded dentists to use the needle sheathing device obtained by Oasis to prevent the risk of sharps injuries. We also advised that sharps containers be moved away from where children may potentially be able to access them.

Staff were up-to-date with their refresher training in clinical practice such as cardio pulmonary resuscitation (CPR) and radiation and radiography.

The standard of cleanliness in the clinical areas was generally good, but the practice was reminded to wipe all the areas in the surgery rooms, where instruments are kept, and to use the protective covers when computer keyboards are not in use.

Whereas the standard of the clinical patient notes was consistently good by one dentist, there were inconsistencies between others. Therefore we have made recommendations for improvements. We advised that further audits are taken to monitor progress in this area.

Management and Leadership

The day to day management of Oasis Dental Care Mold is overseen by the practice manager, who works there on Tuesdays, Wednesdays and Thursday mornings. A co-ordinator is available at the Mold practice on Mondays and Fridays when the practice manager is not present. Overall, we found that the practice was well organised and effectively managed.

We advised the practice to review their policies and procedures, including complaints procedures, in accordance with the relevant Welsh legislation and guidance.

Quality of Environment

Oasis Dental Care Mold occupies the ground floor of converted commercial premises and is located within close proximity of Mold town centre. The practice was taken over by Oasis Healthcare Ltd in 2006 and the ground floor was completely renovated at this time. At the time of our inspection we saw that the premises was generally well maintained both internally and externally.

However we found that there was a general lack of space within the practice and, potentially, there was a trip hazard when the chairs in the waiting area were occupied. There were no staff changing and storage facilities, therefore staff were using the patient disabled toilet for this purpose, which we found was not acceptable. We were informed of plans to extend the first floor of the building, which would resolve the lack of space issues.

We have advised the practice to cover the windows to each surgery room to protect patients' privacy and dignity.

5. Findings

Patient Experience

Overall, all the patients who responded to HIW's questionnaire and who we saw during the inspection were satisfied with the services provided. We saw that written information was available for patients, including the charges for NHS and private services and the complaints procedures. Patients are provided with sufficient opportunities to provide feedback about their experience.

However we have advised the practice to ensure that Oasis' corporate information is adapted for their Oasis dental practice in Mold, taking into consideration the relevant regulations, guidelines and standards applicable in Wales.

A week prior to the inspection, HIW provided the practice with our standard questionnaire, asking patients general questions about their overall satisfaction with aspects of the service. We received and analysed the responses to 17 completed questionnaires on the morning of the inspection and spoke with three patients during the day.

All the patients above noted that they were satisfied with the services received from the practice and said the team usually makes them feel welcome. Some of the patients added positive comments and we have included a sample of these below:

"Always enjoy going to the dentist, never any problems."

"I look forward to my visits, I have a laugh at reception ..."

"Pleasant atmosphere."

Three patients had experienced a delay in being seen on the day of their appointment. However, one patient said that this was very rare; another patient indicated that there was only a slight delay and the third patient said that, although they were delayed, it was worth it. Another patient said they were impressed to receive an appointment the same day.

With the exception of one patient, everyone felt they were given enough information about their treatment. One patient said they would like to receive a copy of the current costs when they visited as well as an annual review of the condition of their teeth and possible or proposed treatment. We spoke with the practice manager about this comment and these discussions would routinely

take place during patients' appointments. Unfortunately, as the questionnaires are anonymous, we did not have the patient's contact details to explore this further.

We were informed that patients are offered three, six or 12 monthly routine appointments and that, if they have the patient's mobile phone number, reminder text messages are sent beforehand.

Some of the patients did not know how to make a complaint or how to contact the out of hours service. On the day of the inspection we saw that a list of private and NHS charges, the practice complaints procedure and out of hours contact details were prominently displayed within the practice. Given the comments received from some patients, the practice may wish to explore ways on how to improve patients' awareness of this information.

We looked at the practice information leaflet, which was due to be updated to include the practice's extended opening times. This information had already been updated on the website. Generally however, we felt that the overall written and website information by Oasis Healthcare Ltd. followed their corporate standard template and was not adequately individualised for the range of services provided at Mold Dental Practice. There was no reference made to regulations, guidelines or key organisations that exist in Wales. Information regarding complaints, for example, referred to the Care Quality Commission (CQC) as the regulatory body. This is misleading for patients in Wales as the regulator is HIW.

