

General Dental Practice Inspection (Announced)

Cardiff & Vale University
Health Board

Wilton House Dental
Practice

Inspection Date: 28 February
2017

Publication Date: 31 May 2017

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Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of the Patient Experience	5
	Delivery of Safe and Effective Care.....	8
	Quality of Management and Leadership.....	14
5.	Next Steps	16
6.	Methodology.....	17
	Appendix A	19

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 Wilton House Dental Practice, 49 Station Road, Llandaff North, Cardiff CF14 2FB on 28 February 2017.

HIW explored how Wilton House 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

Wilton House Dental Practice provides services to patients in Llandaff. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

Wilton House Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes three dentists, four dental nurses, one hygienist and a practice manager.

Wilton House Dental Practice is a privately owned and run business.

3. Summary

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

This is what we found the practice did well:

- Patients who completed HIW questionnaires said they were happy with the service provided
- There were arrangements in place for the safe use of X-rays
- Staff we spoke to were happy in their roles and understood their responsibilities
- There was a system in place to evidence that staff had read and understood the policies and procedures at the practice on an annual basis

This is what we recommend the practice could improve:

- The development and implementation of a programme of audits is required, especially for infection control
- 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, specifically medical histories counter-signed by the dentist and updated at each appointment
- A review of staff training is required to ensure everyone has the appropriate skills, knowledge and competence to undertake their roles and responsibilities

4. Findings

Quality of the Patient Experience

We found evidence that the practice was committed to providing a positive experience for their patients. Patient feedback from HIW questionnaires highlighted that patients were satisfied with the care they received and information provided. We recommended the practice display specific procedures for patients to follow if they wish to raise any NHS or private concerns/complaints. In addition, a price list for private treatment needs to be displayed including (where applicable), a maximum price range.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. Eighteen questionnaires were completed and returned to us. Patient comments included:

“I have been a patient for a very long time and am very happy with my treatment”

“always had good relations – if I’ve had any problems the practice has always fitted me in promptly”

“very friendly staff, always seen on time, no waiting which is a massive bonus. Would thoroughly recommend

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner. We found there was space for staff to have conversations with patients in private, if required. We heard staff speaking to patients in a friendly and professional way. Feedback from the patients who completed our questionnaires was very positive. All patients told us that they were satisfied with the care and treatment they received at the practice.

Timely care

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

An emergency contact telephone number for patients’ use was displayed in a window next to the entrance of the surgery. We were told that the emergency number was also provided on the practice’s answerphone message and

website, so that patients could access emergency dental care when the practice was closed.

Staying healthy

Some health promotion information was available in the waiting areas, including information leaflets regarding different forms of treatments. We also noted that NHS posters contained information in both English and Welsh.

Signs displaying 'no smoking' were displayed in the reception/waiting area which confirmed the emphasis being placed on compliance with smoke free premises legislation.

Individual care

The practice had a general complaints policy and procedure in place, however there was no distinction between NHS and private procedures. We recommended that the practice updated their complaints information so patients could clearly identify which procedure they needed to follow. The information will need to be clearly displayed within the practice.

Improvement needed

Specific complaints procedures (for NHS and private complaints) need to be clearly displayed, which will need to include the correct organisations that patients can contact for additional information/support.

We were able to confirm that there was a system in place for recording and monitoring complaints. This ensured that the practice could identify any recurring themes and make any changes/improvements as necessary.

Verbal comments received by staff at the practice, (if related to clinical care), were recorded on the patients notes. Patients could also provide feedback about their care and treatment via the practice's website. There was however, no established process to capture all forms of feedback. The practice should therefore consider developing a formal system to record all comments from patients-regardless of the source, so that areas for service improvement could be identified.

We were told that regular staff meetings took place and we observed the team meeting folder which contained recorded topics covered at each meeting. Staff told us that informal discussions took place daily between members of the dental team. As the dental team were a small group, staff confirmed that this type of communication worked well.

The practice was situated over three floors: the ground floor being suitable for people with mobility issues. The practice had some limited parking spaces that patients could book with staff prior to their appointment. There was also on-road parking available nearby for those unable to obtain a parking space at the practice.

The reception/waiting area was open plan. Staff told us that they asked for information from patients as opposed to stating personal information when using the telephone. This was to ensure patient privacy and confidentiality was preserved.

All patients who completed HIW questionnaires told us they received enough information about their treatment.

The waiting area displayed a NHS price list, but not one for private treatments. This should be displayed, clearly informing patients the costs of private treatment. In accordance with the GDC standards (2.4) the price list should include (where applicable), a maximum price range.

