

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

Abertawe Bro Morgannwg  
University Health Board,  
**{my}dentist, Nolton  
Street, Bridgend**

16 February 2016

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## Contents

1.	Introduction .....	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings .....	6
	Quality of the Patient Experience .....	6
	Delivery of Safe and Effective Care.....	9
	Quality of Management and Leadership.....	15
5.	Next Steps .....	17
6.	Methodology.....	18
	Appendix A .....	20

## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at {my}dentist (Bridgend) practice, 54-58 Nolton Street, Bridgend, CF31 3PB, on 16 February 2016.

HIW explored how {my}dentist (Bridgend) practice met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient Experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and Leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

## 2. Context

The {my}dentist (Bridgend) practice provides services to patients in the Bridgend area. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice provides both private and NHS dental services.

The practice staff team includes five dentists, one hygienist, four nurses, a practice manager and three receptionists. At the time of our inspection three trainee nurses were also working at the practice.

### 3. Summary

The {my}dentist (Bridgend) practice treats patients with dignity, respect and kindness. Patients who provided comments indicated they were satisfied with the service provided by the practice team. Patients also confirmed they were seen in a timely manner.

The practice had various ways for patients to give feedback on their experiences of using the practice's services. We saw that feedback was considered and shared with the practice staff with a view to making improvements. A written policy was in place to deal with patients' complaints. However, there were two versions available and information for patients was not clear or consistent. We have asked the practice to make improvements to its complaints procedure so that it is clear.

The practice had systems in place with the aim of providing patients with safe and effective care. The practice premises were visibly well maintained and arrangements were in place to safely store and dispose of clinical and household waste. Staff had access to emergency equipment and had received training on dealing with a patient emergency (collapse).

We identified some improvement was needed to ensure the practice was fully compliant with national guidance regarding the records that should be maintained in respect of sterilisation equipment. The practice should also progress with plans to have a separate decontamination room as recommended by the guidance.

Documentation and information was available to demonstrate that X-ray equipment was safe to use. However, we identified improvement was needed to ensure X-ray films were of a suitable quality, so that dentists could read them easily and make effective decisions about patients' ongoing care and treatment.

We identified improvement was needed around aspects of record keeping within patients' dental records. We have asked the dentists working at the practice to address this. We have also asked the practice to check that dentists are correctly using the NHS price banding system and provide HIW with a summary of its findings and the action taken as a result.

The practice had a clear management structure and staff had a clear understanding of their roles and responsibilities. Effective communication systems were in place which ensured that any changes to day to day services were made known to all members of the team. Staff told us they felt well

supported by senior staff and that they had opportunities to attend relevant training.

## 4. Findings

### *Quality of the Patient Experience*

**The {my}dentist (Bridgend) practice treats patients with dignity, respect and kindness. Patients who provided comments indicated they were satisfied with the service provided by the practice team. Patients also confirmed they were seen in a timely manner.**

**The practice had various ways for patients to give feedback on their experiences of using the practice's services. We saw that feedback was considered and shared with the practice staff with a view to making improvements. A written policy was in place to deal with patients' complaints. However, there were two versions available and information for patients was not clear or consistent. We have asked the practice to make improvements to its complaints procedure so that it is clear.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, 20 completed questionnaires were returned. Patient comments included:

*'I have never had any problems here and am very happy with this practice.'*

*'My dentist could explain more, as I am a nervous patient.'*

*'Very satisfied.'*

### Dignified care

We found that people visiting the practice were treated with dignity and respect by practice staff.

We observed staff being kind and polite to patients. All patients who returned completed questionnaires told us that the practice staff had made them feel welcome. Some patients added their own positive comments describing how members of the dental team had treated them during their visits.

The practice provided both NHS and private dental services. Information on costs for treatment was clearly displayed within the waiting areas. This meant patients had access to information on how much their treatment may cost. Copies of a patient information leaflet were available for patients to take away with them. This meant that patients had access to key information about the practice that they could keep for future reference.



### Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner.

The majority of patients (15) who provided comments within HIW questionnaires, told us they had not experienced a delay in being seen by their dentist on the day of their appointment. Those who told us they had, indicated the delay had been short and had not caused them a problem. Reception staff described a process for keeping patients informed should the dentist be running late, or unexpectedly absent.

