

General Dental Practice Inspection (Announced- follow-up)

**Cardiff and Vale University
Health Board, High Street
Dental Practice, Cowbridge**

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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 announced follow-up inspection at High Street Dental Practice located at 57 High Street, Cowbridge, on the 14 November 2016.

HIW explored how High Street 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

High Street Dental Practice provides services to patients in the market town of Cowbridge. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

High Street Dental Practice is a mixed practice providing both private and NHS dental services, although there is a greater emphasis on the provision of private dental care.

The practice staff team includes two dentists, one hygienist, three dental nurses and a practice manager who also works as a receptionist.

3. Summary

This report relates to a routine follow-up inspection completed by HIW on the 14 November 2016 at High Street Dental Practice, Cowbridge to check that areas for improvement highlighted at the previous HIW inspection (15 November 2015), had been completed.

Overall, we found evidence that improvements had been made to the provision of information for patients in relation to NHS and private dentistry concerns (complaints) procedures respectively. We also saw that patients had access to practice information leaflets which reflected the two different dental care and treatment plans available at the practice.

We were also able to confirm that some improvements had been made in relation to the provision of safe and effective care since our previous inspection. Those improvements specifically related to the environment in one of the two dental surgeries, some staff training and the purchase of new sterilisation equipment.

However little progress had been made regarding recorded checks concerning cleaning and sterilisation equipment, emergency drugs and the required content of patients' records. In addition, new/other matters relating to elements of the decontamination process and safe use of X-ray equipment were identified at this HIW inspection.

Since our last inspection improvements had been made with regard to the maintenance of staff immunisation records and attempts at developing policies and procedures to assist the dental team in their work.

However, further improvement was needed in terms of staff induction, the provision of relevant and regular staff training and quality assurance arrangements in general.

This is what we found the practice did well:

- Patients who completed a HIW questionnaire expressed their satisfaction with all aspects of care and treatment received
- The two dental surgeries were well-equipped, visibly clean and tidy
- The dental team had worked at the practice for some years which meant that patients received care from staff who were familiar to them

Improvements needed in relation to areas of the running and management of the practice can be seen throughout this report, and within Appendix A.

4. Findings

Quality of the Patient Experience

At this inspection, we found that progress had been made in relation to the display of information about NHS and private dentistry concerns (complaints) procedures respectively. We also saw that patients had access to practice information leaflets which reflected the two different dental care and treatment plans available at the practice.

However, the practice still needed to improve the availability of health promotion material, to assist in the promotion of patients' dental and oral health in between visits.

The quality of the patient experience was not explored in full at this follow-up inspection. This was because HIW planned to check that areas highlighted for improvement at the previous HIW inspection (15 November 2015), had been completed.

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:

'Information always explained in an understandable way'

'I can always get an appointment when I need to. Staff are always friendly and supportive'

'Have always experienced the utmost courtesy and helpfulness from (the dentist) and all their staff'

Issues relating to the previous HIW inspection-November 2015:

Staying healthy

We found that health promotion material available to patients in the waiting area was minimal. This issue was raised at our previous inspection. The practice may therefore find it helpful to ask patients what kind of information they may find helpful (and whether that information is required in Welsh).

Individual care

At the previous HIW visit, the practice was advised of the need to ensure that patients were provided with clear information about all services provided and the dental professionals working at the practice. This was to be achieved

through the development of comprehensive patient information leaflets. At this visit, we saw that there were two types of patient information leaflet to reflect the different dental charging plans available at the practice. One of those leaflets required a minor amendment to accurately reflect an element of patient charges for private dentistry. This matter was though, resolved following our visit.

During the previous inspection, the HIW team identified that the practice's concerns (complaints) procedure needed to be updated. This was to ensure that patients had access to clear and full information about how to raise concerns about their dental care or treatment with the practice and other relevant professional bodies. We therefore viewed the concerns information on display at the reception area and found that the practice had amended the poster as required. The concerns/complaints policy seen however still required some updating. This was brought to the attention of the dental team.

Delivery of Safe and Effective Care

We found that some improvements had been made in relation to the provision of safe and effective care since our previous inspection. Those improvements specifically related to the environment in one of the two dental surgeries, some staff training and the purchase of new sterilisation equipment. We were also able to confirm that the practice had access to distilled water for rinsing dental instruments in accordance with Welsh Health Technical Memorandum 01-05 guidelines.

However little progress had been made regarding recorded checks concerning cleaning and sterilisation equipment, emergency drugs and the required content of patients' records. In addition, new/other matters relating to elements of the decontamination process and safe use of X-ray equipment were identified at this HIW inspection.