Improvement needed

Price lists for private treatment need to be clearly displayed, including a maximum price range for private treatments.

Delivery of Safe and Effective Care

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

We identified some improvements in relation to the decontamination/infection control process that would lead to compliance with the WHTM 01-05¹ guidelines.

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

Safe care

Clinical facilities

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

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

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

The practice building appeared visibly well maintained both internally and externally, except for one surgery which appeared to be less well maintained compared to the other surgeries we observed. Specifically, the surgery had cabinets which were not of an easily cleanable material. Worktops were not

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.

sealed at the wall and sinks appeared stained. This was discussed at the time with staff and it was made clear to us that plans to upgrade the surgery were in progress. We recommended that the bin was replaced to ensure infection control procedures are adhered to.

We saw all areas within the premises were clean, tidy and free from obvious hazards. Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

Infection control

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

- A dedicated room for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- Logbooks for checking sterilisation equipment had been kept and maintained, including daily testing.

We saw that a risk assessment covering infection control had been undertaken but there was no specific infection control audit available at the time of our visit. We therefore recommended that the practice develop an audit system to ensure regular infection control audits are carried out and recorded and any improvements identified, are acted upon. Consideration should be given to using an audit tool aligned to WHTM 01-05 guidelines. This ensures that the audit covers decontamination areas in accordance with guidelines used in Wales.

Improvement needed

The practice must develop a programme of regular, documented infection control audits in accordance with WHTM 01-05 guidelines and ensure any actions identified are implemented.

At the time of our visit, the dirty-to-clean airflow and work flow within the decontamination room was unclear. This meant that there was a risk of re-contamination of sterilised instruments. Discussions with staff confirmed that signs would be put in place to clearly show the dirty to clean workflow as a

means of assisting all members of the staff team to adopt a consistent approach to this element of decontamination.

In addition, we recommended that instruments were packaged, dated and stored appropriately at the point of sterilisation because staff told us that sterilised instruments were being transported to the surgery and packaged there. We also recommended that in line with WHTM 01-05 guidelines that all single use instruments such as root canal reamers should be discarded in the sharps bin in the surgery and not reused for the same patient.

Improvement needed

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

All instruments should be packaged, dated and stored appropriately at the point of sterilisation.

The practice must ensure that all single use devices are used in accordance with WHTM 01-05 guidance and not reused for the same patient.

Emergency drugs and resuscitation equipment

The practice had 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 emergency drugs were kept in a room which required an entry access code. We discussed this issue with staff, as this arrangement may cause delays in dealing with an emergency situation. We also advised that consideration be given to the location of emergency drugs and equipment so it was easily accessible in an emergency.

The drugs and equipment were clearly signposted within the locked room and all stored in a container. We discussed this with staff and asked them to consider better ways of organising the emergency drugs so they can be obtained quickly in an emergency situation. For example, storing emergency drugs (including the correct algorithm) relevant to the emergency scenario would benefit staff because only the drugs required would be retrieved and staff would not have to look through the whole drugs container to obtain the correct medications.

We identified a number of drugs, airways and defibrillator pads which were out of date. When we notified staff, they immediately removed the items and ordered new airways and defibrillator pads. Emails were seen confirming the purchase of the items concerned.

We saw that training materials used for staff emergency training purposes were stored alongside emergency drugs and equipment. We advised that those needed to be relocated away from the emergency equipment for patient use, to avoid any confusion when accessing these items.

The practice's emergency drugs list showed their expiry dates. However, we were unable to evidence that regular checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)². We therefore recommended that a system was put in place to evidence weekly checks of oxygen, drugs and other emergency equipment.

Improvement needed

A system needs to be put in place to ensure weekly checks are being carried out and recorded to check and replace expired drugs, syringes and other equipment in line with the standards set by the Resuscitation Council.

The practice had an appointed first aider and we saw evidence to confirm that their training was up to date. Despite the first aider being a full time member of staff, the practice should consider appointing an additional first aider to cover any absences and/or leave.

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 in place.

