

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board, Whitecross
Dental Centre

12 May 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Whitecross Dental Centre at Wrexham Technology Park, Kingsway House, Wrexham, LL13 7YP within the area served by Betsi Cadwaladr University Health Board on 12th May 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards¹. 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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. Where appropriate we consider how the practice meets these regulations, as well as any relevant professional standards and guidance.

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

¹ <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- 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

Whitecross Dental Centre currently provides services to approximately 20,000 patients in the Wrexham county. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

Whitecross Dental Centre is part of Integrated Dental Holdings (IDH), a company that runs many dental practices across the UK. IDH is in the process of re-branding and their new brand '{my} dentist' had already been implemented at the Whitecross Dental Centre.

We were informed that approximately 95% of dental services at Whitecross was currently for NHS patients. Additional dental treatments can be offered under private arrangements.

The practice employs a staff team which includes four dentists (including one locum), one dental hygienist (currently working on Saturdays only), six dental nurses, three reception staff (one who works Saturdays only) and a practice manager.

The full range of NHS dental services is provided and the private dental treatments offered include tooth whitening, dental implants and dental hygiene services.

4. Summary

HIW explored how Whitecross Dental Centre meets the standards of care set out in the Health and Care Standards April 2015.

Patient Experience

Overall, we found that the patients were satisfied with the services received at Whitecross Dental Centre. The current staff team were multi-lingual and therefore, in most instances, patients' language needs were being met. The overall information available to patients was good.

Patients were invited to provide feedback about the service but we found that the current system was informal, relying on patients to volunteer information which the practice received sporadically. There was evidence that patients' views were being listened to and followed up by the practice manager. However we advised the practice to develop a more regular system for obtaining patients' views about the service and to demonstrate how their views were being used to influence changes to the service provision.

Delivery of Health and Care Standards

In summary, the good standard of facilities, equipment, systems and procedures we found were contributing towards promoting people's overall health, safety and welfare and minimising the risk of harm.

The decontamination facilities and process (for cleaning and sterilising dental equipment and instruments) were excellent. The four surgery rooms at the practice were clean, spacious and well equipped. We saw documentary evidence, demonstrating that regular maintenance checks and audits were being undertaken.

Overall, the quality of record keeping was also excellent and consistent amongst all the dentists. We found effective peer reviewing and internal audit procedures, which assisted towards achieving and maintaining this overall high standard.

Management and Leadership

We found that Whitecross Dental Centre was a well organised and efficiently run practice. We saw that the practice manager and IDH were proactive in aiming towards improving and maintaining a high standard of service.

There were also robust policies and procedures in place by IDH. These were being reviewed and, where necessary, updated in line with legislation and guidelines in Wales. We saw that there were effective systems in place to respond to complaints. We advised the practice that this could be further improved if their complaints log also includes a record of the discussions held regarding informal complaints or concerns received.

Quality of Environment

The quality of the environment was very good, having been purpose built as a surgery in 2006 and therefore suitable and fit for purpose as a dental surgery. The overall rooms and facilities available, including car parking, staff rooms and toilets were good. IDH had introduced new signage and notices throughout the environment, which demonstrated a patient centred ethos.

There was accumulation of dust in parts of the toilet areas. We have reminded the practice to adhere to the detailed cleaning schedule which covered the cleanliness of toilet areas. All the other areas we saw during the inspection were clean and well maintained.

5. Findings

Patient Experience

Overall, we found that the patients were satisfied with the services received at Whitecross Dental Centre. The current staff team were multi-lingual and therefore, in most instances, patients' language needs were being met. The overall information available to patients was good.

Patients were invited to provide feedback about the service but we found that the current system was informal, relying on patients to volunteer information which the practice received sporadically. There was evidence that patients' views were being listened to and followed up by the practice manager. However we advised the practice to develop a more regular system for obtaining patients' views about the service and to demonstrate how their views were being used to influence changes to the service provision.

HIW issued a questionnaire to the practice a week prior to the inspection, to distribute to patients as they came in for their appointment. We received 14 completed questionnaire on the morning of the inspection and spoke to a further four patients during the day.