Issues relating to the previous HIW inspection-November 2015:

Clinical facilities

During our November 2015 inspection, we were unable to determine what portable equipment had been tested as a means of ensuring staff and patients' safety. This was due to the absence of records in this regard.

Since that time, the practice team had arranged for portable appliance (PAT) testing to take place. However, we were not provided with written confirmation of that when requested, at this inspection. We were told that this was due to the need for a repeat test as the initial contractor who was asked to complete the work was not trained to test the electrical wiring at the premises and the practice wanted both tests undertaken at the same time. The practice partners were therefore advised of the need to provide HIW with the relevant certificates as soon as possible.

Improvement needed

The practice is required to provide HIW with written confirmation of PAT testing and examination of the electrical wiring system at the premises, as soon as possible.

The practice was previously required to complete regular checks in respect of the compressor equipment at the premises, in accordance with the manufacturer's guidelines. At this inspection, we found that an external contractor had been contacted by the practice to undertake relevant

maintenance. The contractor confirmed that the equipment was of a type which did not require daily checks. This was supported by appropriate documentation.

At the last inspection, the practice was advised of the need to make suitable arrangements for the disposal of unused medicine products. Since the last inspection, we found that the team had made contact with a local pharmacist who was now involved in this process, as well as providing general advice, as and when required.

The seals between the floor and wall in the dental surgery to the front of the premises were seen to be in need of attention, during our previous inspection. At this visit, we were able to confirm that the flooring had been replaced. This served to assist staff when cleaning the area and minimised the risk of the build-up of dust/bacteria.

Issues relating to the previous HIW inspection-November 2015:

Decontamination

During the last inspection, the practice was advised of the need to consult manufacturer's guidance regarding the use of sterilising equipment and ensure that it was appropriate for all instruments in use (not just dental hand pieces). The practice was also advised of the need to undertake daily checks regarding the operation of the sterilising equipment in accordance with manufacturer's guidelines

At this inspection, we found that the practice had purchased a new (type B) autoclave which was commissioned during September 2016.

Whilst there was a data recorder in place which assisted in determining whether the equipment was functioning correctly, the team could not provide us with any evidence that data had been downloaded or checked. In addition, the 'log books' in place did not provide any useful recorded information as to how sterilisation cycles were being validated or periodically tested, as required.

During this visit, there were no records in place to confirm that foil and protein tests (in respect of the ultrasonic cleaner) were taking place, at intervals cited within Welsh Health Technical Memorandum (WHTM) 01-05, Revision 1 guidelines. It was therefore not possible to verify what staff told us in this regard.

Improvement needed

The practice is required to provide HIW with detailed information to demonstrate that there are suitable recorded daily/weekly/other checks in place, in respect of equipment used during the instrument cleaning and decontamination process.

Packaging applied to a large number of sterilised instruments was not dated to indicate when they were wrapped. We were told that this approach generally applied to frequently used instruments. Despite this, we re-iterated the need for a system to be established whereby instruments were stamped as required by point 2.4k-WHTM guidelines.

Improvement needed

The practice is required to describe the system put in place to ensure that the packaging of dental instruments is always marked with the date of sterilisation. Infrequently used instruments should also be marked with the date of expiry. This is in order to ensure that all staff are clear about when instruments should be used.

At the previous HIW inspection, we identified the need for the practice to ensure that there was freshly distilled water available for rinsing dental instruments in accordance with WHTM guidelines. We were able to confirm that the practice had addressed the matter, at this inspection.

We saw that the practice had undertaken a WHTM 01-05 infection prevention and control audit during October 2016 which we were told was completed; however, sections of the audit were blank. In addition, no improvement plan had been developed to demonstrate what action had been planned, or completed. During the last inspection, we saw that the practice had completed an English version of a decontamination audit. We therefore advised the team to complete the WHTM audit in full as soon as possible; to be followed by a clear improvement plan.

Improvement needed

The practice is advised of the need to complete the WHTM 01-05 decontamination audit in full and provide HIW with details of the action taken/to be taken.

Issues relating to the previous HIW inspection-November 2015:

Emergency drugs and equipment

At the previous inspection, the dental team was advised of the need to check all emergency equipment on a weekly basis, to ensure that it was ready and safe for use at all times. The practice was also required to obtain a replacement battery for the defibrillator. At this inspection, we were able to confirm that a battery had been obtained. We also saw a list in place to check some of the emergency equipment weekly. However, there was still no system in place to check emergency drugs on a weekly basis, in accordance with current UK resuscitation guidelines for dental practices.

