

Orthodontic Practice Inspection (Announced)

**Aneurin Bevan University
Health Board, Newport
Orthodontic Centre**

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1. Introduction

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

HIW's primary focus is on:

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

HIW completed an inspection to Newport Orthodontic Centre at 28 Clytha Park Road, Newport, NP20 4PA on 11 January 2017.

HIW explored how Newport Orthodontic Centre met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Orthodontic 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

Newport Orthodontic Centre provides services to patients in the Newport area of South Wales. The practice forms part of orthodontic services provided within the area served by Aneurin Bevan University Health Board.

Newport Orthodontic Centre is a mixed practice providing both private and NHS orthodontic services.

The practice staff team includes four orthodontists, three nurses, one trainee therapist, one treatment coordinator, two reception staff and a practice manager.

A range of NHS and private orthodontic services are provided.

3. Summary

Overall, we found evidence that Newport Orthodontic Centre provides safe and effective care to patients.

This is what we found the practice did well:

- Patients told us they were happy with the service provided
- Clinical facilities were well-equipped, visibly clean and tidy
- Dental instruments were cleaned and sterilised appropriately
- Staff we spoke to were happy in their roles and understood their responsibilities
- Staff told us they felt supported by senior practice staff.

This is what we recommend the practice could improve:

- More frequent checks needed to be done on the emergency drugs and equipment to ensure it is available and safe to use in the event of a patient emergency (collapse)
- Recording of checks on sterilisation equipment needed to be more detailed
- Orthodontists needed to improve aspects of their record keeping.

4. Findings

Quality of the Patient Experience

We saw that patients visiting the practice were treated with dignity, respect and kindness by the practice team. Patients who provided comments indicated they were satisfied with the service they had received.

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:

'I have always been made to feel welcome and comfortable. All treatments are explained thoroughly to me as I am a nervous patient. Best orthodontist around!'

'We have always had positive experiences here. My daughter was nervous at the outset but the staff put us at ease and we've had no problems at all.'

'Treatment was explained to me better than any previous dentist. Treatment started straight away and I am very happy with the results.'

Dignified care

We observed staff speaking to patients in a friendly, respectful and professional manner. The staff presented as a friendly team and we saw polite and courteous interactions with patients.

Completed patient questionnaires showed that patients were satisfied with the level of care and treatment provided to them. All patients who returned completed questionnaires told us that the current practice staff had made them feel welcome. Some patients had also added their own positive comments around the attitude and approach of the practice team.

The practice provided a range of private and NHS orthodontic treatments. Information on prices for private orthodontic treatments was available to view in the waiting area. This meant private patients had access to information on how much their treatment may cost. Patients eligible for NHS orthodontic treatment were not expected to pay for their treatment.

Information leaflets were available to patients specific to the treatment being received. General information about the practice was available on the website of the practice.

Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. Those patients who said they had experienced a delay told us that it had been minimal. Staff described a process for keeping patients informed about any delays to their appointment times.

An out of hours telephone number was available for patients should they require urgent orthodontic treatment. The telephone number was available through a variety of means, including being displayed near the front door of the practice, on the answer phone message and on the practice website.

Staying healthy

We saw that health promotion information was available to patients to help promote the need for them to take care of their own oral health and hygiene.

Patients told us that they felt they had been given enough information about their orthodontic treatment. Some patients added their own positive comments regarding the information provided to them by the orthodontists.

Individual care

Access to the practice was via one step. Internally the practice had two surgeries on the ground floor and one surgery on the first floor. We were told that patients with mobility difficulties would be offered assistance with the step and offered appointments in one of the ground floor surgeries.

The practice had a *patient suggestion box* in the reception area, allowing patients to provide both ad-hoc and anonymous feedback about the care and treatment provided to them. We saw that patient questionnaires had been completed in 2013 and 2016, and that the results had been analysed by the practice. We recommended to the practice that they may wish to consider a process where feedback from patients is obtained on a more regular basis. The practice manager agreed to consider this.

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) was displayed in the reception area. We recommended that the complaints process for NHS patients needed to be updated to include the contact details of the health board, in line with the NHS Wales 'Putting Things Right' procedure. The practice agreed to do this. We saw that the practice maintained detailed records of complaints

received, both written and verbal, and details of actions taken in respect of each complaint. This allowed the practice to review concerns, take steps to resolve issues and feedback to patients.

Delivery of Safe and Effective Care

We found the practice provided patients with safe and effective care. The practice premises were visibly well maintained both internally and externally.

A thorough process for cleaning and sterilising dental instruments was demonstrated. We saw that improvements need to be made in the recording of checks on the sterilisation equipment.

We saw that checks on emergency drugs and equipment, whilst being carried out, needed to be done more frequently.

We saw that the practice needed to introduce a robust process for clinical audit.

