

General Dental Practice Inspection (Announced)

Penlan Dental Surgery, Betsi
Cadwaladr 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 Penlan Dental Surgery at 6 Penlan Street, Pwllheli, Gwynedd, within Betsi Cadwaladr University Health Board, on 7 February 2018.

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 the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

We found that patients were treated with respect and that the practice had appropriate processes in place to ensure equipment was safe to use and had a range of policies and procedures to ensure care was delivered in a safe and effective manner.

This is what we found the service did well:

- Patients told us they were happy with the service provided
- Equipment and dental surgeries were clean, tidy and generally well maintained
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- Documentation and information was available showing that X-ray equipment was used with the aim of promoting staff and patient safety
- Staff had good access to training and support from the wider practice team..

This is what we recommend the service could improve:

- Layout of decontamination room
- Waste disposal process
- Provision of resuscitation and First Aid equipment
- Safeguarding training for some staff
- Some aspects of record keeping

3. What we found

Background of the service

Penlan Dental Practice provides services to patients in the Pwllheli area of Gwynedd. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes two dentists, one dental nurse, two trainee dental nurses and a receptionist.

The practice provides a range of NHS and private general dental services.

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.

Overall, we found that the staff at the practice worked hard to provide patients with a high quality service and a positive patient experience.

We saw that patients were treated with dignity, respect and politeness by the practice team. Patients who provided comments indicated that they were very satisfied with the service offered by the practice.

Prior to the inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice.

In total, we received eight completed questionnaires; the majority of questionnaires received were from long term patients at the practice (those that had been a patient for more than two years).

Overall, patient feedback provided in the questionnaires was positive. We asked patients in the questionnaires to tell us in their own words what they thought about the dental practice, including how it could improve the service it provides; patient comments included:

“Excellent practice. Good helpful staff and attention in an emergency”

“Very helpful and friendly. Fitted me in within one and half hours as an urgent patient”

“Not sure they can improve more. Nothing negative to say”

Staying healthy

We found that the practice had a range of health promotion information leaflets available in the waiting area. This was to help to promote the need for patients to take care of their own oral health and hygiene.

No smoking signs were displayed throughout the practice which confirmed the emphasis being placed on compliance with smoke free premises legislation¹.

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

Dignified care

We observed staff speaking to patients in a friendly, respectful and professional manner. The staff presented as a small, friendly team and we saw polite and courteous interactions with patients. Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

Staff confirmed that they were able to provide privacy to patients to discuss personal or confidential information with the dental team, away from other patients.

Patient information

All but one of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment and that they had received clear information about available treatment options.

Of those patients that had received treatment at the practice, the majority said in the questionnaires that the cost of their treatment was always made clear to them. However, these patients also told us that, although the cost was made clear, they didn't understand how the cost of their treatment was calculated.

Information on general prices for treatment was available in the form of a pricing guide in the waiting area and on the practice's website. Patients were clearly informed of specific prices relating to individual treatment plans. This meant that patients knew how much their treatment may cost.

¹ Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

We recommended that the practice's website be updated in order to include reference to the complaints process and contact details for HIW and the General Dental Council.

Improvement needed

Update the practice's website in order to include reference to the complaints process and contact details for HIW and the General Dental Council.

Communicating effectively

All of the patients who completed a questionnaire, which included Welsh and non-Welsh speaking patients, told us that they were always able to speak to staff in their preferred language.

All the staff employed at the practice were bilingual (Welsh/English) and every effort was made to ensure that patients received a service in the language of their choice.

Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times and we saw a practice policy to support this arrangement.

An out of hours telephone number was available for patients should they require urgent dental treatment. The telephone number was displayed on the outside of the building, included in the patient information leaflet, web-site and on the answer phone message. Around three quarters of patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem.

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were generally well maintained. All treatment options were recorded and consent to treatment was obtained from each patient.

Patients who completed a questionnaire agreed that the dentist enquires about their medical history before undertaking any treatment. We saw documented evidence of treatment planning and options being discussed with patients.

People's rights

We found access to the practice to be good. The practice had two surgeries in use, both located on ground floor level.

Toilet facilities were available for patient use, on ground floor level, with good access for people with mobility needs.

Listening and learning from feedback

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern or complaint was displayed in the reception area and included in the patient information leaflet. Putting Things Right² posters were displayed in the waiting area to inform patients of the process to follow should they wish to raise a concern about the service received under National Health Service arrangements.

We were informed that the practice received very few complaints and that these were dealt with at source where appropriate. A record of complaints was maintained. This enabled staff to monitor and address any common themes or trends in the complaints received.

The majority of patients who completed a questionnaire told us that they would know how to raise a concern or complaint about the services they receive at the dental practice if they needed to.

About half of the patients who completed a questionnaire told us that they were unaware of whether the dental practice had tried to ask for their views on the service provided there, for example, through patient questionnaires.

² <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

We found that patient satisfaction surveys were undertaken on a regular basis and there was a comments box with comments cards in the waiting area to enable patients to express their views about the service.

Delivery of safe and effective care

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

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. However, some work is required to enhance infection control measures within the decontamination room.

Documentation and information was available to demonstrate that X-ray equipment was being used safely.

Safe care

Managing risk and promoting health and safety

We found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice. We found the practice to be well maintained both inside and outside and the surgeries were clean, tidy and well organised. There were no concerns expressed by patients over the cleanliness of the dental practice; every patient who completed a questionnaire felt that the dental practice was very clean.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months to make sure they were working properly.