Improvement needed

The practice manager should consult with the relevant managers at Oasis Healthcare Ltd to review and update their written information to ensure its suitability for the Mold dental practice, taking into consideration the relevant regulations, guidelines and standards applicable in Wales.

We looked at some of the comments that patients had written in the suggestions book on the reception desk; all the comments we looked at were complimentary about the staff and/or service.

We were provided with the company's standard survey which is issued to patients on a quarterly basis. The results of the previous survey, undertaken in November 2014, was displayed on a noticeboard in the waiting area indicating patients' satisfaction with the service. We saw a stock of cards in the waiting area, inviting patients to provide their feedback online and including the company's email address for this purpose. This meant patients had sufficient opportunities to provide feedback about their experience.

Delivery of Standards for Health Services in Wales

We found that the dental facilities and equipment available were good. Dental practitioners were conforming to policy and guidance in their process of cleaning and sterilising instruments.

We have reminded dentists to use the needle sheathing device obtained by Oasis to prevent the risk of needle stick injuries. We also advised that sharps containers be moved away from where children may potentially be able to access them.

Staff were up to date with their refresher training in clinical practice such as cardio pulmonary resuscitation (CPR) and radiation and radiography.

The standard of cleanliness in the clinical areas was generally good, but the practice was reminded to wipe all the areas in the surgery rooms, where instruments are kept, and to use the protective covers when computer keyboards are not in use.

Whereas the standard of the clinical patient notes was consistently good by one dentist, there were inconsistencies between others, therefore we have made recommendations for improvements. We advised that further audits are taken to monitor progress in this area.

Radiographic equipment and documentation

We saw that the documentation relating to radiographic (x-ray) equipment was well organised and included all the relevant information, including risk assessments and routine maintenance checks. Each surgery room contained x-ray equipment and we observed that these were being used in accordance with safe working practice guidelines.

We were provided with training certificates which confirmed that all the staff responsible for using x-ray equipment had received ionising radiation training during 2014. A log book was used by the dentists to grade the quality of x-rays, which is good practice, and we saw documentary evidence of radiograph audits, the most recent of which had been undertaken in March 2015.

Clinical facilities

Overall, the clinical facilities were good and we found that each surgery room was well stocked with the necessary equipment, instruments and protective clothing. Floor and work surfaces were easily cleanable and the floor surfaces

were sealed at the edges, which helps to prevent the accumulation of dirt and dust, thus reducing the risk of cross infection.

We noticed that some of the trays in the drawers for keeping instruments and the bottom of the pedestal chairs in most of the surgery rooms contained light dirt particles or dust. We discussed this with the practice manager, who agreed to remind staff to routinely wipe these areas, as per the practice's cleaning schedule. All the other areas we saw, in the surgery rooms and within the practice, were visibly clean.

We were informed that keyboard covers had been made available to minimise the risk of cross-contamination. However, when we inspected the surgery rooms during the lunchtime hour, the covers had not been placed on all the keyboards. Again, the practice manager agreed to remind staff to use these whenever the keyboards were not being used.

Improvement needed

The practice is reminded to adhere to the cleaning and decontamination protocols, in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05³ guidelines, ensuring that surfaces are free from dust particles and covering computer keyboards when not in use.

Decontamination procedures

The decontamination process (which is the process for cleaning and sterilising dental instruments) was described to us by two of the dental nurses. This demonstrated that they were conforming to WHTM 01-05 decontamination guidelines.

The practice has a dedicated decontamination room and there were separate sinks and hand washing facilities. However, because of lack of space and storage, there are plans to extend the practice and to create an improved decontamination area. As part of this improvement plan, and to aim towards best practice, we suggested that consideration is given to the guidelines as set out in WHTM 01-05 when designing and planning for the new decontamination facilities.

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

Currently, the decontamination and reprocessing of instruments is undertaken by the dental nurse working in each surgery room. We observed that the Mold dental practice is a very busy five surgery room practice and we saw a lot of patients coming in/out during the day. We were informed that the nurse was managing to reprocess instruments during the day. We advised that the staffing levels be closely monitored, given the large number of patients they provide services to, resulting in a large number of instruments needing to be reprocessed on a daily basis, between patient use and in a safe and timely manner.