Improvement needed

The practice is required to provide HIW with details of the action taken to ensure that emergency drugs are checked on a weekly basis.

We saw training certificates which confirmed that some members of the practice team had completed recent training in relation to the use of first aid. There were also checks in place to ensure that the contents of the first aid kit were replaced as and when required.

Issues relating to the previous HIW inspection-November 2015:

Safeguarding

We were able to confirm that the dental team had been provided with training on the topics of child and adult safeguarding. However, the practice policies were based on guidelines which applied in England as opposed to Wales. This matter was brought to the attention of the practice partners for a second time, as it is important to ensure that staff have access to relevant, current information and contact details. The need for current and robust policies at this practice has resulted in a formal improvement; further reference being made within the section of this report entitled '*Quality of Management and Leadership*'.

New issues identified at this inspection:

Decontamination

Given our findings at the last inspection, we observed how staff worked within the decontamination room and were able to confirm that efforts were being made to separate used and clean instruments. However, the layout of the room did not maximise the separation of dirty and clean areas. Specifically, there was a cupboard above the clean area which contained dusty items such as dental impressions and boxes of dental items; access to the cupboard being frequent, as instrument packaging was also stored in this area. There was no workspace for staff to remove sterilised instruments from the autoclave; the door opening outward where there was no working surface at all. The autoclave was also situated on the 'dirty' side of the room, alongside the ultrasonic cleaner; an area that was very cluttered. In addition:

- There was very little space for staff to package instruments following sterilisation in the designated clean area
- Staff were observed wearing gloves when handling used instruments, but no other personal protective equipment was seen in use within the decontamination room during our visit

- Airflow in the decontamination room needed to be considered further as staff were reliant on natural ventilation via an open window. The current flow of air was from the 'dirty' to 'clean' area which posed the risk of re-contamination of instruments
- There was no separate dedicated wash-hand basin identified in the decontamination room
- All of the above was discussed with the practice partners. Whilst they were keen to make improvements, there remained a concern as to why advice had not been sought from relevant people regarding the design of the decontamination room

Improvement needed

The practice must inform HIW of the action taken/to be taken to make improvements to the layout, airflow and use of personal protective equipment within the dedicated decontamination room.

The practice did not have a copy of the current WHTM guidelines. Rather, they had a previous Health Technical Memorandum (HTM) version (2011). This meant that the staff team did not have access to current relevant all-Wales guidelines relating to infection prevention and control and decontamination. The inspection team therefore provided the practice with the details of the correct guidelines to be obtained, as soon as possible.

Conversations with two dental nurses indicated that they understood the need for robust and consistent methods of cleaning and sterilising instruments. However, we found that they had not been provided with training on the core topic of decontamination for some time. In view of our findings at this inspection, this matter has been brought to the attention of the team.

One of the practice team had developed guidelines for staff to assist with the completion of 'start of the day' decontamination room procedures, but staff told us that they hadn't seen those. Neither were such guidelines on display at the premises.

Issues relating to the previous HIW inspection-November 2015:

Radiographic (X-ray) Equipment/Documentation/Staff training

During the previous inspection, local rules (signs) were not present within the dental surgeries as required. However, during this visit, we found that safety (local) rules were displayed in each of the two dental surgeries. This meant that staff had access to a clear guide as to how to protect patients and themselves, when X-ray equipment was in use. Staff also demonstrated the alert system in place to ensure that people did not enter the dental surgeries when X-rays were being taken. We further saw radiation signs on the doors of the dental surgeries.

We were also able to confirm that the practice had made contact with the Health and Safety Executive following the previous inspection, as advised. This was to let them know that ionising radiation (X-ray facilities) were in use at the premises, as required.

However we found that the radiation protection file remained incomplete. The file also contained information relating to a previous owner of the practice which should have been archived, as it was no longer relevant. We were able to confirm that there was a named Radiation Protection Advisor (RPA) in place (via a written contract). However, the practice had not had any contact with the RPA for some considerable time. We therefore advised that contact was made as soon as possible to seek advice on the completion of the information within the radiation protection file (specifically in relation to equipment in use and procedures for staff to follow). This is, in accordance with IR(ME)R legislation.

Improvement needed

The practice must inform HIW of the action taken to ensure that the radiation protection file contains all relevant information, as required by IR(ME)R legislation.