Safe care

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

The building appeared to be well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards. We saw that fire safety equipment was available at different locations around the practice. We saw evidence that the practice had a contract in place for annual servicing of the equipment to ensure it was working properly.

Portable Appliance Testing (PAT) of electrical equipment within the practice had been carried out within the past 12 months, to help ensure equipment was safe to be used.

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 securely outside of the practice building whilst waiting to be collected by the contractor company. Non hazardous (household waste) was collected through arrangements with the local county council.

We looked at all the clinical facilities (surgeries) within the practice. These were clean and tidy. We did see that flooring in two surgeries required sealing between the cabinetry and walls in some areas to allow for effective cleaning to reduce cross infection. There was carpet in one area of one surgery that

needed to be removed and replaced with appropriate flooring in accordance with standards set out in the Welsh Health Technical Memorandum (WHTM 01-05) Revision 1.¹ The practice agreed to address these issues.

Improvement needed

The practice owner must ensure the floor is sealed between the cabinets and walls (or make other suitable arrangements) to prevent water, dust and debris from accumulating in the unsealed part of the floor in two surgeries

The practice owner should replace the carpet in the surgery in accordance with WHTM 01-05 (Revision 1) standards

The practice had a decontamination room set up and generally met the principles set out within the WHTM 01-05 (Revision 1) policy and guidance document. Decontamination equipment appeared in good condition on inspection. Two autoclaves² were in use and installation/inspection certification was available showing they were safe to use. We saw that daily checks were being carried out and logbooks maintained on the autoclaves, as recommended by WHTM 01-05 (Revision 1). The practice used an ultrasonic³ bath to clean dental equipment pre sterilisation and we saw documentation showing the equipment was safe to use. We were told by staff about the daily checks undertaken on the ultrasonic machine but the practice did not record the checks carried out or their outcomes. We informed the practice manager of our findings who provided verbal assurance that corrective action would be taken.

Improvement Needed

The practice must make suitable arrangements to ensure staff comply with guidance set out within the WHTM 01-05 (Revision 1) guidance document in respect of:

¹ [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

² An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

³ A device that transmits high-energy, high-frequency sound waves into a fluid-filled container, used to remove deposits from instruments and appliances.

- ***maintaining logbooks of the tests and procedures on ultrasonic machine***

A thorough decontamination process was demonstrated by staff and we saw certificates showing nursing staff had attended training on decontamination.

Instruments were being stored in sealed bags to prevent cross contamination. The dates by which instruments must be used or reprocessed (cleaned and sterilised) had been recorded on packaging in accordance with WHTM 01-05 (Revision).

We saw that the practice had conducted an infection control audit to identify areas for improvement and development as part of the overall quality assurance monitoring activity last in 2014. We recommended that the practice may wish to consider undertaking such an audit on a more regular basis to ensure the practice is fully compliant with WHTM 01-05 (Revision 1).

We saw that equipment and drugs were available for use in a patient emergency (collapse). We also saw records showing that the drugs and equipment were being checked on a monthly basis. We recommended to the practice owner that weekly checks should be undertaken on emergency drugs and equipment in accordance with the Resuscitation Council (UK)⁴ guidelines. The practice manager confirmed that this would be implemented immediately. We did see that some of the emergency equipment, specifically airways, were out of date. We informed the practice manager of our findings who provided verbal assurance that corrective action would be taken. On the day of our inspection the relevant equipment was ordered and collected the same day.

Improvement Needed

The practice must make suitable arrangements to ensure that:

- ***a full emergency kit is always available at the practice, and***
- ***regular checks are being conducted on the emergency equipment***

in accordance with the quality standards set out by the Resuscitation Council (UK).

⁴ [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

The practice did not have on site the use of an automated external defibrillator (AED) in the event of a patient emergency. We were told that two AED's were located in a nearby dental practice and healthcare centre, and that the practice had access to these in the case of an emergency. In accordance with the Resuscitation Council (UK) guidelines we recommended that that practice has direct access on site to an AED for use in an emergency situation. The practice agreed to do this.

Improvement Needed

The practice must make suitable arrangements so that staff can access and safely use an automatic external defibrillator when required in an emergency

We saw training records that showed staff were up to date with cardiopulmonary resuscitation (CPR) training.

We saw some documentation and information on the safe use of the radiographic (X-ray) equipment was in the process of being updated by the Radiation Protection Advisor (RPA), the practice had yet to receive the completed Radiation Protection File from the RPA. We recommended to the practice that upon receipt of the completed file from the RPA they ensure that any changes and/or recommendations are considered and addressed appropriately. The practice agreed to do this. We did not see a letter to the Health and Safety Executive advising them of the use of radiographic equipment on site. The practice manager was informed of this finding and agreed to notify the Health and Safety Executive.