Dental instruments were being wrapped and noted with a date of 12 months for storage purposes. For the type of autoclaves used by the practice (which is type N⁴), WHTM 01-05 states:

“Practices are advised that sterilized instruments should only be stored for extended periods where there is a clear need or identified service requirement. It is recommended that wrapped instruments stored for more than 1 month should be reprocessed.

In general dental practice it is likely that the instrument stock will have a rapid turnover of use and therefore the storage of up to 1 year may be irrelevant”.

In order to comply with the above advice, the practice manager stated that they will implement a system, to note the date the instruments are sterilised and bagged and, if they are not used within a month, to reprocess them again before use.

We saw that regular audits were being undertaken at the practice, which included a comprehensive six monthly infection control audit.

Handling, storage and disposal of hazardous and non-hazardous waste

We viewed policy and procedure files and saw that there were various health and safety policies, risk assessments and contracts in place for the collection of hazardous and non-hazardous waste. Clinical waste was securely stored within the practice.

⁴ The different types of autoclaves used in dental practices are described in WHTM 01-05 document above.

Needle re-sheathing devices had been obtained for each surgery room for the safe removal of used needles; these devices are designed to protect staff by minimising the risk of decontamination through sharps injuries. However some of the dentists admitted to not using these and were therefore at a higher risk of injury. We were informed that all the dentists had been reminded of the need to use these devices and had recently received training regarding the safe use of sharps. We saw documentary evidence of the practice's sharps risk assessment, dated 2014.

Improvement needed

All the dentists should be adhering to Oasis' procedure when re-sheathing needles and using the appropriate device obtained for each surgery room, thus minimising the risk of decontamination through sharps injuries.

Some of the yellow boxes to dispose of sharps were not wall mounted and were placed on, or near to, floor level. Potentially these could be within reach of children and may pose a risk. We therefore advised the practice to move these outside the reach of children.

Improvement needed

The sharps containers should be moved away from areas where children could potentially access them.

Emergency equipment and medication

Three of the staff members were trained as first aiders, as was evidenced in some of the documentation and training certificates we viewed. We also saw that all staff were receiving annual cardio pulmonary resuscitation (CPR) training, the most recent training having been completed in June 2014.

One of the nurses was responsible for monitoring drug expiry dates and maintained a log of these. We found that emergency medication was being securely stored and all the medication we saw was within their expiry date.

Patient records

Patient records were held on the computer system. We viewed two records per dentist and we found that the quality of the record keeping by one of the dentists was consistently good. However there were inconsistencies between the other dentists and, in order to address this we discussed the improvements below.

Improvement needed

The practice should ensure that the patient information records consistently include the:

- ***Patients' social history, including alcohol and tobacco use.***
- ***Record of cancer screening, the risks and explanation.***
- ***Patients' consent, including consent for radiographs and dental treatments.***
- ***Justification of radiographs taken and a clear audit of the date taken and next due.***
- ***Full medical history, ensuring that each check box has been completed.***

We saw that a records audit had been undertaken during 2014 and 2015. This is good practice to monitor the quality and consistency of record keeping between the dentists. All the areas above were included in the standard audit checklist that we saw. However, in view of the inconsistencies above, we would recommend that their current audit process is reviewed and a further audit is subsequently undertaken to monitor progress and to ensure that steps are taken towards achieving greater consistency and improvement between dentists

Improvement needed

The practice should review their current audit procedures and undertake further regular audits to monitor the consistency and quality of record keeping between dentists and to take the necessary steps to achieve and maintain improvement in this area.

Management and Leadership

The day to day management of Oasis Dental Care Mold is overseen by the practice manager, who works there on Tuesdays, Wednesdays and Thursday mornings. A co-ordinator is available at the Mold practice on Mondays and Fridays when the practice manager is not present. Overall, we found that the practice was well organised and effectively managed.

We advised the practice to review their policies and procedures, including complaints procedures, in accordance with the relevant Welsh legislation and guidance.

We spoke at length with the practice manager and a member of Oasis' clinical compliance team during the inspection and found them to be approachable and receptive to our suggestions for improvements.

We found that the policies and procedures we viewed were generally well written and covered all aspects expected in a dental practice. The policy implementation and review dates were included and we saw that staff members had signed some of these to confirm the dates they had been read, which we noted as good practice.