Overall, 13 of the patients confirmed that they were satisfied with the service received at Whitecross Dental Centre and that the practice team usually made them feel welcome. A few of the patients added positive comments, which included:

"Really satisfied with all aspects of this service. Long may that continue. Also really liking the makeover of the building".

"We have enjoyed good dental service and staff overall are most considerate".

"They are most friendly people, always ready to help ... I recommend anyone to come to dentist, they are brilliant".

One patient commented that they had been charged for a service when they were four minutes late and that they would like a more thorough clean of their teeth. There was, however, no indication that the patient had raised these matters with the practice. Also, the questionnaires are anonymous, so we were unable to follow this up further. We discussed these comments with the practice manager who informed us that she makes every effort to find a satisfactory

resolution regarding any concerns raised by patients. Information regarding late or missed appointments is available for patients and a charge may be made for repeated late or missed appointments.

Two of the patients we saw were newly registered and one of them informed us that the practice had been recommended by a relative. On first impression she was very pleased with the service received. Another patient had telephoned that morning and had been offered an emergency appointment before lunchtime, which he appreciated.

At the time of the inspection the practice was waiting for the '{my} dentist' patient information leaflets to be provided. We would suggest that information regarding late or missed appointments is included, if not already contained in the information. Some of the information in the current practice information pack was written in small font and we suggested that larger font would be more suitable, to which the IDH clinical director present during the inspection, agreed to follow up.

We found that patients had access to useful information, some of which was illustrated by useful pictures, including the different dental treatments available. We were informed that re-branded information and notices will be provided in English and Welsh; we saw that bilingual information had already been provided in some areas including complaints, which we acknowledged as good practice.

We were informed that the dentists combined, can speak Spanish, Polish, Hungarian, Lithuanian and Russian. One of the receptionists is a first language Welsh speaker and therefore, in many cases, staff can converse using the patients' first spoken language. This assists greatly in addressing patients' language and communication needs and is therefore noteworthy practice.

Not all the patients knew how to contact the out of hours service or how to make a complaint. However, many of the patients added comments, for example they did not anticipate needing to complain or that they would find out these numbers if needed. On the day of the inspection we saw that this information was clearly displayed within the practice and therefore did not include this as an 'improvement needed' in this report.

We saw that patients were invited to provide feedback, either via the patient feedback forms available at the practice or via IDH's website. When we viewed the website we found that it did not currently reflect the complaints procedures in Wales and this information will therefore need to be updated.

Improvement needed

IDH's website information regarding Whitecross Dental Centre should be updated to include the relevant legislation and guidelines that apply in Wales.

We looked at a sample of patient feedback obtained by Whitecross Dental Centre, which included 'Thank You' cards and indicated that overall, the patients were very satisfied with the services received. Although patients were provided with an opportunity to provide their views about the service, we found that only a few feedback forms had been received during 2014 and during previous years. The computer system was not available at the time to check any comments received via the website. However the practice manager informed us that there was no formal system in place for obtaining patient feedback.

Additionally, the practice manager told us that she follows up all the patient feedback received, whether negative or positive, through a telephone call or handwritten letter. We acknowledged this as a good service, demonstrating that patients' views are respectfully taken into account. However, as no records were kept, we suggested that a log is maintained of any telephone calls made or letters sent and that copies of the letters are retained. This will assist the practice manager to monitor the overall feedback received and any common themes that may emerge.

Improvement needed

We advised the practice to develop a more regular system for obtaining patients' views about the service. The practice manager's follow up action should be logged and, where possible, the overall feedback received should be used to influence changes to the service provision.

Delivery of Health and Care Standards

In summary, the good standard of facilities, equipment, systems and procedures we found were contributing towards promoting people's overall health, safety and welfare and minimising the risk of harm.

The decontamination facilities and process (for cleaning and sterilising dental equipment and instruments) were excellent. The four surgery rooms at the practice were clean, spacious and well equipped. We saw documentary evidence, demonstrating that regular maintenance checks and audits were being undertaken.

