

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

Powys teaching Health  
Board: Llanidloes Dental  
Centre

Inspection date: 15 March 2016

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## 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 to Llanidloes Dental Centre at 7-8 Valentine Court, Great Oak Street, Llanidloes, Powys, SY18 6QP on 15 March 2016.

HIW explored how Llanidloes Dental Centre 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

Llanidloes Dental Centre provides services to patients in the vicinity of Llanidloes town and the Powys area. The practice forms part of dental services provided within the area served by Powys teaching Health Board.

Llanidloes Dental Centre is a mixed practice providing mainly NHS dental and a small amount of private services.

The practice staff team includes two dentists (who are partners in the practice), a practice manager and a receptionist. At the time of our inspection, two trainee dental nurses were also working at the practice. We were told that over the last two years the practice has supported a number of dental nurses to complete their training but they have then moved to other areas.

### 3. Summary

Overall, we found that Llanidloes Dental Centre provides patients with high quality, safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Staff appeared happy in their roles and understood their responsibilities
- Clinical facilities were well equipped, visibly clean and tidy
- Patient records were of a high standard
- Dental instruments were cleaned and sterilised appropriately.

This is what we recommend the practice could improve:

- A number of policies needed reviewing and made specific to this practice
- A more effective system for checking the expiry dates of emergency drugs and equipment needs to be put in place
- Radiographic equipment checks need to be kept up-to-date
- Staff appraisals should be put in place
- More in depth radiographic audits should be completed annually.

## 4. Findings

### *Quality of the Patient Experience*

**We found evidence that the practice was committed to providing a positive experience for their patients. The feedback gained from patient questionnaires was positive. The practice did not have a system in place for regularly seeking patient feedback as a way of assessing the quality of the service.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Patient comments included:

*“An excellent dentist who runs an efficient and friendly dental practice.”*

*“We speak very highly of this dental practice. The service is pleasant and professional. Our dentist is incredibly proficient and has gone beyond our expectations when dealing with our daughter’s need for orthodontic treatment.”*

*“After having a bad experience with another dentist I now have trust with my new dentist. I don’t have panic attacks, he always tells me what he is going to do and makes me feel relaxed.”*

*“I cannot fault this practice. First rate service always.”*

### **Dignified care**

All patients who completed the HIW questionnaires stated they were satisfied with the care and treatment they had received at the practice and felt welcomed by the staff. We also observed the warm, friendly and professional approach adopted by staff towards patients. The practice had arrangements to protect patients’ privacy, including a space for patients to have private conversations with staff and discretion when speaking with patients on the telephone. Patients told us that they were extremely satisfied with the care and treatment they had received.

### **Timely care**

The practice tried to ensure that dental care was provided in a timely way. The majority of patients who completed questionnaires stated that they had not experienced any delays in being seen by the dentist on the day of their appointment. Half of the patients told us they knew how to access out of hours care. There was a sign on the door of the surgery giving the emergency contact number and this number was also provided in the practice's answer phone message. Given that half the patients were not aware of the out of hours number, the practice may wish to consider how to further make patients aware of the arrangements for accessing out of hours care.

### **Staying healthy**

There was varied health promotion material around the reception areas and in the two surgeries, with a good range of leaflets on offer. We also saw the practice information leaflet on display. All the patients who completed questionnaires said they had been given appropriate information about their treatment.

### **Individual care**

Staff told us that patients were encouraged to give verbal feedback regarding their views of the service, when they attended the practice. We also saw that the reception/waiting area had a suggestion box and suggestion slips for patients to record their views. This showed that there were systems in place to allow patients to provide feedback to the practice on an on-going basis. However, the practice was advised to consider introducing patient questionnaires as a further means of gaining feedback.

When asked about making complaints about their care or treatment, fewer than half of the patients who completed the questionnaire knew how to make a complaint. Neither had they seen the message on the board in the reception area advising patients to speak to the practice manager if they had any concerns (complaints). There was no complaints procedure displayed on the notice board.

### ***Improvement needed***

***There should be a notice displayed including both the NHS and Private Dentistry complaints procedure specifying relevant time scales for responding to complaints and details of other relevant organisations that patients can contact for help and advice.***



Staff told us they rarely receive concerns (complaints). We saw there was an established process for recording any concerns (complaints) received and how they had been addressed.