Patient records

At the previous inspection, a number of improvements were identified in respect of the content of patients' records. At this inspection, we examined 9 records (five relating to one dentist and four relating to the other). Little or no improvement was identified. This was because the content of each record seen at this inspection was considered to be insufficient in terms of one, or more, of the following:

- Details of informed consent
- Dental charges applied
- No evidence that patients were provided with a treatment plan
- NHS records did not refer to patient recall timescales in accordance with NICE guidelines
- There remained insufficient space for a full description of consultations and treatment and the practice does not have any means of recording electronically. Conversation with the partners highlighted that the situation was unlikely to change in the future as the cost was prohibitive

- Medical histories were not always countersigned, updated, or present
- One record did not provide any evidence of full base charting
- The quality of a number of patient X-rays was poor and were therefore of little use in assisting the dentists to make decisions about future dental care of the patients concerned

Discussions with the practice team highlighted the problems they experienced in maintaining patient records to the required standard. This was largely due to the lack of computerisation and the reliance on the use of paper records only.

Improvement needed

The practice must provide HIW with a description of how it will ensure that patients' records contain all information required by the health and care standards and relevant professional guidelines.

At the previous HIW inspection, the practice was advised of the need to establish and formalise a system of regular audit and peer review, so that the staff team could more easily identify areas of service that required improvement. At this inspection, there was still no agreed rolling programme of audit activity (for example, in respect of patients' records, X-rays, infection prevention and control, health and safety and the environment).

Improvement needed

The practice is required to inform HIW of the action it intends to take to ensure that there are quality assurance arrangements in place to assist the practice to make continuous improvements to services provided to patients.

New issues identified at this inspection:

X-ray equipment and records

- We found there were no written guidelines available to staff regarding the frequency, or process for, changing X-ray developing fluids (and associated safety measures). We also found that no-one had delegated responsibility for this, so fluid change was occurring on an ad hoc basis. This had very obviously led to the poor quality of X-rays seen in a sample of patients' records. This was brought to the attention of the practice partners who were willing to address this matter. They could not however explain why such arrangements were not already in place
- Similarly, we saw the records of an X-ray audit completed since our previous inspection. However, this did not provide sufficient details of patients' records seen, or any indication of how the record sample had

been chosen. It did indicate that 75% of the X-rays looked at were unsatisfactory in terms of quality/grade. There was however, no action plan in place to make, or monitor, improvements needed, in support of decisions about patients' care and treatment

Improvement needed

The practice is required to provide HIW with details of the action taken/planned to ensure that X-ray development fluids are changed on a regular basis through the use of guidelines that staff are able to understand.

Improvement needed

The practice must also provide HIW with details of the action taken to ensure that a regular programme of X-ray audit –quality and grade is established at the practice.

We were not able to find evidence of IR(ME)R training for relevant staff at this inspection, although the individuals concerned stated that they were 'up to date' with this. They have therefore been requested to make this information to HIW as soon as possible.

Improvement needed

The practice is required to provide HIW with information which verifies that relevant staff have completed training as required by IR(ME)R legislation.

Quality of Management and Leadership

The two principal dentists who work at the practice retained overall responsibility for the day to day running, management and operation of the service. They were assisted by a practice manager who also worked at reception and a small well established dental team.

We found that a process had recently been developed to provide staff with an annual appraisal to assist with ensuring that the dental team remained competent and confident in their work.

Some progress had also been made since our previous inspection with regard to the development of suitable systems for measuring essential quality and safety standards associated with the provision of dental care and treatment to patients. Improvements specifically related to the maintenance of staff immunisation records and attempts at developing policies and procedures to assist the dental team in their work.

However, further improvement was needed in terms of staff induction, the provision of relevant and regular staff training and quality assurance arrangements in general.

Issues relating to the previous HIW inspection-November 2015:

Staff training

We found that the practice had not developed an induction programme for new or temporary staff, as required. Discussion with the dentists revealed some misunderstanding as to who should have been responsible for this aspect of service. Whilst the practice had not employed any new staff since the previous inspection, or used agency personnel, the practice's improvement plan dated 8 January 2016, indicated that this issue had been fully addressed.

Improvement needed

The practice must provide HIW with a copy of the induction programme developed to support any new future staff members or agency staff who may work at the premises.

On viewing a sample of training records it was evident that staff had not received recent training on relevant elements of their roles/responsibilities (for example, decontamination, when X-rays were being taken, the development of X-ray images).

Improvement needed

The practice is required to confirm that decontamination training has been arranged for all relevant staff. Training sessions are also to be provided in respect of other topics relevant to staff roles and

responsibilities. This is to demonstrate that staff are being supported with their continued professional development. Dates are to be made available to HIW.

Staff appraisal

We saw that two dental nurses had received a form of appraisal in the week prior to this announced follow-up inspection. No other members of the team however had been subject to appraisal. The absence of such arrangements was raised at our last inspection.