Overall, the quality of record keeping was also excellent and consistent amongst all the dentists. We found effective peer reviewing and internal audit procedures, which assisted towards achieving and maintaining this overall high standard.

Radiography (x-ray) equipment and documentation

A radiation protection file was being maintained and included the relevant information and radiography audit checks; the last audit was undertaken during 2014. There were valid maintenance certificates for each piece of radiographic equipment used within the practice. Radiographs were being automatically processed and we saw that radiographs' quality; which were graded by the dentists, were good. Patient records included a record of justifications for radiographs and a report of the findings.

Each surgery room contained an x-ray machine and we observed that appropriate signage was displayed outside these areas. We suggested that a written diagram of the surgery rooms, identifying the controlled area when taking radiographs, is added to the radiation protection file, to which the practice manager agreed to complete. The local rules, containing the key working instructions and responsibilities intended to restrict exposure to radiation, had temporarily been removed from the surgery rooms following recent redecoration work. The practice manager confirmed that these were to be put back up in individual surgery rooms.

The practice also had an OPG machine in a dedicated room. The OPG machine enables dentists to take a panoramic radiograph of the upper and lower jaws. This can be an advantage if oral surgery, implants or orthodontics are carried out at the practice. Training, in accordance with The Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER), had been undertaken by dentists within the last five years (as recommended by the

General Dental Council). The training certificates for three of the dentists were available to us for inspection. However a locum dentist had commenced work in the last month and a copy of the certificate should be made available to the practice as soon as possible.

Resuscitation and First Aid

Two of the staff members were designated as the first aiders and that they had received first aid training during 2014, which we saw the certificates for. We received confirmation that all the staff at the practice received annual cardio pulmonary resuscitation (CPR) training, as recommended by the Resuscitation Council. We saw a sample of the most recent CPR training certificates, dated September 2014.

The practice had adequate resuscitation equipment and there was evidence that this was checked daily. We saw that emergency medication was also available and that a system was in place to check their expiry dates.

Hazardous and non-hazardous waste

Contracts were in place for the collection and disposal of clinical and non-hazardous waste. We saw that waste was being disposed of in the appropriately coloured bags and bins. The practice manager informed us that she had asked the landlord to fit a gate where the external bins are stored, for added security. We viewed this area and found that, although locked, there was no additional storage facility and the clinical waste bins were of a size that they could be potentially taken off the premises.

Improvement needed

The practice is to consider the additional security measures needed to prevent, or minimise the risk of the clinical waste bins being tampered with or moved from the premises.

Decontamination (cleaning and sterilising) process

Overall, we found that the decontamination facilities and process were excellent. There was a dedicated decontamination room, which contained suitable hand washing facilities, two sinks for washing and rinsing instruments, a washer disinfectant (which is ideal practice although, at the time of our visit, the new unit had not yet been configured for use), two ultrasonic baths and two different types of autoclaves (sterilising units).

A rota system operated to ensure that there was a dedicated dental nurse to undertake the decontamination process each working day. Again this practice was ideal to promote safe working practices and maintaining competence in this area.

Clinical Facilities

We looked at the four surgery rooms and saw that these were clean, spacious and well stocked with dental instruments. Work and floor surfaces were easy to clean and looked in good condition. The work surfaces were sealed around the edges, which helps to prevent the accumulation of dust and dirt. Computer keyboard covers were available, to help keep keyboard clean and free of contamination. However we saw that only one keyboard had been covered over the lunchtime period.

Improvement needed

Dentists are reminded to use protective covers on the computer keyboards at all times.

The practice used the 'In Safe' needle disposal system for removing and disposing of used needles. We saw that this was an effective system to minimise the risk of sharps (needle stick) injuries.

At the time of our inspection we did not see evidence to demonstrate that daily compressor checks were being undertaken. However the practice manager contacted us the day after the inspection to confirm that daily checks are in fact undertaken by the dental nurses and that a log of these is maintained alongside all the other daily checks undertaken. Given the overall high standards found during the inspection we are confident that compressor checks are being undertaken, although we would expect to see evidence of this log during any future inspection.