Information for patients on how to access urgent dental treatment when the practice was closed was made available via a variety of means. However, whilst this information was available, just over half of the patients who returned completed questionnaires did not know how to access the out of hours dental services. The practice should therefore review the arrangements for making patients aware of this information.

### Staying Healthy

We saw that health promotion material was displayed around the practice. Leaflets were also available. This meant that patients had access to information on how to take care of their own oral hygiene and health.

The majority of patients (17) who returned completed questionnaires told us they felt they had been given enough information about their dental treatment. A small number of patients (3) felt that they were not always provided with this information. The practice team should explore the reasons for this, and make improvements as necessary.

### Individual Care

The practice had arrangements to make its services accessible for people with different needs. Patients could provide feedback of their experiences through a variety of ways.

We saw there were no steps to the entrance of the practice, which meant it could be accessed by people who use wheelchairs and those with mobility difficulties. For patients who find stairs difficult to manage, arrangements could be made for them to be seen in the surgeries located on the ground floor.

We found the practice had a number of ways for patients to provide feedback on their experiences of using the practice. These included a suggestion box within the waiting room and a text messaging system where patients were invited to provide comments following their visit. The manager demonstrated a

strong commitment to sharing and acting on patient feedback. For example, we saw that feedback from patients was subject to regular audit and we were told that comments received were shared with staff at practice meetings. This was with a view to making improvements to the service wherever possible.

The practice provided both private and NHS dental services and is therefore required to have a written procedure in place that meets both *Putting Things Right*, the arrangements for dealing with complaints about NHS treatment in Wales and the requirements of the regulations associated with private dentistry. Information on how to make a complaint was prominently displayed in the waiting areas and generally met with the *Putting Things Right* arrangements. However, information for patients receiving private dental services was not being displayed.

We saw that different variations of the same procedure were available. These provided information that was not consistent and not clear for patients. Specifically, the timescales for responding to complaints within the written procedure were different to those displayed and it was not clear that only complaints about NHS dental treatment could be referred to the Public Services Ombudsman for Wales. We also saw that complaints literature referred to the Health Service Ombudsman for England. Given that different arrangements exist in Wales, the practice should change any references to *Health Service Ombudsman* and replace with *Public Services Ombudsman for Wales*. This is to ensure that patients are made aware of the correct person to contact if needed. We informed senior practice staff of our findings who showed a strong willingness to address the improvement needed.

### ***Improvement needed***

***The practice must make suitable arrangements to ensure that information displayed and provided to patients on how to make a complaint about their dental treatment is clear, consistent and in accordance with both Putting Things Right and the Private Dentistry (Wales) Regulations 2008.***

Whilst we identified improvement was needed around information provided to patients, the sample of complaints records we saw showed that, overall, complaints had been dealt with in a timely manner.

Just over half the patients who returned a completed HIW questionnaire indicated they were not aware of how to make a complaint about services they receive. Therefore (in addition to the above improvement needed), the practice should also review the arrangements for making patients aware of how to raise concerns (complaints) about their dental treatment.

## ***Delivery of Safe and Effective Care***

**The practice had systems in place with the aim of providing patients with safe and effective care. The practice premises were visibly well maintained and arrangements were in place to safely store and dispose of clinical and household waste. Staff had access to emergency equipment and had received training on dealing with a patient emergency (collapse).**

**We identified some improvement was needed to ensure the practice was fully compliant with national guidance regarding the records that should be maintained in respect of sterilisation equipment. The practice should also progress with plans to have a separate decontamination room as recommended by the guidance.**

**Documentation and information was available to demonstrate that X-ray equipment was safe to use. However, we identified improvement was needed to ensure X-ray films were of a suitable quality, so that dentists could read them easily and make effective decisions about patients' ongoing care and treatment.**

**We identified improvement was needed around aspects of record keeping within patients' dental records. We have asked the dentists working at the practice to address this. We have also asked the practice to check that dentists are correctly using the NHS price banding system and provide HIW with a summary of its findings and the action taken as a result.**

### **Safe Care**

**We found the practice had systems in place to protect the safety and wellbeing of staff working at and people visiting the practice.**

