

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

Cardiff & Vale University  
Health Board

Wilson Road Dental  
Surgery

Inspection date: 18 November 2016

Publication date: 20 February 2017

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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 Wilson Road Dental Surgery, 29 Wilson Road, Ely, Cardiff CF5 4LL on 18 November 2016.

HIW explored how Wilson Road Dental Surgery 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

Wilson Road Dental Surgery provides services to patients in the Ely area of Cardiff. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

Wilson Road Dental Surgery is a mixed practice providing both private and NHS dental services.

The practice staff team includes two dentists, one therapist, two full time dental nurses, three part time dental nurses and a practice co-ordinator.

Wilson Road Dental Surgery is owned and run by Mr Xenophon Ioannides.

### 3. Summary

Overall, we found evidence that Wilson Road Dental Surgery provides patients with safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Patients stated they were happy with the service provided
- Staff we spoke to were happy in their roles and understood their responsibilities
- A system was in place to evidence that staff had read and understood the practice's policies and procedures

This is what we recommend the practice could improve:

- A review of the clinical facilities to ensure they are in a good condition, including ensuring the floors in the surgeries are sealed, handles on drawers are secure and equipment is in a good state of repair.
- 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 signed by dentists, audits used as tools for improvement and smoking cessation and oral cancer risks are documented.

## 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 through our patient questionnaires was positive. The practice had recently implemented systems for regularly seeking patient feedback as a way of assessing the quality of the service provided. However, we recommended that the practice develop a policy and procedure for dealing with any private dental treatment complaints.**

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients, to obtain their views on the services provided. Fourteen were completed and returned. All of the patients indicated that they were satisfied with the services received at the practice. Patient comments included:

*“This is a lovely dental practice and all the staff are extremely friendly and helpful”*

*“I am very nervous about the dentist and the staff and dentist at the practice always take that into consideration and know how to make me feel relaxed and at ease”*

*“Best dentist I have been to”*

#### 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 a HIW questionnaire was positive. All of the patients told us that they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. In addition, all patients who completed a HIW questionnaire told us they had been given enough information about their dental treatment.

#### Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. The majority of patients who completed HIW questionnaires told us they had not experienced a delay in being seen by the dentists. Staff told us that if a dentist was running late they would make sure they kept patients informed. If required, alternative arrangements would be offered.

An emergency contact telephone number for patients' use was displayed on the entrance door. 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. A review of the content of completed HIW questionnaires highlighted that the majority of patients knew how to access out of hours dental care.

### Staying healthy

All patients who completed a questionnaire told us they received enough information about their treatment. Health promotion information was available in the waiting area. A small 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, such as by providing information in other formats and languages, including Welsh. The need for this could be assessed through gaining patient feedback.

The practice had recently set up ways of seeking patient feedback which will be monitored to identify any themes that may need addressing, as stated.

A no smoking sign was displayed in the reception area and closed circuit television (CCTV) cameras were in operation in certain areas of the practice, specifically monitoring the downstairs entrance, waiting rooms and above the reception desk. Stickers were placed in the reception areas to inform patients of the use of CCTV cameras.

### Individual care

The practice had a NHS complaints policy and procedure in place. A poster was also clearly displayed in the waiting area to inform patients about what to do if they had any concerns about their dental care or treatment. We informed the practice however that they needed to have a policy and procedure in respect of private dental complaints. Staff told us that a complaints log was in place at the practice to record and monitor all complaints. We were told however, that the practice had not received any complaints.

### ***Improvement needed***

***The practice must have a policy and procedure for dealing with private dental treatment complaints.***

The practice had recently started to record verbal and informal concerns which staff said would be monitored to identify themes. This was with a view to making improvements to the service as far as possible.



The majority of patients who completed HIW questionnaires told us that they knew how to make a complaint about the dental services they received.

The practice layout enabled people with mobility difficulties to access some of the dental services available. Staff told us they had a ramp which would enable access to the reception/waiting area. One surgery was situated on the ground floor, although the public toilet was situated upstairs.

The reception/waiting area was open plan. Staff told us that private conversations would take place in a room to ensure patients' 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. This was to ensure patient privacy and confidentiality was preserved.

## *Delivery of Safe and Effective Care*

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

**We identified some improvements to expand and enhance the practice's facilities, which staff were aware of, and would consider. In addition, we recommended that some improvements regarding decontamination take place. Record keeping and audit activity also needed to be reviewed and improved.**

### Safe care

#### *Clinical facilities*

We found the practice had taken steps to help ensure the health, safety and welfare of staff and patients. We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances used within the practice.