However, as Oasis' policies and procedures are currently standardised across their UK network, we advised that the policies related to the Mold practice be reviewed to take into account the relevant Welsh legislation and guidelines. We were informed that a mapping exercise had already been commenced for this purpose.

Improvement needed

Policies and procedures should be reviewed and updated as necessary, in consideration of relevant legislation and guidelines in Wales.

We were informed by the practice manager that every effort was made to hold monthly staff meetings. We saw a sample of notes from recent meetings and suggested that more detailed minutes be retained, to include clear records of the discussions, actions taken and any learning points from these.

We saw that the practice complaints procedure was consistent with the NHS 'Putting Things Rights⁵' arrangements. However, these arrangements were not referred to in the complaints procedure and the practice did not currently have a copy of the 'Putting Things Right' notices or leaflets.

Improvement needed

The practice must become familiar with the NHS Putting Things Right complaints procedures that apply in Wales.

One of the patients who responded to HIW's questionnaire indicated that a complaint was efficiently dealt with and resulted in a swift and positive resolution by the practice.

From a sample of the practice complaint records there was evidence that these are taken seriously. The practice manager maintained a log of complaints which enabled them to monitor any common themes and learning points from complaints. We suggested that the acknowledgement letter date could also be added to this log.

We considered the practice's recruitment procedures and saw that enhanced Disclosure and Barring Service (DBS) disclosures had been obtained for all the staff members and were within three years of being issued. We also saw the certificates confirming the dentists' registration with the General Dental Council (GDC) and HIW. Copies of the references obtained for the most recently recruited staff member was not available and we were informed that these should have been sent to them from head office. The practice manager stated that she would obtain copies to be retained in the staff file at the Mold practice.

Given the number of recommendations identified during this inspection, the expectation is that there will be evidence of improvements in these areas at the time of the next inspection, to demonstrate compliance with relevant regulations and standards.

⁵ 'Putting Things Right' sets out the arrangements for handling and responding to concerns (complaints) about NHS care and treatment in Wales.

Quality of Environment

Oasis Dental Care Mold occupies the ground floor of converted commercial premises and is located within close proximity of Mold town centre. The practice was taken over by Oasis Healthcare Ltd in 2006 and the ground floor was completely renovated at this time. At the time of our inspection we saw that the premises was generally well maintained both internally and externally.

However, we found that there was a general lack of space within the practice and, potentially, there was a trip hazard when the chairs in the waiting area were occupied. There were no staff changing and storage facilities, therefore staff were using the patient disabled toilet for this purpose, which we found was not acceptable. We were informed of plans to extend to the first floor of the building, which would resolve the lack of space issues.

We have advised the practice to cover the windows to each surgery room to protect patients' privacy and dignity.

Aside from the recommendation made under the 'clinical facilities' in the previous section of this report (page 10), all the areas we saw were clean, light and adequately ventilated.

Each door to the five surgery rooms had a small window. As these were at eye level we could see inside whilst patients were receiving treatments. The waiting area was spread along the corridor, with chairs either side for patients to use and there was a steady flow of patients walking past most of the surgeries. It was explained to us that, in line with safe working practices, the dental practitioner comes outside the room when x-rays are taken but the window enables them to still see inside. We advised the practice to cover the windows at all other times to protect the patients' dignity and privacy.

Improvement needed

We advised the practice to cover the windows to protect the patients' privacy and dignity when people walk past surgery rooms.

The toilets, including one that was adapted for people with disabilities, were situated at the bottom of the corridor, past all the surgery rooms. When the chairs on this corridor are occupied, this restricts the space available, especially for wheelchair users or those who use walking aids. We observed several

people using walking aids during the inspection and there was an added risk of them tripping on people's feet in the waiting area.

We were informed of plans to move some of the staff facilities to the first floor. In this respect, we suggested that the computer workstation, currently located in the waiting area, is relocated and that consideration be given to moving some of the chairs to this area, which may resolve the current space restriction in the waiting area.

Improvement needed

Further consideration should be given to the layout and positioning of chairs in the waiting room, to ensure that any trip hazard they pose is minimised.

We saw that the staff facilities was very limited and that the areas occupied by the receptionists and the practice manager's room were small.

The disabled toilet was being used by staff to change into their uniforms and store their day clothes, thereby containing storage facilities for this purpose. We expressed that this practice was not acceptable and that patient toilets should not be used for storage purposes. We were informed that staff anticipate this problem being resolved when the plans to expand to the first floor go ahead.