NHS treatment charges were on view in the reception area and notices concerning private dental charges were on display in the surgeries. This meant that patients had access to information on how much their dental treatment may cost.

## *Delivery of Safe and Effective Care*

**We found that patients were provided with safe and effective dental care. We were satisfied that there were arrangements in place to protect patients and staff from preventable healthcare associated infections. We saw some evidence to show that x-ray equipment and decontamination processes were used appropriately and safely. We identified some improvements were needed around the servicing of the x-ray equipment and the radiographic audits.**

### **Safe care**

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice provided a clean environment. Toilet facilities were visibly well maintained and there was an accessible unisex toilet. The patient areas were light and airy. There was access for wheelchair users from the back of the building and both surgeries were accessible.

We looked at the clinical facilities in each of the surgeries and found that they contained relevant equipment for the safety of patients and the dental team. We saw that the surgeries were spacious, brightly coloured and visibly clean and tidy. The surgeries were organised in a similar way to help nurses to work efficiently in these areas.

A safety check certificate was in place for the machine providing compressed air to the surgeries (compressor). We also saw that portable appliance testing (PAT) had been completed, in November 2015, on all the electrical equipment to help ensure that small appliances were safe to use. We saw a current gas maintenance certificate. We also saw a fire equipment servicing contract was in place. Extinguishers had been checked in January 2016. Emergency exits were clearly signposted and these were clear of obstructions.

We saw that the practice had a file relating to the Control of Substances Hazardous to Health (COSHH) and all chemicals were kept securely behind closed cupboard doors in the surgeries. However, not all the data sheets providing information about the chemicals were available and there were no risk assessments relating to the individual chemicals. Risk assessments, indicating the current control measures in place to prevent harm, needed to be completed.

### ***Improvement needed***

***Risk assessments to be put in place, alongside each data sheet, for all chemicals kept on the premises.***

Not all arrangements were in place for the safe use of radiographic (x-ray) equipment. Certificates were seen showing staff had completed their training. We found evidence of safety checks, equipment maintenance and testing for one of the x-ray machines, but the safety check on the other machine had expired. The dentists were aware of this and had made arrangements for the engineer to visit shortly after the date of the inspection.

***Improvement needed***

***Radiographic equipment checks must be kept up-to-date. Evidence that the x-ray machine has been checked must be forwarded to HIW when available.***

The company who serviced the equipment had recorded having sight of the plans identifying the radiation controlled area. However, these were not available and the practice agreed to ask the servicing company to draw new plans on their forthcoming visit.

***Improvement needed***

***All information relevant to radiological protection should be kept in the radiation protection file. A copy of the new diagrams must be forwarded to HIW.***

Local rules for the use of x-ray equipment were seen in the radiation protection file and on the walls in the surgeries. Although we saw the completed form advising the Health and Safety Executive (HSE) of the practice's use of radiographic equipment, there was no acknowledgement from HSE. The practice was advised ensure a record of this acknowledgement is kept. The health and safety notice was also out of date and the practice was advised to display an up-to-date version.

Conversations with the dental team confirmed that the quality of the x-rays taken were considered and recorded on a daily basis. We advised the dentists to grade and record the images every time, as this will ensure any issues can be identified and rectified as quickly as possible.

The practice had completed a dental x-ray audit in 2014 and 2015. However, the x-ray audits were very basic. Audits should be conducted regularly in greater depth. The practice was advised to implement a method of collating x-ray grading information in order to make the next audit easier to compile.

### ***Improvement needed***

***The practice must ensure that radiographic audits are conducted annually, with a better cross section of radiographs being included in the audit to ensure a more accurate picture.***

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated that all members of the team had received training on how to perform cardiopulmonary resuscitation (CPR).

The resuscitation equipment and emergency drugs were stored in the staff room and were immediately available in the event of a medical emergency (collapse) at the practice. There was a separate fridge for clinical items. There was a system in place to check the equipment and emergency drugs weekly, however we found this system needed improving. This is because whilst most of the drugs we found were in date, the dispersible aspirin and midazolam had passed their expiry date. This required urgent action. The dispersible aspirin was purchased on the day of the inspection and we saw an email confirming midazolam had been ordered. The pads for the defibrillator were also out of date.