We examined equipment maintenance records kept at the practice and the on-going contract in place to ensure the appropriate transfer and disposal of hazardous waste. All such records were found to be current and valid, including the maintenance of fire alarm systems and extinguishers. At the time of our visit, the lock on the bin in which clinical waste was being stored was broken. It was recommended that the lock was repaired or replaced, to ensure the safe storage of hazardous waste.

#### ***Improvement needed***

***The lock on the bin where clinical and hazardous waste is stored needs to be repaired/replaced to ensure the safe storage whilst awaiting collection.***

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. Suitable arrangements with the local council were also described for the disposal of non hazardous (household) waste.

Discussions with staff highlighted that the cleaner carries clinical waste from the second floor to the basement. Due to the contents of the waste, consideration should be given to ensuring appropriate training and immunisation is provided to the cleaner if this situation is to continue. In addition, steps to the basement were steep and consideration should be given to fitting handrails to assist with access to, and from, this area.

### ***Improvement needed***

***A review of the cleaners duties are required to ensure they have the correct training and immunisations for handling clinical waste.***

***A review of the basement is required to identify if handrails are necessary for access to and from this area.***

Generally, the practice building appeared visibly well maintained both internally and externally, however we did identify some areas that required attention, including:

- In surgery one, there was rusting on the dental chair and damage to the plinth/chair base
- Loose drawer handles and some paint damage was observed in surgery one
- Surgery two had some chips in the worktops and the flooring was not sealed which might create difficulties in cleaning the area effectively
- The chair upholstery was damaged in surgery three
- The suction pipe in surgery three required repairing or replacing
- The light unit in surgery three needed to be repaired and the flooring needed to be sealed to ensure effective cleaning of the area

### ***Improvement needed***

***The practice must review the clinical facilities to ensure they are safe and in good condition. Specific attention must be given to the worktops and handles within the surgeries; ensuring the flooring in the surgeries is sealed and repairing/replacing the light unit, suction pipe, upholstery and the rusting/damage to the dental chair.***

### ***Infection control***

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination) and found that the practice was not fully

meeting the measures in place within the Welsh Health Technical Memorandum (WHTM) 01-05<sup>1</sup> guidelines. We observed:

- Decontamination was being carried out in each surgery and the information from the autoclave data logger was not being downloaded and assessed. It was therefore not possible for the practice to verify that the machine was operating effectively
- Dental impressions were being disinfected using sprays and it was recommended that they were immersed in an appropriate solution prior to transfer to the dental laboratory
- Decontamination was being completed in each surgery, but there was no clear separation between clean and dirty areas or designation of clean and dirty areas.

Discussions and observations did highlight that the practice had an opportunity to utilise some existing space which would improve the facilities for decontamination and move towards best practice.

### ***Improvement needed***

***The practice must improve the arrangements of decontamination and infection control in line with the guidelines of WHTM 01-05 and consider developing additional space to improve facilities.***

Other arrangements we observed regarding the decontamination process were satisfactory. Examples included the following:

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

We saw evidence that infection control audits had been completed, using an audit tool aligned to WHTM 01-05 guidelines. This ensures that the audit covers those areas specific to guidelines used in Wales.

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<sup>1</sup> <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

### *Emergency drugs and resuscitation equipment*

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The resuscitation policy was not signed and dated and needed to be amended to show the correct location of the emergency drugs.

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. It was recommended that the drug GlucaGen be stored in the fridge. There were suitable arrangements in place to ensure that expired emergency drugs were promptly replaced. The practice also had named persons as their first aiders. Prescription pads were stored in a locked cupboard, however during our visit we found a prescription pad in an unlocked drawer in surgery one. This was discussed with staff during the visit and arrangements were going to be put in place to remove prescription pads and store them appropriately.

### *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. All clinical staff had completed training in the protection of children and vulnerable adults.

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

### *Radiographic equipment*

The practice had X-ray equipment and we saw documentation to show that the X-ray machines had been regularly serviced to help ensure they were safe for use. We identified one certificate that had the wrong serial number listed for the X-ray equipment in surgery two. This was highlighted to staff on the day of our inspection so that remedial action could be taken.