Improvement Needed

The practice must notify the Health and Safety Executive of the use of radiographic equipment at the premises

We saw certification to show that the X-ray equipment had been appropriately maintained to show that it was safe to use. We also saw training certificates demonstrating that relevant clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. We saw that image quality audits of X-rays had been completed regularly as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required.

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or are at risk. We saw a sample of

training records that demonstrated staff had completed training on child and adult protection.

Staff we spoke to confirmed they felt able to raise any work related concerns they may have with senior practice staff and were confident these would be acted upon.

Effective care

We found that the practice team were committed to providing safe and effective care to patients.

We saw that the practice had carried out a limited number of audits to monitor the quality and safety of the care and treatment provided to patients. We recommended that the practice should introduce a robust audit system to ensure a range of clinical audits are conducted with improvement plans developed and monitored as part of the quality improvement activity. We have identified some areas for audit activity above, namely compliance with WHTM 01-05, patient records and peer review.

Improvement needed

The practice should implement a system of clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate

We considered a sample of patients' dental records to assess the quality of record keeping. Overall the notes made were sufficiently detailed. However we did identify some common themes where improvement should be made. These were:

- patients' medical histories had not always been countersigned by the orthodontists to confirm that these had been checked at each appointment
- patients' social histories were not consistently recorded e.g. self esteem and confidence, which could be used as a way of measuring outcomes for patients
- the reason for patients' attendance and/or presenting complaints was not consistently recorded
- the recording of informed patient consent was inconsistently recorded meaning it was difficult to ascertain whether patients had been fully informed of the risks and benefits of treatment.

Improvement needed

The orthodontists working at the practice must make suitable arrangements to ensure patient records completed by them are maintained in accordance with regulatory requirements and professional standards for record keeping

In addition, the reason for taking X-rays and the orthodontists' findings from them had not always been recorded as required by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

Improvement needed

The orthodontists working at the practice must ensure they record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000

Quality of Management and Leadership

A management structure with clear lines of reporting and accountability was demonstrated. Staff told us they felt well supported by the whole practice team. Staff also told us they had the opportunity to attend relevant training and were supported and encouraged by the management team.

The practice owner was supported by a practice manager who was responsible for the day to day management of the practice. Where we identified areas for improvement, the owner, practice manager and orthodontists demonstrated a willingness and commitment to address this quickly.

Conversations with staff working on the day of our inspection indicated they felt well supported in their roles by the practice manager and the wider practice team. We also found that staff was clear and knowledgeable about their various responsibilities. Staff told us that they felt communication within the practice was good. Meetings were held on a regular basis, and any information that needed to be shared in-between meetings was documented in a communications book, which all staff had access to. Staff confirmed that this worked well and kept the whole practice up to date with relevant information.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. Some of these needed to be reviewed and updated to ensure that policies were referencing guidance applicable in Wales, specifically WHTM 01-05.

We saw training certificates that demonstrated staff had attended training on topics relevant to their role. Staff also confirmed they had opportunities to access training. We saw evidence of staff receiving an appraisal of their work on an annual basis.

We found that clinical staff were registered with the General Dental Council to practise and had indemnity insurance cover in place. Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

The orthodontists working at the practice provided private orthodontic services. All bar one orthodontist had their HIW registration certificates displayed as required by the regulations for private dentistry. One certificate was in the process of being applied for. The practice was reminded that the HIW registration certificate must be displayed when received. The practice agreed to do this.

Improvement needed

All orthodontists working at the practice and registered to undertake private orthodontic treatment must display their HIW registration certificate

Up to date Disclosure and Barring Service (DBS) certificates were not available for all of the orthodontists working at the practice. The regulations for private dentistry require that all orthodontists providing private orthodontic services in Wales have a DBS certificate issued within the previous three years. The practice agreed to do this.

Improvement Needed

All orthodontists working at the practice and registered with HIW to provide private orthodontic services must have an up to date DBS certificate and make this available for inspection by HIW

5. Next Steps

This inspection has resulted in the need for the orthodontic 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 Newport Orthodontic Centre will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measurable, 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/orthodontic 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