Improvement needed

We advised that the disabled toilet should not be used for staff changing facilities and storage purposes. Alternative arrangements should be made as soon as possible.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan. 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 Oasis Dental Care Mold 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: Oasis Dental Practice (Mold)

Date of Inspection: 25 March 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
8	The practice manager should consult with the relevant managers at Oasis Healthcare Ltd to review and update their written information to ensure its suitability for the Mold dental practice, taking into consideration the relevant regulations, guidelines and standards applicable in Wales.	This is in progress of being changed on Oasis Mold patient leaflets the correct relevant regulation, guidelines and standards in Wales will be applied to on the patient information leaflets		One month
Delivery of Standards for Health Services in Wales				
10	The practice is reminded to adhere to the	Practice meeting has been carried out and the		Completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	cleaning and decontamination protocols, in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05 ⁶ guidelines, ensuring that surfaces are free from dust particles and covering computer keyboards when not in use.	WHTM 05-051 guidelines have been revisited. Insuring all surfaces, are free from dust, and clear. Reminding the staff they need to adhere to the cleaning and decontamination protocols. New computer keyboard covers have been ordered.		
12	All the dentists should be adhering to Oasis' procedure when re-sheathing needles and using the appropriate device obtained for each surgery room, thus minimising the risk of decontamination through needle stick injuries.	All dentist have revisited this procedure and policy and are very clear now on how they re-sheath needles using the correct device for this		completed
12	The sharps containers should be moved away from areas that children could potentially access them.	All Sharps containers are now off the floor and potentially out of access from children		completed
12 - 13	The practice should ensure that the patient	Dentist meeting has been scheduled to inform		Completed by

⁶ The Welsh Health Technical Memorandum (WHTM) 01-05 is a set of guidelines intended to raise the quality of decontamination (cleaning and sterilisation) work in primary care dental services.

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>information records consistently include the:</p> <ul style="list-style-type: none"> • Patients' social history, including alcohol and tobacco use. • Record of cancer screening, the risks and explanation. • Patients' consent, including consent for radiographs and dental treatments. • Justification of radiographs taken and a clear audit of the date taken and next due. • Full medical history, ensuring that each check box has been completed. 	<p>all dentists must adhere this information required for the patient records.</p> <p>Random audits will be carried out on a monthly bases to insure all required information is recorded and applied</p>		<p>29.05.15</p> <p>Audits ongoing each month</p>
13	<p>The practice should review their current audit procedures and undertake further regular audits to monitor the consistency and quality of record keeping between dentists and to take the necessary steps to achieve and maintain improvement in this area.</p>	<p>Dentists meetings carried out by our lead dentists every month will include audit monitoring and will insure in these the consistency and quality are kept and any necessary steps to achieve are outlined and met.</p>		<p>Every month and ongoing</p>
Management and Leadership				
14	<p>Policies and procedures should be reviewed and updated as necessary, in consideration of relevant legislation and guidelines applicable in Wales.</p>	<p>Practice meeting is scheduled to discuss relevant legislations and guide lines in Wales and where necessary make amendments.</p>		<p>29.05.15</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
15	The practice must become familiar with the NHS Putting Things Right complaints procedures that apply in Wales.	This has been reviewed. NHS putting things right complaints procedure in Wales is now in place		completed
Quality of Environment				
16	We advised the practice to cover the windows to protect the patients' privacy and dignity when people walk past surgery rooms.	Windows on surgery doors will be covered to protect patient's privacy and dignity.		01.06.15
17	Further consideration should be given to the layout and positioning of chairs in the waiting room, to ensure that any trip hazard they pose is minimised.	Reconstruction and extending the Oasis Mold practice is in progress once this has been completed this will eliminate issues with the layout of the chairs in the waiting room and any trip hazard that may be poised to a minimum.		6-8 Months
17	We advised that the disabled toilet should not be used for staff changing facilities and storage purposes. Alternative arrangements should be made as soon as possible.	Once reconstruction and extension to the Oasis Mold practice has been completed this will eliminate all storage issues, staff changing issues. The disabled toilet then not be used to change in.		6-8 month all dependent on planning permissions and building work carried out .

Practice Representative:

Name (print): **Natasha Bennett**

Title: **Practice Manager**

Date: **14.05.15**