There was no notification letter to the Health and Safety Executive (HSE) informing them of the radiograph activity that was taking place at the practice. However, when this was brought to the attention of the practice, arrangements were made on the day of inspection to notify the HSE. Confirmation is required that the letter has been sent and acknowledged by the HSE.

***Improvement needed***

***Confirmation is required to confirm the letter to HSE has been sent and acknowledged.***

Staff completed the required training in accordance with the requirements of the General Dental Council<sup>2</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000, however we were unable to locate the certificate for one dentist. The certificate must be located and saved to evidence training in IR(ME)R.

***Improvement needed***

***All IR(ME)R training certificates must be obtained and kept on file to evidence competency in this area.***

We observed that the radiation protection file contained all the information required by the regulations. At the time of our visit, X-ray film was being stored in a drawer. To ensure the quality of the film, we recommended that X-ray films are stored in sealed metal containers or away from the surgery environment (specifically surgery one and three).

Discussions and observations regarding dental surgery one highlighted that when an X-ray was being undertaken, one of the two doors to the area could be opened unintentionally. We therefore advised the practice to consider ways which access to the second door could be better managed to avoid accidental entry at such times.

***Improvement needed***

***A review of surgery one is needed to ensure that when an exposure is taking place access to the second door is secured to prevent entry.***

On examination of a sample of patient's dental records, generally we found a good standard of record keeping, with sufficient information recorded to justify why certain dental X-ray views had been taken.

There was however, no evidence that grading of the quality of X-rays had taken place in respect of surgery one and there was no evidence that quality assurance audits were taking place. Grading and audits need to be completed

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<sup>2</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

to ensure consistency in the quality of X-rays. This is important as X-rays are used by dentists to make decisions about patients' care and treatment

***Improvement needed***

***Audits need to be undertaken and should be used as tools for continued improvement.***

***The grading of X-rays needs to be routinely recorded and acted upon.***

Effective care

We looked in detail at a sample of ten patient records at the practice. Overall, we found that the majority of records contained appropriate and sufficiently detailed 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)
- Patient records need to evidence that smoking cessation advice and/or risk of oral cancer has been provided.
- The records reviewed highlighted inconsistencies regarding the 6 point pocket chart (6PPC<sup>3</sup>)
- There was no X-ray (quality) grading system in place and no audit available (as noted in the Radiographic equipment section)

***Improvement needed***

***Patient records need to be improved by ensuring:***

- ***Grading x-rays and regular audits must be undertaken***
- ***Comprehensive records must be kept regarding the 6 PPC***

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<sup>3</sup> A 6-point pocket chart (6PPC) is the measurement (in millimetres) of the depth of the cuff of gum tissue at six points around each tooth. The dentist uses this information to measure the extent of any gum disease that may be present and also to assess the response of the gums to treatment. For more information go to [www.bsperio.org.uk](http://www.bsperio.org.uk)

- ***Smoking cessation and risks of oral cancer are provided to patients (where applicable) and documented in their notes.***
- ***All medical histories need to be counter-signed by the dentist.***

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice had engaged in some audit activity, but further improvement and on-going recording of newly developed audits is planned.

There were no formal arrangements for staff at the practice to conduct regular peer review audits together, however, staff had been involved in external post-graduate audits.



## ***Quality of Management and Leadership***

**We found evidence of recent improvements and new systems to support the 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 managed by the current dentist since 2008.

We found that the practice was committed to ensuring that patients' care and treatment was delivered safely, and in a timely way. The day to day operation of the practice was supported by a range of policies and procedures and we were able to confirm those arrangements by looking at a variety of records and through discussions with members of the dental team.

We saw evidence that staff had completed relevant training to their respective roles and for their continuing professional development (CPD). There was a new system in place for staff to receive an annual appraisal of their work.

We confirmed that all relevant staff were registered with the General Dental Council, All dentists providing private treatment were registered with HIW and their registration certificates were available within the practice. This was in accordance with the private dentistry regulations

We identified some policies and procedures that needed updating to reflect the appropriate guidance. Documents including the waste management guidance referenced HTM 01-05 and these needed updating to reflect WHTM 01-05.

### ***Improvement needed***

***A review of all policies and procedures needs to be undertaken to ensure the appropriate guidance is listed, specifically WHTM 01-05.***

We also noted that some policies and procedures did not have issue and review dates recorded. To be consistent with the other policies and procedures that had them, we recommended that issue and review dates are added to all documents. We observed and noted the good practice in place for all staff to sign and date the policies and procedures to evidence that they had read and understood their responsibilities.