Record Keeping

We looked through a random sample of four records per dentist, considering 16 records in total. Overall, we found that the quality of record keeping was excellent. All the dentists were writing detailed and informative records, updating patients' medical histories at each visit. There was clear evidence of treatment planning, discussions about the treatments available and the risks and benefits to the patient. We saw that each patient was given a treatment plan.

From reading some of the records we could also see that patients were given general oral health, smoking cessation, cancer screening and diet advice, which was very good practice and in line with recommendations for dentists.

We suggested that the records could be further improved if the cancer risk, additional social history (for example, whether patient was a smoker/non-smoker, their alcohol intake) and the date when the next radiograph was due, was captured within the basic patient information screen; thus enabling the dentists to locate this information quickly.

Management and Leadership

We found that Whitecross Dental Centre was a well organised and efficiently run practice. We saw that the practice manager and IDH were proactive in aiming towards improving and maintaining a high standard of service.

There were also robust policies and procedures in place by IDH. These were being reviewed and, where necessary, updated in line with legislation and guidelines in Wales. We saw that there were effective systems in place to respond to complaints. We advised the practice that this could be further improved if their complaints log also includes a record of the discussions held regarding informal complaints or concerns received.

Whitecross Dental Centre was established by IDH in 2006. The management of the practice is overseen by the practice manager, who has worked at the practice since it first opened (initially starting as a dental nurse). She was appointed to the role of practice manager approximately 12 months prior to our inspection.

One of the clinical directors for Wales was also present during the inspection, to gain a better understanding of HIW's inspection process and to consider any suggestions we made for Whitecross and, if relevant, other IDH dental practices in Wales.

There was evidence that staff were being well supported, both internally within the practice and in line with IDH's overall management structure. The practice manager praised the support and advice available through the organisation. All the staff were friendly and approachable towards us. The patients we saw during the inspection praised the staff.

We found that the practice manager was well organised and had developed checklists and spot check forms, to assist her with monitoring standards. Incentive measures had been implemented by the practice manager, for example a 'golden ticket' reward in recognition for good record keeping, which she said had proved popular amongst staff.

Regular staff meetings were being held and we read some of the minutes, which included sufficient details and demonstrated continuous learning and development by the practice team. A training file was kept for each staff member and the practice manager had developed a training matrix for each one. We saw that this was an effective system for monitoring progress with staff members' continuous professional development.

IDH had a set of comprehensive policies and procedures, which covered all the areas that we were inspecting. From our inspection of a few of the other IDH practices in Wales, we saw an improvement in that some policies had subsequently been reviewed and referred to legislation and guidelines in Wales. A couple of these still needed updating however, for example the whistleblowing procedure, where staff were signposted to the regulator in England, Care Quality Commission, rather than to the relevant organisations, including HIW, in Wales. We were informed that the work to review IDH's policies and procedures remains in progress and that they will continue to update these as necessary, in line with legislation and guidelines in Wales.

We were informed that a log of complaints is held electronically. We were unable to view the log on the day of the inspection as the system was temporarily unavailable. However we viewed the complaints file, which contained copies of correspondence relating to the complaints. We found that these complaints had been appropriately responded to and investigated. We also saw that the responses to patients were sensitively written, demonstrating that their complaints are taken seriously by the organisation and that a satisfactory resolution was sought whenever possible. The practice manager informed us that she also follows up comments that have not led to patients making a formal complaint, for example through telephone calls or face to face discussions, which usually take place on the same day. These were not being recorded.

Improvement needed

In order to improve their complaints handling process further, our previous recommendation in the Patient Experience section of this report (page 8) should also include a log of discussions held regarding informal complaints or concerns. This will help to identify common themes that emerge and to consider the possible actions to mitigate similar concerns.

From our discussions with the practice manager and through looking at a sample of staff files we saw that appropriate recruitment checks had been undertaken prior to commencement in post. Staff undergo a 12 week induction programme and probationary period, as we saw for the most recently recruited staff member. IDH's policy is to renew staff members' disclosure and barring checks every three years, which is in line with good practice.