### ***Improvement needed***

***A more robust system must be introduced to check the expiry dates of emergency medical equipment and drugs to ensure they are safe to use. This system should take into account guidelines produced by the Resuscitation Council (UK).***

We were told that sometimes the dentists attend patients who are in hospital and very occasionally visit patients in their homes (domiciliary visits), but the emergency equipment was not taken with them. Therefore, the practice must make suitable arrangements to ensure that dentists visiting patients' homes can respond to a patient emergency effectively. These arrangements must not compromise the safety of patients attending the practice for treatment.

### ***Improvement needed***

***Arrangements must be made to ensure that dentists undertaking domiciliary visits and visits away from the practice can respond effectively to a patient emergency (collapse).***

One of the dentists was the appointed first aider. However, no formal training had been completed. The dentist was advised to consider completing a first aid training course. The practice should also seek advice from the Health and

Safety Executive (HSE) to confirm whether the arrangements for first aid are appropriate.

Although the practice had its own recording system for accidents, nothing had been recorded since 2011.

***Improvement needed***

***In line with HSE guidance, the practice should use an accident book which is compliant with the Data Protection Act and includes the HSE address, telephone number and protocol. The practice should ensure that all accidents are properly recorded.***

The practice had dedicated areas in each of the surgeries for the cleaning and sterilisation of dental instruments. These areas were visibly clean and uncluttered. We were satisfied that there were appropriate and well established procedures in place to minimise the risk of cross infection to protect both patients and staff. There was a well organised system in place in the decontamination area of the surgery for cleaning and sterilising dental instruments. Plans had been drawn up to partition the decontamination area off from the rest of the surgery, in line with best practice.

The trainee dental nurses had received training in decontamination from the dentists as part of their induction. We saw the induction paperwork for both nurses and from watching them complete sterilisation of dental instruments we saw that they had a good understanding of the process.

We found that the infection control policy needed to be revised to be more practice specific and to follow the Welsh Health Technical Memorandum (WHTM) 01-05<sup>1</sup> guidelines.

***Improvement needed***

***The infection control policy should be revised to be more practice specific and to follow the WHTM 01-05 guidelines.***

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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.

We saw the practice had completed an infection control audit in 2015, but it did not correspond with the Welsh Health Technical Memorandum (WHTM) 01-05 01-05 guidelines. We advised the practice to use the audit tool developed by the Welsh Deanery for future audits. Although there was a note of required actions attached to the 2015 audit, there was no record of when improvements had been implemented. We advised the practice to address this in the future.

In line with best practice, the surgeries both had type B vacuum autoclaves. We found that maintenance certificates for the equipment were up-to-date. The practice recorded daily and weekly checks on the autoclaves to ensure that equipment remained in good working order and that the decontamination process was effective. We found that the practice was recording all the recommended daily autoclave checks in line with WHTM 01-05. Although it was evident that the water was changed daily in the autoclaves, there was no signature to verify this. The practice was advised to record the daily water changes. Instruments were packaged and dated appropriately. Those being used on a daily basis were stored on instrument trays, but the practice was advised to keep the instruments covered to prevent contamination.

***Improvement needed***

***The practice should ensure that all aspects of the decontamination process meet the requirements of WHTM 01-05. In particular the practice should:***

- ***Record the daily water changes in the autoclave***
- ***Keep instruments stored on trays covered.***

It was evident that the practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non hazardous (household) waste. We also saw that the waste had been segregated into the designated coloured bags/containers in accordance with the correct method of disposal. These were stored in an outside area whilst awaiting collection. We were told that this area is usually kept locked but on the day of the inspection it was unlocked.

***Improvement needed***

***All waste must be kept securely at all times.***

We found that the practice had a safeguarding policy in place to protect children but not for vulnerable adults. All the staff had completed training in the protection of children and vulnerable adults.

### ***Improvement needed***

#### ***The practice must devise and implement a safeguarding policy for vulnerable adults.***

We were told that there were arrangements in place for staff to raise concerns. We found that the dentists both had current Disclosure and Barring Service (DBS) checks but the two trainee dental nurses had not. We were told that they would have DBS checks now that they had completed their probation period. We advised the practice to consider including DBS clearance as part of their pre-employment checks for any new members of staff.

### **Effective care**

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that audits had been completed by the practice, including, infection control, radiographic audits, record keeping and prescribing.

Although there was evidence of the practice conducting audits some were quite simple. The radiographic audits needed to be in greater depth and the infection control audit was not in line with WHTM01-05 guidelines. There was no evidence that the staff had used a team development tool such as the Maturity Matrix Dentistry self assessment tool. We advised the practice to think of implementing a team development tool, to allow the dental team to focus on how they work and to enable everyone in the practice to think about the quality of care.