We found that the dentist required training in adult protection and a review of child protection training for all staff was required because 2013 was the last

² [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.

date recorded on the certificates we observed. This matter has resulted in a formal improvement which can be seen within the section of this report entitled 'Quality of Management and Leadership'

We were told there were arrangements in place for staff to raise any concerns about the delivery of care to patients. The dentists had Disclosure and Barring Service (DBS) checks in place. However, two certificates needed to be renewed and we advised the practice of this at the time of the visit. This matter has resulted in a formal improvement which can be seen within the section of this report entitled 'Quality of Management and Leadership'

Radiographic equipment

The practice had digital X-ray equipment and the arrangements in place for the use of X-ray equipment were in-keeping with existing standards and regulations. We saw documentation to show that the X-ray machines had been regularly serviced to help ensure they were safe for use. We found that the staff involved in taking radiographs had completed the required training. This was in accordance with the requirements of the General Dental Council³ and Ionising Radiation (Medical Exposure) Regulations 2000.

We observed that the radiation protection file was completed and maintained as required, including the notification letter from the Health and Safety Executive acknowledging that X-rays were being undertaken at the practice. We were unable though, to locate all of the certificates for each X-ray machine and recommended they were located and kept with all the radiographic paperwork.

Improvement needed

Radiation equipment check certification for each machine needs to be obtained and kept securely.

The practice did not have a quality assurance system in place to ensure that the image quality of patient X-rays were graded and recorded. It was recommended that the practice develop a system to peer review the quality of patient X-rays to ensure quality and improvements are maintained.

Improvement needed

³ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

A programme of peer reviews should be introduced to ensure the quality of patient X-rays are graded and recorded for continued improvement.

Effective care

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

- Medical history must be counter-signed routinely by the dentist in line with the General Dental Council Standards (Standard 4). This is to ensure that ongoing dental care is provided in accordance with the medical history of patients
- Medical histories need to be updated at each appointment

Improvement needed

Patient records need to be improved by ensuring:

- ***All medical histories to be counter-signed by the dentist***
- ***Medical histories are updated at each appointment***

Discussions with staff highlighted that limited audit activity took place and we recommended that the practice engage in some relevant audit activity to continuously improve the service provided.

Quality of Management and Leadership

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

The practice had been established at these premises for over 70 years and the practice had been managed by the current dentist for 30 years.

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

We identified that the practice had a range of policies and procedures in place, however at the time of our visit there was no resuscitation policy in place, apart from a flowchart. We recommended a resuscitation policy be implemented immediately. In addition, we recommended (for consistency), that all the policies and procedures have an issue and review date. We noted that all staff had signed a sheet kept on the policy file to evidence they had read and understood the policies and procedures. This system we recognised as good practise, ensuring staff remain knowledgeable about their role and duties within the practice.

Improvement needed

The practice needs to implement a resuscitation policy and ensure all staff know their role and responsibilities in that regard.

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

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

Staff had completed training relevant to their role and for their continuing professional development (CPD). We identified a gap in adult protection/safeguarding training that is required immediately for one dentist.

Improvement needed

A review of staff training is required to ensure staff have the skills, knowledge and competence to deliver safe and effective patient care and treatment. This particularly applies to adult protection/safeguarding training.

We identified that there wasn't a formal system in place for staff to receive documented annual appraisals of their work and effectiveness of training completed.

Improvement needed

All staff need to have a documented appraisal.

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

Two Disclosure Barring and Service (DBS) checks we observed for two dentists had expired. We recommended that the DBS checks are renewed to ensure they comply with the Private Dentistry (Wales) Regulations 2008.

Improvement needed

Dentists need to have current DBS checks in place to comply with the Private Dentistry (Wales) Regulations 2008.

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 from this blood borne virus.

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 Wilton House 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 2008⁴ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁵. 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

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

⁵ <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: Wilton House Dental Practice

Date of Inspection: 28 February 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	<i>Specific complaints procedures (for NHS and private complaints) need to be clearly displayed, which will need to</i>	Private Dentistry Wales Regulations 15 (2) & (4) (a) (b)	Poster in reception area explaining complaints/concerns policy with relevant contact numbers for raising a formal complaint for		

	<i>include the correct organisations that patients can contact for additional information/support.</i>		NHS/Private patients. Action completed	Lisa Ford	Action completed
7	<i>Price lists for private treatment need to be clearly displayed, including a maximum price range for private treatments.</i> The General Dental Council Standards 2.4	Health & Care Standards 3.2 & 4.2	Private price list displayed in Reception area alongside the NHS price list. Action completed	Lisa Ford	Action completed
Delivery of Safe and Effective Care					
9	<i>The practice must develop a</i>	WHTM 01-05 Chapter 2	Audit tool has been put in place		