Quality of Environment

The quality of the environment was very good, having been purpose built as a surgery in 2006 and therefore suitable and fit for purpose as a dental surgery. The overall rooms and facilities available, including car parking, staff rooms and toilets were good. IDH had introduced new signage and notices throughout the environment, which demonstrated a patient centred ethos.

There was accumulation of dust in parts of the toilet areas. We have reminded the practice to adhere to the detailed cleaning schedule which covered the cleanliness of toilet areas. All the other areas we saw during the inspection were clean and well maintained.

Whitecross Dental Centre is located in Wrexham Technology Park. The commercial units were opened in 2006 and the practice was purpose built, initially as a GP surgery, but was then acquired by IDH as a dental surgery.

There are ample car parking spaces around the units, although we found that most of the spaces nearest Whitecross Dental Practice were occupied during the day. Two of the car parking spaces outside the practice were designated for disabled persons.

Whitecross Dental Centre occupies the ground floor area. There was a ramp with a slight incline to access the building. The building looked well maintained but we suggested that, as part of future developments, an automatic door is considered, to enable access for wheelchair users.

The practice was divided between a large reception/waiting room and a corridor leading to the four surgery rooms. Although this was a busy practice we found that there were enough chairs for patients in the waiting room. The practice manager's office was situated behind the reception area, and therefore provided the facility for confidential telephone or face to face discussions with patients.

Staff and patients had access to a male, female and a disabled toilet. Whereas we saw that the standard of cleanliness within the practice area and surgery rooms was good, some of the fittings in the toilets were covered in light dust. The floor in one toilet was stained. We saw that IDH's cleaning schedule was detailed and adequately covered the cleaning of toilet areas.

Improvement needed

We advised the practice to ensure that the cleaning schedule is followed for all areas of the building, including toilets.

The non-smoking signs had temporarily been removed following recent redecoration work; the practice manager agreed to put these back up. We saw that the overall signage was good, for example directing patients from the surgery rooms back to the reception area and providing interesting facts and figures about dental health. IDH's clinical director informed us that the signage had been carefully considered with the aim of relaxing patients and putting them at ease when visiting the dentist. Overall therefore the environment was conducive to a person centred ethos.

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 Whitecross 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: Whitecross Dental Centre, Wrexham

Date of Inspection: 12 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
9	IDH's website information regarding Whitecross Dental Centre should be updated to include the relevant legislation and guidelines that apply in Wales. (Health and Care Standard 3.2)	<p>The Compliance Team within IDH's Support Centre (Head Office) are working with the company's marketing team in order for the relevant legislation and guidelines that apply in Wales to be provided on the website. As part of the rebrand process the business are closing down the IDH website and the new {my} dentist website which will replace the IDH website is already up and running; www.mydentist.co.uk/home.</p> <p>The information regarding the complaints process for Wales will be made available on the new website by 6/07/15. Patients will be able to find the information regarding the complaints</p>	Compliance Team	06/07/15

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		<p>procedures by clicking on Patient Information then onto Customer Feedback then there will be a separate tab for welsh patients to click on with a link to view the company's complaints procedure which follows the 'Putting Things Right' guidelines.</p>		
9	<p>We advised the practice to develop a more regular system for obtaining patients' views about the service. The practice manager's follow up action should be logged and, where possible, the overall feedback received should be used to influence changes to the service provision.</p> <p>(Health and Care Standard 6.3)</p>	<p>The Practice Manager will ensure that there are more patient feedback forms in reception and made available in 3 different throughout the practice.</p> <p>The Practice Manager will hold a practice meeting and make sure that all staff and clinicians are actively seeking feedback and handing out/collecting feedback forms to as many patients as possible. Reception staff will hand out feedback forms to every patient when they check in at reception for their appointment. These feedback forms will then be collected back off the patients once they have had their appointment.</p> <p>The Practice Manager will also actively speak to patients at random regarding the service provided and record this each week.</p> <p>The Practice Manager will collate and analyse the feedback forms and the learnings from the feedback will be fed back to the team during the</p>	Practice Manager	To Implement by 30.06.2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		<p>monthly practice meetings and recorded in the meeting minutes. The results will also be shared with patients and displayed in the waiting room.</p> <p>Any improvements or changes as a result from the feedback will be assessed and where appropriate will be implemented.</p> <p>The practice also contacts any patient with a mobile phone with an SMS Customer Survey allowing them to leave feedback on a scale from 1-5 (1 being poor and 5 being excellent). The survey also allows patients to leave comments up to a maximum number of characters. The Practice Manager logs into the patientcomms.co.uk to view the data. This website allows the Practice Manager to access the dashboard data and surveys enabling them to see individual ratings and any comments left. The Practice Manager will complete a check on this data every week. The ratings will be discussed at every practice meeting.</p> <p>The Practice Manager will create a Patient Feedback folder to record every type of feedback such as verbal feedback/telephone feedback and handwritten feedback forms, a follow up section will also be included in the file in order to keep track and record a timeline of</p>		