Governance arrangements

At our previous inspection, the HIW team highlighted the need for improvements to the operational systems, processes and policies in place to ensure that there were effective management arrangements in place. At this inspection, the majority of policies seen were either still in need of updating, or had been downloaded from English sites (and not amended to reflect local practice or All-Wales guidelines). There was also inconsistency in terms of dates when policies were developed, when they needed to be revised and the application of the author's signature.

Improvement needed

The practice is advised of the need to inform HIW of the action taken/to be taken to ensure that staff have access to a range of relevant and current policies to guide in their day to day work.

We saw that records of immunisation for all staff were now maintained. This meant that there were suitable arrangements in place to protect patients and staff.

New issues identified at this inspection:

Management arrangements

Conversations with members of the dental team revealed that staff duties were completed based on tasks that had been undertaken on a historical basis. The practice may therefore wish to consider how duties may be delegated to staff members in the future on a day to day basis, to ensure that key tasks are completed as needed.

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 High Street 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 2008¹ and the Private Dentistry (Wales) (Amendment) Regulations 2011². 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

¹ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

² <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: High Street Dental Practice

Date of Inspection: 14 November 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	No new improvements identified at this inspection.				
Delivery of Safe and Effective Care					
8	The practice is required to provide HIW with written confirmation of PAT testing and examination of the electrical wiring system at the premises, as soon as possible.	Health and Care Standards 2.9; The Electricity at Work Regulations			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		1989			
9	The practice is required to provide HIW with detailed information to demonstrate that there are suitable recorded daily/weekly/other checks in place, in respect of equipment used during the instrument cleaning and decontamination process.	Private Dentistry (Wales) Regulations section 14 (3); Health and Care Standards 2.4 and 2.9			
10	The practice is required to describe the system put in place to ensure that the packaging of dental instruments is always marked with the date of sterilisation. Infrequently used instruments should also be marked with the date of expiry. This is in order to ensure that all staff are clear about when instruments should be used.	Health and Care Standards 2.4; WHTM 01-05 section 1.24			
10	The practice is advised of the need to complete the WHTM 01-05 decontamination audit in full and provide HIW with details of the action taken/to be taken.	Health and Care Standard 3.1			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
11	The practice is required to provide HIW with details of the action taken to ensure that emergency drugs are checked on a weekly basis.	Health and Care Standards 2.6. UK resuscitation guidelines for dental practices.			
12	The practice must inform HIW of the action taken/to be taken to make improvements to the layout, airflow and use of personal protective equipment within the dedicated decontamination room.	Health and Care Standards 2.4, 3.1 and 3.3.			
13	The practice must inform HIW of the action taken to ensure that the radiation protection file contains all relevant information, as required by IR(ME)R legislation.	Health and Care Standard 2.9. IR(ME)R legislation.			
14	The practice must provide HIW with a description of how it will ensure that patients' records contain all information required by the health and care standards and relevant	Health and Care Standards 3.3, 3.5 and 4.2. General			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	professional guidelines.	Dental Council Standard 4.1.1 and 4.1.2.			
14	The practice is required to inform HIW of the action it intends to take to ensure that there are quality assurance arrangements in place to assist the practice to make continuous improvements to services provided to patients.	Health and Care Standard 3.3			
15	The practice is required to provide HIW with details of the action taken/planned to ensure that X-ray development fluids are changed on a regular basis through the use of guidelines that staff are able to understand.	Health and Care Standard 2.9			
15	The practice must provide HIW with details of the action taken to ensure that a programme of X-ray audit quality/grade is established at the practice.	Health and Care Standard 2.9			
15	The practice is required to provide	Health and			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	HIW with information which verifies that relevant staff have completed training as required by IR(ME)R legislation.	Care Standard 7.1			
Quality of Management and Leadership					
16	The practice must provide HIW with a copy of the induction programme developed to support any new future staff members or agency staff who may work at the premises.	Health and Care Standard 7.1; General Dental Council Standard 6.6.1			
16/17	The practice is required to confirm that decontamination training has been arranged for all relevant staff. Training sessions are also to be provided in respect of other topics relevant to staff roles and responsibilities. This is to demonstrate that staff are being supported with their continued professional development. Dates are to be made available to HIW.	General Dental Council Standards 6.1.6 and 6.6.5			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
17	The practice is advised of the need to inform HIW of the action taken/to be taken to ensure that staff have access to a range of relevant and current policies to guide in their day to day work.	Health and Care Standards 2.1 and 7.1; General Dental Council Standard 6.6			

Practice Representative:

Name (print):

Title:

Date: