

General Dental Practice Inspection (Announced)

Clifton Dental Care Ltd, Cardiff
and Vale University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Clifton Dental Care Ltd, 112 Newport Road, Cardiff CF24 1DG, within Cardiff and Vale University Health Board on the 23 October 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015), Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall we found evidence that Clifton Dental Care Ltd provided a friendly and professional service to their patients.

The practice was patient focussed and had appropriate policies and procedures in place to ensure the safety of both staff and patients.

In addition to information leaflets promoting oral health, two dental nurses had constructed a visual and striking display highlighting the effects of sugar, alcohol and smoking on teeth.

Clinical records were maintained to a high standard as were staff files and practice information.

This is what we found the service did well:

- There was evidence of strong management and leadership from the Practice Manager and practice owner
- Patients were treated with respect and received a good standard of dental care
- The practice actively sought patient feedback
- Appropriate arrangements were in place for the safe use of X-rays
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and were committed to providing a high quality service.

This is what we recommend the service could improve:

- Ensure that all emergency drugs are stored securely
- Ensure all clinical staff have documentation confirming they have the necessary immunity from Hepatitis B.
- Consideration should be given to the obtaining an ultrasonic bath/washer disinfectant as recommended by WHTM 01-05

- The practice to attach radiation doseimeters to the each radiation machine and to log all radiographs taken. .

3. What we found

Background of the service

Clifton Dental Care Ltd provides services to patients in the Cardiff area. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes seven dentists, once of which was a locum, two hygienists, seven dental nurses, two trainee dental nurses, one receptionist and one Practice Manager.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

The practice is committed to providing a positive experience for their patients. The practice actively seeks patient feedback by conducting surveys and inviting patients to provide suggestions in the box provided in the reception area.

We observed staff being professional and courteous to patients.

Patients who provided comments indicated that they were happy with the care and treatment 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. A total of 20 questionnaires were completed. Patient comments included the following:

"Honestly one of the best dentists I've ever had"

"Stay as you are"

"Clarify if students at Cardiff Uni have to pay for dental care"

"Change nothing"

Staying healthy

The practice had three waiting areas, one on the ground floor and two on the first floor and we saw that a selection of information leaflets promoting oral health were available in each area.

The majority of patients who completed a Healthcare Inspectorate Wales questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

There were No Smoking signs in the reception and waiting areas with helpline contact cards, confirming the emphasis being placed on complying with smoke free premises legislation.

In the reception area there were three striking visual displays that had been constructed by two of the dental nurses, highlighting the effects of smoking, the effects of too much sugar in your diet and effects of alcohol.

Dignified care

All the patients who completed a questionnaire told us that they had been treated with respect when visiting the practice.

On the ground floor the practice had an open plan reception and waiting area. Staff told us that if there was a need to hold a private conversation with a patient they could utilise a free surgery away from the reception and waiting area or utilise the Practice Manager's office/staff room on the top floor. Telephone calls could also be made from the Practice Manager's office/staff room providing privacy to the patient.

We found that both handwritten and electronic patient information was stored securely, ensuring that personal and sensitive information was protected.

All dental surgeries had doors which could be closed when a patient received care, maintaining privacy and dignity.

Patient information

Every patient who completed a questionnaire told us that they felt involved (as much as they wanted to be) in any decisions made about their treatment. All but one patient said they had received clear information about available treatment options.

18 patients who completed a questionnaire said that the cost of any treatment was made clear to them before they received any treatment but only nine patients told us they understood how the cost of their treatment was calculated.

There were price lists displaying NHS treatment costs in three waiting areas, but there was only a price list showing costs of private dental treatment in the ground floor waiting area. This was brought to the attention of the Practice Manager who immediately rectified the issue by putting up additional information in both of the first floor waiting areas.

We saw that the practising dentists' details and the practice's opening hours were displayed externally.

Communicating effectively

The majority of those patients who completed the questionnaires told us that they were always able to speak to staff in their preferred language.

During the inspection we noted that the reception and nursing staff were polite and courteous when speaking to patients in person and on the telephone.

Timely care

Thirteen of the twenty patients who completed a questionnaire said they would know how to access the out of hours dental services if they had an urgent dental problem.

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

Displayed both inside and outside of the practice were details of how patients could access emergency dental care when the practice was closed. This was also provided on the practice's answerphone message.

Individual care

Planning care to promote independence

Nineteen of the twenty patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. One patient said in response to the question that they did not know if the dentist enquired about their medical history.

People's rights

The practice had in place an Equal Opportunities policy and a privacy, dignity and confidentiality policy. There was a ramp leading up to the main entrance and the waiting area and two surgeries were on the ground floor which made the practice accessible for patients with mobility difficulties.

Listening and learning from feedback

Half of the patients that completed a questionnaire told us that they know how to raise a concern or complaint about the services they receive at the dental practice.

The practice had a complaints policy and code of practice relating to both NHS and private treatment in place. This was displayed bilingually in the reception area. With regard to complaints about NHS treatment there was no reference to

the NHS complaints process, Putting Things Right¹, in the policy and there were no Putting Things Right posters or leaflets available in the practice. We recommend the practice amend its policy to include reference to Putting Things Right and to display appropriate posters and leaflets in their waiting areas. We also advised that the practice might wish to separate the NHS complaints policy from that relating to private dental treatment for patients' ease of understanding.

The practice had in place a process to record, monitor and respond to any complaints and concerns that they received. We noted their file contained comprehensive records of complaints, how they were handled and final responses. The Practice Manager is responsible for monitoring all concerns and complaints received. We also noted that common themes and active complaints are discussed at each staff meeting. We advised that the practice record verbal comments and feedback in order to identify themes and trends in line with Putting Things Right guidance.

The practice conducts patient surveys twice yearly and we noted a suggestion box in the reception area. Just under three quarters of patients that completed a questionnaire confirmed that they were asked for their views on the dental practice, for example, through patient questionnaires

Improvement needed

The practice amend its complaints policy to include reference to "Putting Things Right" and to display Putting Things Right posters and leaflets in their waiting areas

¹ "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by Responsible in Wales.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we found evidence that patients were provided with safe and effective dental care. Medical records were maintained to a high standard. We also noted that clinical facilities were well equipped and were visibly clean and tidy.

There were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

The practice needs to ensure that its emergency kit, emergency drugs and defibrillator are stored together for ease of access if there is a medical emergency.

Safe care

Managing risk and promoting health and safety

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 and had recently undergone some refurbishment. There was some minor wear and tear on the ground floor flooring between the reception and rear surgery. The Practice Manager advised that they were aware of this and arrangements were being made for it to be rectified. The digital processor for X-rays was situated in a cupboard, in an alcove between the reception area and surgeries. The cupboard door was marked with a warning sign (Danger - Keep Out) but was unlocked. We would recommend that the cupboard is locked as it could be accessed by patients.

There were no concerns expressed by the patients over the cleanliness of the practice and we observed all areas of the practice to be clean and uncluttered.

We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. Directions for the

emergency exits were visible. The rear fire exit was accessed via the principal dentist's surgery and led out into the practice car park. Immediately outside the exit were steps making it unsuitable for wheelchairs. We would suggest the practice consider installing a ramp to enable a wheelchair user, in the case of an emergency, to move away from the building and access the car park.

We were informed that that principal dentist had undertaken the portable appliance testing (PAT) for the practice. According to Health and Safety Executive (HSE) guidance, in many low-risk environments, PAT testing can be undertaken by a competent person, and, if they have enough knowledge and training, this could be a sensible member of staff undertaking visual inspections. But, when undertaking combined inspection and testing, and where patients and staff are coming into contact with the electrical appliances they must be tested by a qualified person. We would recommend the practice engage a suitably qualified person to undertake in-depth PAT testing to ensure the safe use of small electrical appliances within the practice.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) waste, amalgam waste and non-hazardous (household) waste. We advise that in each surgery the sharps containers should be situated as close to the clinician as possible and ideally wall mounted.

The practice had a Reporting of Injuries, Diseases and dangerous Occurrences Regulations (RIDDOR) book which included the Health and Safety Executive (HSE) contact details and protocols. There was a health and safety policy in place and we noted the health and safety poster in the staff room.

Improvement needed

We recommend the practice, in accordance with HSE guidance, employ a suitably qualified person to undertake in-depth PAT testing to ensure the safe use of small electrical appliances within the practice

Infection prevention and control

The practice had dedicated and appropriate facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the

Welsh Health Technical Memorandum (WHTM) 01-05². We saw that staff cleaned (pre-sterilisation) instruments by hand. Cleaning and inspection are key parts of the instrument decontamination process and we would recommend that the practice obtain an ultrasonic bath, and use with aluminium foil tests and protein tests or a washer-disinfector as recommended by WHTM 01-05.