**Written policies were available to guide staff with the aim of providing safe care to patients. We were told that staff could access these via the practice intranet site. A system was in place to make staff aware of changes to policies and procedures. Senior practice staff described that staff were expected to sign when they had read and understood policies, including any updates. Staff we spoke to also confirmed this. We considered this to be noteworthy practice.**

**The practice building appeared visibly well maintained both internally and externally. We saw that the practice was decorated and furnished to a high standard. Fire safety equipment was available and we saw this had been serviced within the last 12 months. We saw paperwork that indicated small electrical appliances had been subject to portable appliance testing (PAT) to confirm they were safe to use.**

Contract documentation was available in respect of the safe transfer of hazardous (clinical) and non hazardous (household) waste produced by the practice. We saw that waste was being stored securely whilst waiting to be collected by the external contractor.

We found arrangements were in place to protect people from healthcare associated infections. A range of written policies and procedures were available to guide staff in reducing cross infection. We saw that personal protective equipment (e.g. disposable gloves, aprons and eye protection) was readily available in surgeries. Staff confirmed they always had access to such protective equipment. Dedicated hand washing facilities were available in surgeries and lavatories to reduce cross infection. During a tour of the practice we saw all areas were clean and tidy.

Satisfactory arrangements were in place for the transportation, cleaning and sterilisation (decontamination) of dental instruments used at the practice.

The practice did not have a separate decontamination room as recommended within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>1</sup>. Rather instruments were cleaned, sterilised and packed within individual surgeries. The layout of some of the surgeries meant that staff had limited space to do this. Senior practice staff had already identified that improvement could be made in this regard. They told us that a separate decontamination room was to be set up as part of the future development of the practice premises and showed us a plan for the proposed room. When in place, this should achieve the higher standard recommended within WHTM 01-05.

### ***Improvement needed***

***The practice should progress with the setting up of a separate decontamination room to achieve the higher standard for decontamination as recommended within WHTM 01-05 (Revision 1)***

Whilst a separate room was not available, staff demonstrated a decontamination process that was in keeping with the principles set out within WHTM 01-05. Cleaning and sterilisation equipment being used was visibly in a satisfactory condition. Up to date inspection certification was available for

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<sup>1</sup> [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

autoclave<sup>2</sup> equipment confirming it was safe to use. Daily checks on equipment were being conducted and logbooks had been maintained to demonstrate this process. However, to fully comply with WHTM 01-05 records also needed to be maintained of each (autoclave) sterilisation cycle performed.

***Improvement needed***

***The practice must make arrangements to maintain suitable records of each autoclave sterilisation cycle performed in accordance with WHTM 01-05 (Revision 1)***

We looked at surgeries within the practice. These were clean and tidy and furnished to make cleaning as easy as possible. Dental instruments were visibly clean, in good condition and being stored appropriately.

We found that the practice had arrangements in place for patients to receive the right medication and treatment in the event of an emergency. We saw that resuscitation equipment and emergency drugs were available together with a system to ensure they were safe to use in a patient emergency (collapse). Emergency drugs were stored in special bags with tamper evident seals and we saw these were intact. Written logs had been maintained that demonstrated the seals and emergency equipment were checked daily. The records we saw indicated that the emergency drugs were within their expiry dates and were safe to use.

Staff had access to a series of flowcharts describing the action to take should a patient emergency be identified. These had not been produced by the practice and we advised that these be subject to regular review to ensure the information provided for staff was up to date. Senior practice staff agreed to do this. Senior practice staff explained that new staff (including agency staff) are informed of the location of the emergency equipment during their induction to the practice. This meant that staff would be aware of where to find this equipment should they need to use it. We saw training records that indicated staff training in cardiopulmonary resuscitation (CPR) was up to date.

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable, or are at risk. Contact details of local safeguarding teams were readily available to staff. This meant that staff

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<sup>2</sup> An autoclave machine is a pressure chamber used to sterilise equipment and supplies by subjecting them to high pressure saturated steam.

had information about who to speak to for advice and guidance on safeguarding issues. Training records we saw indicated that staff had completed training on safeguarding. Staff we spoke to were able to describe the action they would take if they suspected a child or adult was at risk.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information was available, and up to date. The training certificates we saw indicated clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council (GDC). However, we identified that improvement was needed around record keeping associated with X-rays (see below) and to ensure X-rays were developed properly. Some we saw were of a poor quality, which would make it difficult for dentists to read them. This may impact on the ability of dentists to make effective decisions about patients' ongoing care and treatment.