	<i>programme of regular, documented infection control audits in accordance with WHTM 01-05 guidelines and ensure any actions identified are implemented.</i>	(2.22 – 2.25)	to monitor infection control guidelines. Identified actions have been implemented. Future identified actions will be implemented accordingly	Lisa Ford	Action completed
10	<i>Dirty to clean workflow signs need to be displayed to clearly identify the flow of dirty and clean areas.</i>	WHTM 01-05 Chapter 5	Signage appropriately sited to clearly display the instrument flow from Non Sterile areas to Sterile area.	Lisa Ford	Action completed
10	<i>All instruments should be</i>	Health & Care Standards			

	<i>packaged, dated and stored appropriately at the point of sterilisation.</i>	3.1 WHTM 01-05 Chapter 2 & 5	Action in place.	Lisa Ford	Action completed
10	<i>The practice must ensure that all single use devices are used in accordance with WHTM 01-05 guidance and not reused for the same patient.</i>	Private Dentistry Wales Regulations 14 (1) (b) WHTM 01-05 2.17-2.21 Health & Care Standards 2.4 & 2.9	This procedure was already in place in <u>ALL</u> circumstances except second visit for a root canal treatment. Appropriate been taken so this no longer happens. NOW FULLY COMPLIA	Lisa Ford	Action completed
11	<i>A system needs to be put in place to ensure weekly checks are being carried out and recorded to check</i>	Health & Care Standards 2.6	A weekly log has been implemented to record evidence of checks being completed.	Lisa Ford	Action completed

	<i>and replace expired drugs, syringes and other equipment in line with the standards set by the Resuscitation Council.</i>		Action completed.		
12	<i>Radiation equipment check certification for each machine needs to be obtained and kept securely.</i>	Health & Care Standards 2.9 <i>Ionising Radiation Regulations 1999</i> <i>Reg 31(2)</i>	Some confusion on this point as certification for <u>ALL</u> machines was shown to inspectors on the day of inspection?? Please confirm that this is an error by HIW	Lisa Ford	Action completed
12	<i>A programme of peer reviews should be introduced to</i>	Health & Care Standards 3.3	Will be actioned in May when a new dentist joins the practice.		

	<i>ensure the quality of patient X-rays are graded and recorded for continued improvement.</i>			Lisa Ford	May 2017
13	<i>Patient records need to be improved by ensuring:</i> <ul style="list-style-type: none"> • <i>All medical histories to be counter-signed by the dentist</i> • <i>Medical histories are updated</i> 	<p>Health & Care Standards 3.5</p> <p><i>General Dental Council Standards for the Dental Team, Standard 4.1</i></p>	<p>Medical History questionnaire has been updated to allow it to be counter-signed by the dentist.</p> <p>Medical history will be checked at every treatment and any positive or zero changes will be noted on computer records. All positive changes will trigger updates to paper Medical History</p>	Lisa Ford	Action completed

	at each appointment		form along with dual, dated signatures (Patient & Dentist) .		
Quality of Management and Leadership					
14	<i>The practice needs to implement a resuscitation policy and ensure all staff know their role and responsibilities in that regard.</i>	Health & Care Standards 1.1 Private Dentistry Wales Regulations 14 (1) (b)	Resuscitation policy is now in place. Staff given appropriate information. Action completed	Lisa Ford	Action completed
14	<i>All policies and procedures need to be consistent with version and</i>	Health & Care Standards 3.4	Review dates have now been added to all policy /procedure documents and		

	<p><i>review dates added to all policy and procedure documents.</i></p> <p>The General Dental Council Standards 6.6.8 & 6.6.9</p>		<p>diarised to ensure a continual review is in place.</p> <p>Action completed</p>	Lisa Ford	Action completed
15	<p><i>A review of staff training is required to ensure staff have the skills, knowledge and competence to deliver safe and effective patient care and treatment. This particularly applies to adult protection/safeguarding training.</i></p>	Health & Care Standards 7.1	<p>All staff will be attending the next available courses</p> <p>Waiting for next available date</p>	Lisa Ford	ASAP

15	<i>All staff need to have a documented appraisal.</i>	Health & Care Standards 7.1	Written staff appraisals will be undertaken in April 2017.	Lisa Ford	April 2017
15	<i>A review of DBS checks is required for all dentists to ensure they comply with the Private Dentistry (Wales) Regulations 2008.</i>	Private Dentistry Wales Regulations 13 (3) © Schedule 2 point 2	Two dentists were identified as needing DBS checks. Both have applied for DBS to be renewed. Actioned in March, awaiting responses.	Lisa Ford	April 2017

Practice Representative:

Name (print): LISA FORD

Title: Practice Manager
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Date: 29th March 2017