We saw the log books for recording that sterilisation equipment was being maintained and there was an infection control policy in place. We also saw evidence that all clinical staff had certificates on file to confirm their infection control training was current.

The practice had undertaken infection control audits as recommended by WHTM 01-05 guidelines.

Improvement needed

We recommend that for the pre-sterilisation cleaning of instruments, the practice consider purchasing an ultrasonic bath or a washer-disinfector as recommended by WHTM 01-05.

Medicines management

The practice had in place procedures to deal with patient emergencies. With the exception of one dental nurse, all staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). We informed the Practice Manager of our findings and arrangements were made during the inspection for the nurse to attend appropriate training before the end of the year. The practice had three named, appointed first aiders.

² The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance³. These and the defibrillator were stored on different floors of the practice and it is recommended that for ease of access at a time of a medical emergency, they are stored together in one place. We noted that the practice had in place a system to check that emergency drugs and equipment were in date and ready for use.

We noted that the practice stored its drugs in an unlocked cabinet that could be accessed by patients. We recommend that all drugs are kept securely in a locked cabinet and/or in a locked room. We noted that prescription pads were kept securely.

Improvement needed

The practice to ensure that all drugs are kept securely in a locked cabinet and/or in a locked room.

Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies.

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

There were arrangements in place for staff to raise any concerns, and staff told us they felt able to do this in the practice. We saw Disclosure and Barring Service (DBS) certificates for all the dentists.

³ [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.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental teams.

The surgeries and radiological equipment were visibly clean and in working order and controlled areas had been identified.

The purpose of quality assurance is to ensure consistently adequate diagnostic information, whilst radiation doses are controlled to be as low as reasonably practicable. We noted that the practice had undertaken quality assurance audits. However, we do recommend a log book is maintained recording date, operator, the type of film, number of films, patient identifier and image quality.

The Ionising Radiations (Medical Exposures) Regulations 2000 (IR(ME)R)⁴ aim to minimise patient exposure during medical procedures. We recommend radiation dosimeters are attached to the handset of each X-ray machine to enable staff to ensure that safe radiation doses are not exceeded.

In accordance with the requirements of the General Dental Council⁵ and Ionising Radiation (Medical exposure) Regulations (IR(ME)R 2000) all the dentists and hygienists had completed the required training.

Improvement needed

The practice to attach radiation dosimeters to the handset of each X-ray machine to enable staff to ensure that safe radiation doses are not exceeded.

It is recommended the practice maintain a log book of all radiographs taken, recording date, operator, type of film, number of films, patient identifier and image quality.

Effective care

⁴ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

⁵ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service it provides. We saw that the practice engaged in relevant audits, including infection control, clinical record keeping, disposal of waste, hand hygiene, radiographic image and BDA Good Practice audit.

Quality improvement, research and innovation

We noted that the dentists meet on an informal basis and we were told that the intention was to formalise these meetings for the purpose of peer reviews. We were also told the practice had applied for the Deanery Maturity Matrix Dentistry⁶ (MMD) practice development tool. The MMD is a dental practice team development tool to allow the team to focus on how they work.

Information governance and communications technology

The practice had a data protection policy in place. The storage of files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and non-electronic patient information was stored in a locked room.

Record keeping

We reviewed a sample of patients' records. Overall, we found there was a very good quality of record keeping that indicated good patient care had been provided. No improvements were noted in this area and therefore the quality of clinical record keeping is to be commended.

⁶ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found evidence of good leadership and lines of accountability. The Practice Manager was responsible for the day to day management of the practice.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

We noted a comprehensive range of relevant policies and procedures in place. All staff had received the necessary training for their roles and responsibilities.

The practice needs to ensure its staff records relating to immunity from Hepatitis B are up to date.

Governance, leadership and accountability

Clifton Dental Care Ltd is owned by the principal dentist who is based there full time. We found the practice to have strong leadership and staff understood their roles and responsibilities. The day to day management of the practice was provided by an efficient practice manager. We saw a very good rapport between the practice staff.

The practice was well organised with good record keeping in most areas. There was a wide range of policies and procedures in place to ensure the safety of both staff and patients. We saw that each policy had a review date. We advise that all staff sign each policy to confirm that they have been read and to evidence knowledge and understanding.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The dentists all provided some private dental services and we saw their registration certificates clearly displayed as required by the Private Dentistry (Wales) Regulations 2008.

Improvement needed

It is recommended that records are kept of whether all policies have been read by all staff.