### ***Improvement needed***

***The practice must make arrangements to ensure radiographs (X-ray films) are developed properly to provide a suitable image quality.***

### **Effective Care**

Senior practice staff demonstrated they were committed to continually improving the service provided to patients.

As described above, plans had been drawn up for a separate decontamination room to make improvements to the decontamination arrangements, taking into account the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1). We also saw that the practice had completed an audit of infection control arrangements as part of the quality assurance process.

We identified improvement was needed around the record keeping practise of dentists. We looked at a sample of 19 patient records. This included records that had been made by all the dentists currently working at the practice. We saw that patients had provided a medical history and this had been updated prior to each course of treatment. We also saw that dentists had recorded findings of examinations and treatment given. Overall, the records demonstrated that treatment had been planned with the aim of providing safe and effective care. However we found the quality of records to be variable and identified some common themes that required attention in order to comply with professional standards for record keeping. Specifically, the records did not always contain sufficient detail and did not always demonstrate:

- the reason why patients were visiting the dentist

- that a patient's social history (including alcohol and tobacco use) had been taken and whether or not health promotion advice was indicated or given
- that basic periodontal examinations (BPE) had been performed to identify the risk of gum disease
- that ongoing patient consent to treatment had been obtained
- the reason for taking X-rays and the dentist's findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000

***Improvement needed***

***The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.***

In addition to the above, we identified some potential incorrect applications of the NHS treatment banding costs<sup>3</sup>. We informed senior practice staff of our findings who agreed to investigate with a view to taking corrective action as appropriate. Given that the practice had a contract to provide NHS dental services we also shared our findings with the local health board so it could take a view on what further action, if any, was needed.

***Improvement needed***

***The practice is to confirm the outcome of its investigation into the potential incorrect applications of NHS treatment banding costs and provide HIW with a summary of the findings and the action taken as a result.***

Given our findings in respect of the quality of X-rays and record keeping, the practice should assure itself that the system for clinical audit is sufficiently robust to identify areas for improvement.

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<sup>3</sup> Patients who normally pay for their NHS dental treatment (including urgent treatment) will pay one of three charges depending on the treatment they need. Details of these charges can be found at <http://www.healthcosts.wales.nhs.uk/nhs-dental-charges>

***Improvement needed***

***The practice should assure itself that the system for clinical audit is sufficiently robust.***



## *Quality of Management and Leadership*

**The practice had a clear management structure and staff had a clear understanding of their roles and responsibilities. Effective communication systems were in place which ensured that any changes to day to day services were made known to all members of the team. Staff told us they felt well supported by senior staff and that they had opportunities to attend relevant training.**

The practice was one of a group of practices operated by a national dental care provider company. A practice manager was responsible for the day to day running of the practice and worked closely with the head nurse. The practice team was also supported by senior managers and teams who worked within the provider company.

Conversations with staff, working on the day of our inspection, indicated they felt well supported by senior staff to do their jobs. Staff were able to describe their individual roles and responsibilities. We found clear lines of reporting both within and between the practice and other teams within the company.

Staff we spoke to confirmed they had opportunities to access training relevant to their work. We were told that all staff were to receive an appraisal of their work in the near future. The practice manager explained that these had been delayed whilst she settled into her role and gained a better understanding of the roles and responsibilities of the staff team.

We saw that effective communication systems were in place, both within the practice team and with other teams working in the company. Staff also told us they felt communication was good. We were told regular practice meetings were held, which staff said they found useful. We saw written minutes of meetings. These showed that relevant matters were discussed with action points agreed.

We found that clinical staff were registered with the General Dental Council (GDC) to practise. We also saw documentation that indicated they had indemnity insurance cover in place. Records were available that demonstrated staff had received immunisation against Hepatitis B to protect their own, and patients' safety, in this regard. Where staff were identified as not having sufficient immunity (despite receiving immunisation injections) we recommended that a suitable written risk assessment be completed and agreed with staff for their own protection.

Dentists working at the practice provided private dental services and we saw that HIW registration certificates were prominently displayed as required by the

regulations for private dentistry. All dentists had Disclosure and Barring Service (DBS) certificates. However, the certificate for one dentist had not been issued within the last three years as required by the above regulations. Senior practice staff agreed to address this.

## 5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at the {my}dentist (Bridgend) practice will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



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<sup>4</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>5</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

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<sup>4</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>5</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

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 (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.

## Appendix A

**General Dental Practice:** Improvement Plan

**Practice:** {my}dentist, Nolton Street, Bridgend

**Date of Inspection:** 16 February 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
8	The practice must make suitable arrangements to ensure that information displayed and provided to patients on how to make a complaint about their dental treatment is clear, consistent and in accordance with both Putting Things Right and the Private Dentistry (Wales) Regulations 2008.	Standard 6.3 Regulation 15	Regulatory Officer is working with our Patient Support Team to reflect the discussion and confirmation of what needs to be displayed. This will then be cascaded to the Practice.	Regulatory Officer	30.4.2016
<b>Delivery of Safe and Effective Care</b>					
10	The practice should progress with the setting up of a separate decontamination room to achieve the	Standard 2.4	Plans are already available and our Regional surveyor is working on a plan of where the PM Office will	PM/ADM/Regulatory Officer/Regio	18-24 Months

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	higher standards for decontamination as recommended within WHTM 01-05 (Revision 1) (WHTM 01-05: Chapter 5, para 5.1)	Regulation 14(6)	need to be relocated to and starting discussions on tendering out the work for costings.	nal surveyor& Facilities	
11	The practice must make arrangements to maintain suitable records of each autoclave sterilisation cycle performed in accordance with WHTM 01-05 (Revision 1) (WHTM 01-05: Chapter 4, para 4.3)	Standard 2.4	The practice is using Browne TST Sterilisation Duplex Traceability Labels which changes from yellow to purple to indicate that time, steam and temperature is met. They will also be manually recording the pressure for each cycle so the standard is met . The practice will be not be using these autoclaves without printers/data loggers once the decontamination room is installed.	PM/Head Nurse/Nurse team	31 <sup>st</sup> March 2016
12	The practice must make arrangements to ensure radiographs (X-ray films) are developed properly to provide a suitable image quality.	Standard 2.9	The practice have implemented more frequency of tests with the step wedge to reflect more frequent changing of the chemicals in the machine. A daily check has also been implemented to check all fluid levels are correct and necessary top ups done at the beginning of the day.	PM/Head Nurse/Nurse team	31 <sup>st</sup> March 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
13	<p>The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.</p> <p>(General Dental Council Standards for the Dental Team: Standard 4; Ionising Radiation (Medical Exposure) Regulations 2000)</p>	Standard 3.5	<p>The Dentists attended a peer review session organised by our Clinical Support Manger to discuss and reinforce the importance of maintaining the standards of record keeping. This was carried out as an evening session on the 2<sup>nd</sup> March.</p> <p>Practice Manager and Area Manager also attended to support and understand the process.</p>	CSM/ADM/PM	2 <sup>ND</sup> March 2016
13	<p>The practice is to confirm the outcome of its investigation into the potential incorrect applications of NHS treatment banding costs and provide HIW with a summary of the findings and the action taken as a result.</p>	Standards 3.5 and 6.3	<p>The Practice reported this to the clinical team who supported the peer review session to reinforce the implications of incorrect applications of banding costs.</p> <p>This is being followed up with an record card audit of 20 records of band 2/3 treatments carried out by all clinicians since the session was completed .Findings will be reported and discussed with the Clinical Support Manager and clinicians.</p>	PM/CSM	8 <sup>th</sup> April 2016
14	<p>The practice should assure itself that the system for clinical audit is sufficiently robust.</p>	Standard 3.3 Regulation	<p>Clinical Support Manager is reviewing the audits and the frequency of them until satisfied</p>	PM/CSM	Ongoing



Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		14(2)	issues are resolved.		
<b>Quality of Management and Leadership</b>					
	No improvement plan required.				

**Practice Representative:**

**Name (print):** .....Allison Davies & Lisa O’Leary.....

**Title:** .....Practice Manager & Regulatory Officer.....

**Date:** .....18<sup>th</sup> March 2016.....