Orthodontic Practice: Improvement Plan

Practice: Newport Orthodontic Centre

Date of Inspection: 11 January 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	<i>No improvement identified</i>				
Delivery of Safe and Effective Care					
Page 9	The practice owner must ensure the floor is sealed between the cabinets and walls (or make other suitable arrangements) to prevent water, dust and debris from accumulating in the unsealed part of the floor in two surgeries	Health and Care Standards April 2015 Standard 2.9 The Private	The surgery floor in surgery One will be sealed between the cabinets and walls. Surgery Two will be having a complete refurbishment during 2017 to meet (WHTM) 01-05 (Revision 1)	Hannah Jones Hannah Jones	April 2017 Sept 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>The Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)</i>	Dentistry (Wales) Regulations 2008 (as amended) Regulation 14	standards		
Page 9	The practice owner should replace the carpet in the surgery in accordance with WHTM 01-05 (Revision 1) standards <i>The Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)</i>	Health and Care Standards April 2015 Standard 2.9 The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14	The carpet will be removed and replaced as part of our refurbishment during 2017 to meet (WHTM) 01-05 (Revision 1) standards	Hannah Jones	Sept 2017
Page 9	The practice must make suitable arrangements to ensure staff comply	Health and Care	We have ordered the strips recommended at our inspection for	Hannah Jones	Actioned Jan 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>with guidance set out within the WHTM 01-05 (Revision 1) guidance document in respect of:</p> <ul style="list-style-type: none"> maintaining logbooks of the tests and procedures on ultrasonic machine <p><i>The Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)</i></p>	<p>Standards April 2015 Standard 2.4</p>	<p>the ultrasonic machine and these are now in use.</p> <p>In house decontamination and (WHTM) 01-05 training is booked for 23rd February 2017</p>		<p>and ongoing</p>
Page 10	<p>The practice must make suitable arrangements to ensure that:</p> <ul style="list-style-type: none"> a full emergency kit is always available at the practice, and regular checks are being conducted on the emergency equipment <p>in accordance with the quality standards set out by the Resuscitation Council (UK)</p> <p><i>Resuscitation Council (UK), Quality Standards for cardiopulmonary</i></p>	<p>Health and Care Standards April 2015 Standard 2.9</p> <p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14</p>	<p>A weekly checklist rather than a monthly is now in place to ensure all emergency kit and equipment is up to date.</p>	<p>Hannah Jones</p>	<p>Actioned Jan 2017 and ongoing</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>resuscitation practice and training, Primary Care</i>				
Page 11	<p>The practice must make suitable arrangements so that staff can access and safely use an automatic external defibrillator when required in an emergency</p> <p><i>Resuscitation Council (UK), Quality Standards for cardiopulmonary resuscitation practice and training, Primary Care</i></p>	<p>Health and Care Standards April 2015 Standard 2.9</p> <p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14</p>	The practice will purchase a defibrillator.	Hannah Jones	This has been ordered. Feb 2017
Page 11	<p>The practice must notify the Health and Safety Executive of the use of radiographic equipment at the premises</p> <p><i>Ionising Radiation Regulations 1999 (IRR99)</i></p>	<p>Health and Care Standards April 2015 Standard 2.9</p>	A copy of the letter received from the Health and Safety Executive has been sent to HIW to confirm we use radiographic equipment.	Hannah Jones	Actioned and completed Jan 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R2000)</i>				
Page 12	The practice should implement a system of clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate	Health and Care Standards April 2015 Standard 3.3 The Private Dentistry (Wales) Regulations 2008 (as amended) Section 16A (1)	We have timetabled into our monthly staff meetings to discuss audits and we will complete two audits per annum	Hannah Jones	Actioned Feb 2017 and ongoing
Page 13	The orthodontists working at the practice must make suitable arrangements to ensure patient records completed by them are maintained in accordance with regulatory requirements and	Health and Care Standards April 2015 Standard 3.5	This was adopted with immediate effect by all clinicians	Hannah Jones	Immediate effect and ongoing.

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	professional standards for record keeping <i>General Dental Council Standards for the Dental Team, Standards 3 and 4</i>	The Private Dentistry Regulations 2008 (as amended) Regulation 14			
Page 13	The orthodontists working at the practice must ensure they record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000 <i>General Dental Council Standards for the Dental Team, Standard 4.1</i>	Health and Care Standards April 2015 Standard 3.5 The Ionising Radiation (Medical Exposure) Regulations 2000	This was adopted with immediate effect by all clinicians	Hannah Jones	Immediate effect and ongoing.
Quality of Management and Leadership					

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Page 15	All orthodontists working at the practice and registered to undertake private orthodontic treatment must display their HIW registration certificate	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 4	We had a new Orthodontist start here in April 2016 who has previously done no private treatment. A registration certificate was applied for in December 2016 and we are awaiting its return.	Hannah Jones	Ongoing. Awaiting certificate.
Page 15	All orthodontists working at the practice and registered with HIW to provide private orthodontic services must have an up to date DBS certificate and make this available for inspection by HIW	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 13 schedule 2	An annual declaration form will be signed by all Orthodontists confirming there is no change to their DBS status and that they sign to agree that it is their responsibility to inform the Practice Manager immediately if there are any changes.	Hannah Jones	Immediate effect and ongoing

Practice Representative:

Name (print): **Hannah Jones**

Title: **Practice Manager**

Date: **21st February 2017**