### ***Improvement needed***

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

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice. This meant that the practice had a system in place to protect patients and staff.

## 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 Wilson Road Dental Surgery 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 2008<sup>4</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>5</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

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

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

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

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

*Appendix A*

**General Dental Practice: Improvement Plan**

**Practice: Wilson Road Dental Surgery**

**Date of Inspection: 18 November 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
6	<b><i>The practice must have a policy and procedure for dealing with private dental treatment complaints.</i></b>  <i>General Dental Council Standards for the Dental Team, Standard 5.1</i>	The Private Dentistry (Wales) Regulations 2008 15 (1) (2) (3) (4) (a) (b)  Standard 6.3	Policy was available/ complaints logs now being used		Immediate SMeril
<b>Quality of the Practice</b>					
8	<b><i>The lock on the bin where clinical and hazardous waste is stored</i></b>	Standard 2.1	New bin was due it arrived the day after inspection from Canon and is		Cannon already

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>needs to be repaired/replaced to ensure the safe storage whilst awaiting collection.</i>		now in use		done
9	<i>A review of the cleaners duties are required to ensure they have the correct training and immunisations for handling clinical waste.</i>	Standard 2.1, 2.4, 2.9 & 7.1	No longer handling waste		N/A as duties ammended
9	<i>A review of the basement is required to identify if handrails are necessary for access to and from this area.</i>	Standard 2.1	Handrails are being placed		1 month already done
9	<i>The practice must review the clinical facilities to ensure they are safe and in good condition. Specific attention must be given to the worktops and handles within the surgeries; ensuring the flooring in the surgeries is sealed and repairing/replacing the light unit, suction pipe, upholstery and the rusting/damage to the dental chair.</i>	Standard 2.1	All repairs have now been carried out		Already done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
10	<b><i>The practice must improve the arrangements of decontamination and infection control in line with the guidelines of WHTM 01-05 and consider developing additional space to improve facilities.</i></b>	Standard 2.4 WHTM 01-05 guidelines Chapter 11	Zoning is now in place and further staff training		Already done
11	<b><i>Confirmation is required to confirm the letter to HSE has been sent and acknowledged.</i></b>	Standard 2.9	Letter was available and has now been forwarded to HSE		Already done
12	<b><i>All IR(ME)R training certificates must be obtained and kept on file to evidence competency in this area.</i></b>  <i>General Dental Council Standards for the Dental Team, Standard 7</i>	Standard 7.1	Please find certificate attached for the principal		Sent to HIW
12	<b><i>A review of surgery one is needed to ensure that when an exposure is taking place access to the second door is secured to prevent entry.</i></b>	Standard 2.1	All reviewed nurse now stands against the door mentioned		Already done
12	<b><i>Audits need to be undertaken and</i></b>	Standard 3.4	Audit has been done. Internal audits to take place quarterly		Ongoing



Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>should be used as tools for continued improvement.</i>				
12	<i>The grading of X-rays needs to be routinely recorded and acted upon</i>	Standard 3.3 & 3.4	This is being done and checked	Xenis	Already done
13	<p><i>Patient records need to be improved by ensuring:</i></p> <ul style="list-style-type: none"> <li>• <i>Grading x-rays and regular audits must be undertaken</i></li> <li>• <i>Comprehensive records must be kept regarding the 6 PPC</i></li> <li>• <i>Smoking cessation and risks of oral cancer are provided to patients (where applicable) and documented in their notes.</i></li> <li>• <i>All medical histories need to be counter-</i></li> </ul>	Standard 3.5	Associate made aware and monitoring internally.	Spoken to associate	Ongoing all dentist are aware

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>signed by the dentist.</i> <i>General Dental Council Standards for the Dental Team, Standard 4.1</i>				
14	<b><i>A review of all policies and procedures needs to be undertaken to ensure the appropriate guidance is listed, specifically WHTM 01-05.</i></b>	Standard Governance Leadership & Accountability  WHTM 01-05	Done date was omitted but we are aware it is 6 monthly	S MERIL	Already done
14	<b><i>All policies and procedures need to be consistent with version and review dates added to all policy and procedure documents</i></b>	Standard 3.4	All review dates documented	S MERIL	Already done

**Practice Representative:**

**Name (print): Sarah Meril.....**

**Title: Practice Manager.....**

**Date: 28/12/2016**

