

General Dental Practice Inspection (Announced)

Cardiff & Vale University
Health Board

Ellen Davies Dental
Practice

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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 at Ellen Davies Dental Practice, 4a Barons Close House, East Street, Llantwit Major CF61 1XY on 27 October 2016.

HIW explored how Ellen Davies Dental 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

Ellen Davies Dental Practice provides services to patients in the Llantwit Major area of the Vale of Glamorgan. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

Ellen Davies Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes one dentist, one dental nurse and a receptionist/practice manager.

Ellen Davies Dental Practice is a privately owned and run business.

3. Summary

Overall, we found evidence that Ellen Davies Dental Practice provides patients with safe and effective dental care.

This is what we found the practice did well:

- Systems were in place to capture patient feedback, comments and complaints
- Patients stated they were happy with the service provided
- Staff we spoke to were happy in their roles and understood their responsibilities
- Clinical facilities were well-equipped and visibly clean

This is what we recommend the practice could improve:

- The arrangements for decontamination and infection control to be improved in line with Welsh Health Technical Memorandum (WHTM) 01-05
- Record keeping to be improved, including medical histories counter-signed by the dentist, more detail to be documented for soft tissue examinations and x-ray justification to be recorded on patient records
- The Radiation Protection file must be up-dated and all sections completed
- A review of staff training is required to ensure everyone has the appropriate skills, knowledge and competence to undertake their roles and responsibilities

4. Findings

Quality of the Patient Experience

We found evidence that the practice was committed to providing a positive experience for their patients. The practice had systems in place for seeking patient feedback and used this as a way of assessing the quality of the service provided. We recommended the practice display clear notices telling patients and visitors of the closed circuit television (CCTV) in place. In addition, the General Dental Council (Principle 9) poster should be displayed to demonstrate to patients the standards they can expect their dentist to deliver.

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients, to obtain their views on the services provided. However, no responses were submitted to HIW to review¹. Patient feedback has therefore been obtained by considering the content of the practice's own patient questionnaires.

Dignified care

We found the staff to be professional and friendly, and we overheard them being polite and courteous to patients. Feedback from the patients who completed the practice's annual patient questionnaire, was positive.

Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. Staff told us that if the dentist was running late they would make sure they kept patients informed. If required, alternative arrangements would be offered.

¹ Completed patient questionnaires were submitted to HIW after the report had been presented to the practice to check the factual accuracies of the report. Eleven questionnaires were completed with 11 responses agreeing that the practice team made them feel welcomed; that they were given enough information about their treatment and they were satisfied with the service they received from this practice. The majority of patients knew how to make a complaint and how to access out of hours dental services.

An emergency contact telephone number for patients' use was displayed on the door of the dental practice. We were told that the emergency number was also provided on the practice's answer phone message, so that patients could access emergency dental care when the practice was closed.

Staying healthy

Health promotion information was available in the waiting area. A range of patient information leaflets regarding different forms of treatments and preventative care were recognised as good practice. The practice should consider how they could make information accessible to a wider range of patients, (for example by providing information in other formats and languages, including Welsh). The need for this could be assessed through gaining patient feedback.

The oral health demonstrations provided by the dentist to patients were noted as good practice in the absence of a hygienist. The demonstrations showed patients how to brush and floss to ensure oral hygiene is maintained and correctly completed.

Closed circuit television (CCTV) cameras were in operation in certain areas of the practice, specifically monitoring the downstairs entrance, waiting room and above the reception desk. Although a sticker was placed on the reception door alerting patients to this, we recommended that a larger notice be displayed informing patients of the CCTV cameras.

Improvement needed

Notices need to be clearly displayed informing patients and visitors of the CCTV in operation.

A 'no smoking' sign was displayed on the reception entrance door.

The practice had a way of seeking patient feedback via annual patient questionnaires and general feedback/suggestion forms. There had been no comments submitted via the general feedback forms to date. The annual patient questionnaires had been completed in February 2016. A review of the responses had been undertaken by staff and actions identified. As a result of the responses, changes to the practice had been made. An additional hand rail had been fitted to the entrance stairway, which was suggested by patient feedback. It was suggested to staff that the actions and outcomes be communicated to show how patient feedback had influenced change.

Individual care

The practice had a complaints policy and procedure in place. Complaint posters were displayed in the waiting area that covered private and NHS complaints. The poster for private complaints had the wrong HIW address listed which we asked staff to correct. A system was in place that could log and monitor complaints, however, the practice had not received any complaints.

A suggestion box was situated in the reception area to capture patients' informal concerns.

We were told that regular staff meetings took place and we observed the last team meeting minutes which provided the reader with clarity on the issues discussed.

Access to the practice was on the first floor, making it unsuitable for people with mobility difficulties. Staff told us that the CCTV camera that is placed in this area helps them to support patients who arrive with prams/pushchairs.

The reception/waiting area was open plan. Staff told us that private conversations would take place in a room to ensure privacy, dignity and confidentiality was maintained. Reception staff told us that they ask for information from patients as opposed to stating personal information when using the telephone to ensure patient privacy and confidentiality is preserved.

It was recommended that the practice display the General Dental Council (GDC's) principle 9 poster that all dental professionals are registered to follow. The poster would demonstrate to the public what standards their dentist must follow to maintain their registration.

Improvement needed

The GDC Principle 9 poster should be displayed in a public area to clearly demonstrate to patients and visitors the standards they can expect from the dentist and the team.

Delivery of Safe and Effective Care

Overall, we found evidence that patients were provided with safe and effective dental care.

We identified some improvements in relation to the decontamination/infection control process that will ensure fulfilment with the WHTM 01-05 guidelines.

In addition, we recommended that enhancements are made to the radiation protection file; staff training needs to be arranged and delivered in the subjects identified in this report and improvements are required regarding some areas of patient records.

Safe care

Clinical facilities

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored in a lockable cupboard whilst waiting to be collected by the contractor company. Amalgam separator equipment was installed so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely. Arrangements with the local council were described for the disposal of non hazardous (household) waste.

The practice building appeared visibly well maintained both internally and externally. We saw all areas were clean, tidy and free from obvious hazards. Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

Infection control

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination). Our observations of this process were satisfactory. Examples included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments

- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sinks
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Instruments were stored appropriately and dated at the point of sterilisation.

We saw evidence that infection control audits had been completed and actions recorded in the Risk Assessment Action Plan were all green (indicating complete) which was dated July 2015. It is recommended using an audit tool aligned to WHTM 01-05² guidelines. This ensures that the audit covers those areas specific to guidelines used in Wales.

The logbooks for checking sterilisation equipment had been maintained, including daily testing. Data from the autoclave³ was recorded onto a Secure Digital (SD) card, however the data from the SD card had not been printed. It is recommended that the data recorded on the SD card is downloaded and printed to evidence and check the performance of the equipment.

At the time of our visit, it was unclear what the dirty-to-clean workflow was within the decontamination room. Discussions with staff confirmed that arrows and signs had recently been taken down. We recommended that these were replaced to clearly show the dirty to clean workflow as a means of assisting all members of the staff team.

In addition, consideration should be given to the air flow within the room. At the time of our visit, the room had two windows, one at each end of the room, providing passive air flow within the room. Best practice would be for the room to have a forced air ventilation system, however, consideration to this issue

² [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.

³ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

needs to be made in line with the guidance cited in the WHTM 01-05 (Environmental conditions, Chapter 6)

Improvement needed

The practice must improve the arrangements of decontamination and infection control in line with the guidelines of WHTM 01-05 ensuring the data from the autoclave SD card is downloaded, saved and analysed to check the performance of the equipment.

Dirty to clean workflow signs need to be replaced to clearly identify the flow of dirty and clean areas.

Emergency drugs and resuscitation equipment

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. However, we observed that the emergency facemask was unsealed and visibly unclean. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. There were arrangements in place to ensure that expired drugs were promptly replaced, however at the time of our visit we identified some dental restorative materials (Iedermix paste) were found to have expired.

Although staff knew who the appointed First Aider was, there was no sign visible to confirm this to the public. In addition, the first aid certificate needs to be obtained and kept in date. The first aid kit contained a number of items that had expired in 2011 including bandages and gloves. The first aid kit needs to be reviewed regularly to ensure all the contents are in date and fit for use.

Improvement needed

The resuscitation equipment needs to be reviewed to ensure face masks are covered and clean before they may be used.

The practice must ensure that details about the appointed First Aider is visibly displayed and that certificates are obtained and retained.

Emergency drugs and the first aid box needs to be checked regularly to ensure they are in date and fit for purpose.

Safeguarding

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults. At the time of the visit the child protection policy had a version and review date which the adult safeguarding policy did not. It was recommended that all policies have a version and review date on the document. We also found that a new member of staff required training in the protection of children and vulnerable adults and one other member of staff required refresher training on this topic .

We were told there were arrangements in place for staff to raise any concerns about the delivery of care to patients. The practice team also told us that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance.

Radiographic equipment

We saw documentation to show that the X-ray machines had been regularly serviced to ensure they were safe for use. However, the certificates on display for the equipment had a serial number that did not match the testing invoices/statements kept in the radiation protection file. Clarity is required to confirm which machine (336 or 480) is used and the file amended.

Improvement needed

Equipment certificates and the Radiation Protection file needs to be updated to ensure the serial numbers for the equipment is correct.

Our review of the radiation protection file identified that two versions were available. This was confusing because areas of duplication were seen when assessing both files. It was recommended during the visit that one file should be in place providing a cohesive record. In addition, we identified some sections within the file that were incomplete, specifically the inventory and fault log. A review of the file is required to ensure it is up to date and comprehensively completed.

Improvement needed

The Radiation Protection file needs to be updated to ensure all sections are appropriately completed, including the inventory and fault log.

We found that the dentist involved in taking radiographs had completed the required training. This is in accordance with the requirements of the General

Dental Council⁴ and Ionising Radiation (Medical Exposure) Regulations 2000. However, training in ionising radiation had not been fully completed by the dental nurse.

Improvement needed

Relevant training in ionising radiation must be undertaken by the dental nurse.

The practice had a quality assurance system in place to ensure that the image quality of patient X-rays were graded and recorded. The quality assurance audit was not available at the time of our visit. In addition, there was no formal review of the audit to evidence that any actions had been acted upon. It is recommended that audits be used as tools for improvement.

Improvement needed

X-ray audits undertaken should be used as tools for continued improvement.

During the visit we noted that chemical changes (developer and fixer changes associated with developing X-ray images) were not being recorded, however this was discussed and rectified during the visit.

Effective care

We looked in detail at a sample of five patient records at the practice. Overall, we found that the records were appropriate and sufficiently detailed with information about each patient's treatment. However we identified issues that need to be addressed, including:

- Medical history must be counter-signed routinely by the dentist in line with the General Dental Council Standards (Standard 4)
- Medical histories need to be updated at each appointment
- More detail is required to document soft tissue examinations
- Justification needs to be recorded for undertaking radiographs

Improvement needed

⁴ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

Patient records need to be improved by ensuring:

- ***All initial medical histories need to be counter-signed by the dentist***
- ***Medical histories are updated at each appointment***
- ***Detailed content is required for soft tissue examinations***
- ***Justification is recorded for taking x-rays***

Patients benefit from receiving care from a practice that seeks to continuously improve the service provided. We saw that the practice engages in some relevant audit activity completed in-house, including infection control.

We were told that there were links with other local dental practices in which peer reviews take place. This is an area of good practice and contributes to the quality of care provided.

Quality of Management and Leadership

We found evidence of effective management and leadership at this practice. Staff we spoke to were happy in their roles, understood their responsibilities and felt supported. A range of relevant policies and procedures were in place.

The practice has been established at these premises since 1960, with the current owner acquiring the business in 1996.

We found that the practice was well run, which was supported by a range of clinical procedures and quality assurance processes to ensure that patients' care and treatment were delivered safely and in a timely way. We were able to confirm those arrangements by looking at a variety of records and policies and through discussions with members of the dental team.

We saw a staff team at work who seemed happy in carrying out their roles. We found there were systems in place to ensure any new staff received an induction and were made aware of policies and procedures.

Staff had completed training relevant to their role and for their continuing professional development (CPD), however, we identified some gaps that needed to be addressed immediately. Updated training in Child Protection was required for the receptionist. The dental nurse had only recently started in post, but training in a number of areas was required. Specifically the Ionising Radiation Medical Exposure Regulations (IRMER) and Adult and Child Protection. We were unable to find a current certificate for the first aider, which we recommended was obtained as soon as possible.

Improvement needed

A review of all staff training needs is required and courses attended to ensure staff have the skills, knowledge and competence to deliver safe and effective patient care and treatment.

There was a system in place for staff to receive an annual appraisal, which ensured staff had opportunities to reflect on their work and identify any relevant training they may feel is required. Regular team meetings take place which are documented and any actions are carried out.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, the dentist providing private treatment was registered with HIW and their registration certificate was available within the practice.

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice.

We looked at the policies and procedures in place and found there were some with version dates and review dates and others without. It is good practice to ensure version and review dates are added to all policies. We were assured that changes to policies were communicated to staff.

Improvement needed

All policies and procedures need to be consistent with version and review dates added to all policy and procedure documents.

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 Ellen Davies Dental 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 inspections of the NHS in 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 2008⁵ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁶. 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

⁵ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁶ <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: Ellen Davies Dental Practice

Date of Inspection: 27 October 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	<i>Notices need to be clearly displayed informing patients and visitors of the CCTV in operation.</i>	Standard 2.1	A CCTV sign is displayed on the front door, and has always been displayed on the second door at face height. These signs are supplied by the CCTV company and comply with size and printing legislation.	Ellen Davies	Completed
7	<i>The GDC 9 Principle poster should be displayed in a public area to clearly demonstrate to patients and visitors the standards they can expect from the dentist and the team.</i>	Standard 1.1	A Poster is now on display in the reception area.	Ellen Davies	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>General Dental Council Standards for the Dental Team, 1-9</i>				
Delivery of Safe and Effective Care					
10	<i>The practice must improve the arrangements of decontamination and infection control in line with the guidelines of WHTM 01-05 ensuring the data from the autoclave SD card is downloaded, saved and analysed to check the performance of the equipment.</i>	Standard 2.4 WHTM 01-05 guidelines Chapter 11	The Autoclave SD card is downloaded, saved and analysed on a weekly basis. This system has been operable since 2014	Ellen Davies	Completed
10	<i>Dirty to clean workflow signs need to be replaced to clearly identify the flow of dirty and clean areas.</i>	Standard 2.1 & 2.4 WHTM 01-05 guidelines Chapter 5	Our descriptive workflow signs between the ultrasonic, sink, autoclave and bagging area now include arrows to identify the flow between dirty and clean areas	Ellen Davies	Completed
10	<i>The resuscitation equipment needs to be reviewed to ensure face masks are covered and clean before they may be used.</i>	Standard 2.9	This is now operative and included in our monthly medical emergency checks	Ellen Davies	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
10	<p><i>The practice must ensure that details about the appointed First Aider is visibly displayed and that certificates are obtained and retained.</i></p> <p><i>General Dental Council Standards for the Dental Team, Standard 6.6</i></p>	Standard 2.1	I was unable to find a First Aid course that did not require a 3 day practical attendance. I rang Kath Liddington requesting a First Aid course as it is now a compulsory component of patient care (Standard 6.6). Kath stated "No" and I queried this as it is a specific requirement. She has now forwarded details of a course that she has organised. All three members of staff are now booked to attend this course on 05/04/17	Ellen Davies	05/04/2017
10	<p><i>Emergency drugs and the first aid box needs to be checked regularly to ensure they are in date and fit for purpose.</i></p>	Standard 2.1	<p>Our Emergency Drugs have always been checked and items are always in date.</p> <p>The First Aid box has now in date dressings and is incorporated into our monthly medical emergency check.</p>	Ellen Davies	Completed
11	<p><i>Equipment certificates and the Radiation Protection file needs to be updated to ensure the serial numbers for the equipment is</i></p>	Standard 2.9	The correct Serial Number is as per our displayed Certificate of Maintenance and our Certificate of Radiation Testing. However, on the Service of 15/04/16 the Reliatec	Ellen Davies	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>correct.</i>		engineer inadvertently noted the Tube Head number instead of machine number. Reliatec have been informed and amended their records.		
11	<i>The Radiation Protection file needs to be updated to ensure all sections are appropriately completed, including the inventory and fault log.</i>	Standard 2.9 & 3.4	All service visit reports had been filed in the RP filed together. They have now been separated into Service and Fault visits and recorded.	Ellen Davies	Completed
12	<i>Relevant training in ionising radiation must be undertaken by the dental nurse.</i> <i>General Dental Council Standards for the Dental Team, Standard 6.6</i>	Standard 7.1	Our Dental Nurse started employment with us on 03/10/16. She has been booked on an IRMER course 17/02/17 which is the first one available.	Ellen Davies	17/02/2017
12	<i>Audits undertaken should be used as tools for continued improvement.</i>	Standard 3.4	We have now added an analytical component to every audit. However every audit that has highlighted an issue has been implemented and actioned at the end of the audit week.	Ellen Davies	Completed
12	<i>Patient records need to be</i>	Standard 3.5	All medical histories have always been written by the dentist and in	Ellen Davies	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p><i>improved by ensuring:</i></p> <ul style="list-style-type: none"> • <i>All medical histories need to be counter-signed by the dentist</i> • <i>Updated medical histories are updated at each appointment</i> • <i>Detailed content is required for soft tissue examinations</i> • <i>Justification is recorded for taking x-rays</i> <p><i>General Dental Council Standards for the Dental Team, Standard 4.1</i></p>		<p>conjunction with the patient and then countersigned by the patient. They are now signed by the dentist.</p> <p>Updates are now noted</p> <p>Soft Tissue examinations now include expanded details.</p> <p>Justification is always shown.</p> <p>In this one instance records show "Patient complained of swelling buccal to LR6. On examination gingivae at gingival level, bubbly red and swollen and pocket (buccal) 7mm, 1 xray.</p> <p>I am not sure what more justification I could have written in this instance.</p>		
Quality of Management and Leadership					

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
14	<i>A review of all staff training needs is required and courses attended to ensure staff have the skills, knowledge and competence to deliver safe and effective patient care and treatment.</i>	Standard 7.1	All staff have been booked for a Child Protection Course 06/12/16. Irmer course for the dental nurse on 17/02/17 (the first available since starting with us 03/10/16) Ellen, whose status with IRMER is current up to and including 15/07/18 is attending an Irmer course 27/01/17 to align all staff attendance.	Ellen Davies	06/12/2016 17/02/2017 27/01/2017
15	<i>All policies and procedures need to be consistent with version and review dates added to all policy and procedure documents.</i>	Standard 3.4	Dates and Review dates have been added to all policies and procedures.	Ellen Davies	Completed

Practice Representative:

Name (print): Ellen Davies.....

Title: Dentist and Practice Owner.....

Date: 30/11/16.....