There was evidence that patient records were generally of a high standard, which demonstrated that care had been planned and delivered to ensure patients' safety and wellbeing.

A sample of patient records, from both dentists, was reviewed. Overall, we found that patient care entries contained sufficient information regarding discussions held about treatment options and how patient consent was obtained. There was also evidence of treatment planning.

We found that the practice had a consistent system to ensure patient medical histories were checked and we saw that both dentists countersigned medical history forms.

There was evidence that patients were offered x-rays at appropriate time intervals. The quality of the x-rays was monitored but occasionally, we found the quality of the x-ray image was not recorded. We advised the practice to address this.

We saw that smoking cessation and alcohol advice, cancer screening and patient recall (the time between dental appointments) was recorded in accordance with current NICE guidelines.

Paper records were kept securely.



## *Quality of Management and Leadership*

**Generally, we found evidence of effective management and leadership at the practice. A range of relevant policies and procedures were in place, but some of these required reviewing and updating. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.**

The practice was established in 1999 in premises shared with a local doctor, but in 2010 the dentists had the opportunity to purchase the ground floor of a modern building and converted it to a dental practice. The dentists designed the layout to their own specifications and it was suitably designed and spacious.

The day to day management of the practice was the responsibility of the practice manager, whilst the clinical aspects were the responsibility of the dentists. Whilst this arrangement was generally suitable, we found there was a risk that some aspects of practice management could be missed. We therefore suggested the practice would benefit if the practice manager's role included overseeing all aspects of practice management to ensure all areas of the service were more closely monitored.

The practice had an effective staff induction programme in place and we saw evidence of completed induction folders. Appraisals were not yet in place and although we were told that regular informal staff meetings are held there was only evidence of staff meeting minutes in 2014. We were unable to confirm whether staff were given the opportunity to offer comments and make suggestions as there was no evidence to support this.

### ***Improvement needed***

***The practice should record evidence of regular staff meetings and should implement annual appraisals.***

We confirmed that all relevant staff were registered with the General Dental Council. Both dentists provided some private treatment and, in accordance with the Private Dentistry (Wales) Regulations, were registered with HIW. We saw their registration certificates but they were not on display. We advised the dentists to display their HIW certificates.

### ***Improvement needed***

***HIW registration certificates must be on display in a conspicuous place.***

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. We were told that one staff member had completed the

full course but at the time of our inspection, a record of that member's immunity status was not available.

***Improvement needed***

***The practice must obtain a copy of the identified staff member's immunity status and take appropriate action as may be necessary.***

We looked at the policies and procedures in place at the practice. These were not easily located by staff and were not reviewed regularly. We found the resuscitation policy needed to be more practice specific and identify staff roles, as did the mercury handling policy. There was no adult protection policy or a COSHH policy. We have referred to the infection control policy earlier in this report.

***Improvement needed***

***All policies should be reviewed and updated and a system implemented to demonstrate that this process takes place regularly.***

## 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 Llanidloes Dental Centre 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 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>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising

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

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

Radiation (Medical Exposure) Regulations 2000 and any other relevant 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
- 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:** Llanidloes Dental Centre

**Date of Inspection:** 15 March 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
6	There should be a notice displayed including both the NHS and Private Dentistry complaints procedure specifying relevant time scales for responding to complaints and details of other relevant organisations that patients could contact for help and advice.	The Private Dentistry (Wales) Regulations 2008 Regulation 15 (4)(a) Health and Care Standards Standard 6.3	Posters are now displayed in the practice specifying complaint procedures and timescales. Still to add contact details for HIW for private patients and differentiate the NHS contact details.	Marie Jones	End of July 2016