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		<p>responses. This will allow the Practice Manager to collectively monitor feedback from patients so improvements can be made. The Practice Manager will check this and NHS Choices on a weekly basis to ensure all have been dealt with/responded to within the company's complaints handling policy.</p> <p>In addition the Practice manager will continue to log all complaints/feedback on the company's electronic complaints system which is managed by the company's Patient Support team. This will enable the Practice Manager to always keep a chronological log of complaints including the type of complaint/feedback. This system allows the Practice Manager to upload copies of complaint letters, responses and feedback forms for future reference.</p>		
Delivery of Health and Care Standards				
11	The practice is to consider the additional security measures needed to prevent, or minimise the risk of the clinical waste bins being tampered with or moved from the premises.	The Practice Manager is already liaising with landlord with regards to security issues around the outside waste bins. The landlord intends to put a lockable gate at the side of the building, a fence all the way around the side and a bigger secure unit to accommodate all the trade waste	Practice Manager	18/09/15

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	(Health and Care Standard 2.4)	and clinical waste bins. This could take some time for the landlord to complete the work needed therefore in the interim the Practice Manager has raised a job with the Facilities Team for a contractor to come out and chain the clinical waste bins together and to a wall to prevent them being tampered with or moved from the premises.	Practice Manager	18/07/15
12	Dentists are reminded to use protective covers on the computer keyboards at all times. (Health and Care Standard 2.4)	The Practice Manager will hold a practice meeting to reiterate the importance of making sure keyboard covers are used at all times. Any keyboards without a cover will be ordered immediately. The Practice Manager will conduct random spot checks each week to ensure keyboard covers are always in use.	Practice Manager	17/06/15
Management and Leadership				
15	In order to improve their complaints handling process further, our previous recommendation in the Patient Experience section of this report (page 8) should also include a log of discussions held regarding informal complaints or concerns. This will help to identify	As mentioned in the previous section under Patient Experience the Practice Manager will ensure that patient complaints/feedback will be discussed at all practice meetings and will be a regular occurrence on the meeting agendas. These findings will be logged on the meeting minutes and any actions resulting from complaints/feedback will be recorded as part of	Practice Manager	30/06/15

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>common themes that emerge and to consider the possible actions to mitigate similar concerns.</p> <p>(Health and Care Standard 6.3)</p>	<p>the company's electronic complaints system.</p> <p>Any common themes will acted upon to prevent them from happening in the future.</p>		
Quality of Environment				
16	<p>We advised the practice to ensure that the cleaning schedule is followed for all areas of the building, including toilets.</p> <p>(Health and Care Standard 2.4)</p>	<p>The Practice Manager will hold a 1-2-1 meeting with the cleaner to discuss the issues around the dust in the toilet areas. The Practice Manager will introduce a revised cleaning checklist with the cleaner in line with cleaner's company job description. The Practice Manager will ensure that spot checks by the team are completed on the toilets and communal areas to ensure they are kept clean at all times.</p>		22/06/15

Practice Representative:

Name (print): Mrs Anna-Jayne Lewis

Title: Practice Manager

Date: 18/06/15