Staff and resources

Workforce

We saw certificates that evidenced staff had attended training on a range of topics relevant to their role and meeting the Continuous Professional Development (CPD) requirements. However, we noted that one member of the clinical staff did not have up to date training on Cardio Pulmonary Resuscitation. This was brought to the attention of the practice manager who immediately arranged for this staff member to attend a course as soon as practicably possible.

The practice holds regular staff meetings that are supported by detailed minutes that had been signed by all staff.

Staff told us they enjoyed working in the practice and were happy carrying out their roles. We saw evidence that the practice had an induction programme and staff receive annual appraisals of their performance.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection⁷. The practice was unable to provide proof of immunity with regard to the immunisation records for three members of clinical staff, only that they had received the vaccination. The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.

The Regulations for Private Dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out on all dentists, but not dental nurses or

⁷ Welsh Health Circular (2007) 086

reception staff. We would advise that DBS checks are carried out on all clinical staff, including dental nurses.

Improvement needed

The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). 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](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
<p>A price list setting out the costs of private dental treatment was displayed in the ground floor waiting area but not in those on the first floor</p>	<p>A practice must ensure price lists are displayed including a list of basic items and providing clear information on prices.</p> <p>Patients should not have to ask for this information</p>	<p>This was brought to the attention of the Practice Manager</p>	<p>The Practice Manager immediately rectified the issue by putting up additional information in both of the first floor waiting areas.</p>
<p>We found that training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR) was out of date for one nurse.</p>	<p>It is important that staff are trained in dealing with patient medical emergencies, including resuscitation, and possess up to date evidence of capability.</p>	<p>We informed the Practice Manager of our findings</p>	<p>The Practice Manager enrolled the dental nurse on to an appropriate course in December 2017.</p>

Appendix B – Immediate improvement plan

Service: Clifton Dental Care Ltd

Date of inspection: Insert date

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
There were no immediate assurance issues raised.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Clifton Dental Care Ltd

Date of inspection: 23 October 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice amend its complaints policy to include reference to "Putting Things Right" and to display "Putting Things Right" posters and leaflets in their waiting areas	6.3 Listening and Learning from feedback	The practice will amend its complaints policy as required and display the posters and leaflets in the waiting areas.	Practice Manager	January 2018
Delivery of safe and effective care				
We recommend the practice, in accordance with HSE guidance, employ a suitably qualified person to undertake in-depth PAT testing to ensure the safe use of small electrical appliances within the practice	2.1 Managing risk and promoting health and safety	The practice have acquired the services of a fully qualified electrician who will undertake testing in the new year	Practice Manager	February 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
We recommend that for the pre-sterilisation cleaning of instruments, the practice consider purchasing an ultrasonic bath or a washer-disinfector as recommended by WHTM 01-05.	2.4 Infection Prevention and Control (IPC) and Decontamination	The principle is currently in discussion with Henry Schein (dental equipment supplier) in relation to the purchase of an ultrasonic bath.	Principle	Imminent
The practice to ensure that all drugs are kept securely in a locked cabinet and/or in a locked room.	2.6 Medicines Management	On the day of inspection and ongoing the practice has ensured that all emergency drugs are securely stored in a locked cabinet.	Principle	Implemented
The practice to attach radiation dosimeters to the handset of each X-ray machine to enable staff to ensure that safe radiation doses are not exceeded.	2.9 Medical devices, equipment and diagnostic systems	The practice is currently in discussions with Velindre Hospital in relation to the purchase of radiation dosimeters.	Principle	Imminent
It is recommended the practice maintain a log book of all radiographs taken, recording date, operator, type of film, number of films, patient identifier and image quality.		From the day of inspection the practice uses a log book that manually records the type of radiographs taken, the date taken, operator, type and number of films, patient identifier. Image quality is assessed by the dentist and recorded on the electronic patient file.	Principle	Implemented

Quality of management and leadership

Improvement needed	Standard	Service action	Responsible officer	Timescale
It is recommended that records are kept of whether all policies have been read by all staff.	Governance, Leadership and Accountability	Protocols are in hand to ensure that all new staff members receive training in and understand the specific practice policies in force at the time of employment. Policies introduced after employment commences are handed down at staff meeting. The practice manager will draw up a specific central written record that is an ongoing document to show all staff members have read all practice policies.	Practice Manager	January 2018
The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.	7.1 Workforce	The practice has requested this information from the relevant staff members GP.	Practice Manager	January 2018

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Dr. Christopher Robert Pryde

Job role: Principle and Lead Clinician

Date: 21st December 2017