Delivery of Safe and Effective Care					
8	Risk Assessments to be put in place, alongside each Data Sheet, for all chemicals kept on the premises.	Health and Care Standards Standard 2.1	This will be instigated.	Marie Jones	End of July 2016
9	Radiographic equipment checks must be kept up to date. Evidence that the X-ray machine has been checked must be forwarded to HIW when available.	Health and Care Standards Standard 2.9	The relevant documents are present. All equipment was checked on 17/03/2016 and was forwarded to HIW on 18/03/2016.	Marie Jones	18th May 2016 (completed)
9	All information relevant to radiological protection should be kept in the radiation protection file. A copy of the new diagrams must be forwarded to HIW.	Health and Care Standards Standard 2.9 Ionising Radiation Regulations (1999)	New diagrams instigated on 17/03/2016 and kept in IRMER file. Copies sent to HIW on 18/05/2016.	Marie Jones	18th May 2016 (completed)
10	The practice must ensure that radiographic audits are conducted annually, with a better cross section of radiographs being included in the audit to ensure a more accurate picture.	Health and Care Standards Standard	The nurses have altered our software and reminders have been set for ourselves to be able to produce an annual audit automatically.	Simon Sobhani	End of March 2016(completed)

		3.3			
10	A more robust system must be introduced to check the expiry dates of emergency medical equipment and drugs to ensure they are safe to use. This system should take into account guidelines produced by the Resuscitation Council (UK).	Health and Care Standards Standards 2.6, 2.9 UK Resuscitation Council (UK) Guidelines	All emergency drugs are checked regularly, and we have a list of expiry dates for all drugs in reception & also in the emergency kit. We will instigate a reminder on our diary (on our computers) as well.	Marie Jones	End of April 2016 (completed)
10	Arrangements must be made to ensure that dentists undertaking domiciliary visits and visits away from the practice can respond effectively to a patient emergency (collapse).	Health and Care Standards Standard 2.1	No domiciliary visits are carried out by our dentists. Occasional visits to hospital, but we encourage our patients to attend the practice.	Simon Sobhani	End of March 2016 (completed)
11	In line with HSE guidance, the practice should use an accident book which is compliant with the Data Protection Act and includes the HSE address, telephone number and protocol. The practice should ensure that all accidents are properly recorded.	Health and Care Standards Standard 2.1	We are in possession of a new, compliant accident book. To add the HSE address and telephone number.	Marie Jones	End of April 2016 (completed)
11	The infection control policy should be revised to be more practice specific and to follow the WHTM	Health and Care Standards	This will be instigated by clinical staff.	Simon Sobhani	End of April 2016 (completed)



	01-05 guidelines.	Standard 2.4			
12	<p>The practice should ensure that all aspects of the decontamination process meet the requirements of WHTM 01-05. In particular the practice should:</p> <ul style="list-style-type: none"> <li>Record the daily water changes in the autoclave</li> <li>Keep instruments stored on trays covered.</li> </ul>	<p>Health and Care Standards Standard 2.4</p> <p>WHTM 01-05, paragraphs 4.13, 4.22, 4.27</p>	Lids purchased to cover trayed instruments. Daily autoclave water changes already stored automatically, and we monitor it on the computer. This was also demonstrated on the day of the inspection.	Simon Sobhani	End of April 2016 (completed)
12	All waste must be kept securely at all times.	<p>Health and Care Standards Standards 2.1, 2.4</p>	We carry out a daily check that the hazardous waste container outside the practice is locked.	Simon Sobhani	End of April 2016 (completed)
13	The practice must devise and implement a safeguarding policy for vulnerable adults.	<p>Health and Care Standards Standard 2.7</p>	We will make arrangements for staff to attend the next available course for the protection of vulnerable adults in order for us to update our policies correctly.	Marie Jones	End of September 2016
<b>Quality of Management and Leadership</b>					
15	The practice should record evidence of regular staff meetings and should implement annual appraisals.	<p>Health and Care Standards</p>	This will be instigated. We will review our current recording system of staff meetings. We will seek advice from the Good Practice guide on how to	Simon Sobhani	End of September 2016

		Standard 7.1	implement good annual staff appraisals.		
15	HIW registration certificates must be on display in a conspicuous place.	The Private Dentistry (Wales) Regulations 2008 Regulation 4	HIW certificates are in our possession now and are displayed correctly in reception.	Marie Jones	End of March 2016 (completed)
16	The practice must obtain a copy of the identified staff member's immunity status and take appropriate action as may be necessary.	Health and Care Standards Standard 2.4	The relevant documents have been requested and action will be taken if appropriate.	Marie Jones	End of September 2016
16	All policies should be reviewed and updated and a system implemented to demonstrate that this process takes place regularly.	Health and Care Standards Standard 3.1	This will be instigated.	Marie Jones	End of September 2016

### Practice Representative:

**Name (print):**        **Simon Sobhani**

**Title:**                **Principal Dentist**

**Date:**

**5th July 2016**