Portable Appliance Testing (PAT) of electrical equipment had not been carried in line with the recommendations of the Health and Safety Executive³.

³ <http://www.hse.gov.uk/pubns/books/hsg107.htm>

Suitable arrangements were in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous/clinical waste was being stored securely in an enclosed area whilst waiting to be collected by the contractor company. We advised that a yellow coloured bin be sourced for storage of hazardous/clinical waste.

We found that sharps bins were located on the floor. These should be wall mounted in order to reduce the risk of injury to staff and patients.

We recommended that suitable sanitary waste disposal bins be provided within the toilets.

Improvement needed

Portable Appliance Testing (PAT) of electrical equipment should be undertaken in line with the recommendations of the Health and Safety Executive.

Sharps bins should be wall mounted in order to reduce the risk of injury to staff and patients.

Suitable sanitary waste disposal bins should be provided within the toilets.

Infection prevention and control

The practice had a designated decontamination room. However, this did not meet the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)⁴ policy and guidance document. We found that the location of the extractor fan meant that potentially contaminated air was being drawn from the dirty side to the clean side of the decontamination room. To remedy this, we suggested that the autoclave be moved to the clean side of room, the ultra-sonic equipment be relocated to an area beyond the sinks and the illuminated magnifier moved to where autoclave was located.

⁴ 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.

We noticed an area of flaking paint on the wall next to the clean set down area and recommended that a suitable splash back be fitted to the wall to reduce the risk of contamination and cross infection.

We also noted that a foot operated clinical waste bins were needed within the decontamination room and surgeries.

Equipment and cabinets within the decontamination room were visibly in good condition.

Work surfaces were easily cleanable to facilitate thorough cleaning and reduce cross contamination.

The practice had the use of one autoclave and a compressor and we saw inspection certification to show that they were safe to use. However, there was no documented evidence of daily checks being undertaken on the compressor.

We saw certificates showing staff had attended training on decontamination.

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

The practice had conducted an infection control audit in January 2018, using the Wales Deanery⁵ audit tool, to identify areas for improvement and development as part of the overall quality assurance monitoring activity.

We found that the mercury spillage kit was out of date.

⁵The Wales Deanery is an organisation that works in partnership with local health boards and NHS trusts in Wales providing medical and dental educational facilities and leading on education research.

Improvement needed

The flow within the decontamination room should be reviewed and consideration given to moving the autoclave to the clean side of room, the ultra-sonic equipment to an area beyond the sinks and the illuminated magnifier moved to where autoclave was located.

A suitable splash back should be fitted to the wall adjacent to the clean set down area within the decontamination room in order to reduce the risk of contamination and cross infection.

Foot operated clinical waste bins should be provided within the decontamination room and surgeries.

Documented evidence should be maintained of daily checks on the compressor

The mercury spillage kit should be replaced.

Medicines management

We saw that equipment and drugs were available for use in a patient emergency (collapse). We saw records showing that the emergency drugs had been checked regularly and were within their expiry dates. However, we found that the needles and syringes used to administer adrenaline to be past their expiry dates.

We found that there were no paediatric size Ambu bag, size 0, 1, 2, 3, 4 clear face masks or a size 0 airway in the resuscitation bag. We also found that the size 1 and 2 airways were past their expiry dates. This was brought to the attention of the lead dentist and receptionist who took steps to order the equipment. We were provided with a copy of the order confirmation as proof of purchase.

We found that some of the contents of the First Aid kit to be past their expiry dates.

A check list should be drawn up for the resuscitation and first aid equipment to be checked regularly in accordance with the Resuscitation Council (UK) standards.

We were able to see records to show that all staff had completed cardiopulmonary resuscitation (CPR) training.

Improvement needed

Needles and syringes used to administer adrenaline must be replaced.

The contents of the First Aid kit past their expiry dates must be replaced.

A check list should be drawn up for the resuscitation and first aid equipment to ensure that they are checked regularly.

Safeguarding children and adults at risk

The practice had a procedure in place to promote and protect the welfare of children and adults who are vulnerable or are at risk. Training records showed that most staff had completed training on child and adult protection. We were informed that training was being arranged for remaining staff members.

The practice had a policy in place detailing the steps to take, and relevant organisations to contact, should they have any safeguarding concerns.

Improvement needed

Arrangements must be made to ensure that all staff receive safeguarding training at a level appropriate to their roles.

Medical devices, equipment and diagnostic systems

We found that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw training records demonstrating that relevant staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

We recommended, for ease of reference, that all documentation relating to the safe use and maintenance of the X-ray equipment to be stored on the Radiation Protection File.

Effective care

Safe and clinically effective care

The practice carried out a range of audits to monitor the quality and safety of the care and treatment provided to patients. These included infection control audits, surgery audits and obtaining patient feedback to help identify areas for improvement and checks on equipment to make sure it was working effectively.

Quality improvement, research and innovation

Peer review audits were undertaken regularly.

We saw evidence that the practice used self-evaluation tools such as audits and training needs assessments to enable the dental team to focus on how they work and consider improvements to the quality and care provided in a range of areas.

Information governance and communications technology

Patient records were stored and maintained in paper format. Some staff records were maintained electronically. We found suitable processes in place to ensure security of both paper and computer based information.

Record keeping

There was evidence that the practice was keeping good clinical records, demonstrating that care was being planned and delivered to a good standard to ensure patients' safety and wellbeing.

All of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

We examined a sample of patients' records and found that entries contained sufficient information regarding medical history, discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. The dentist documented that cancer screening and smoking cessation advice had been given.

We discussed the need for all x-rays to be audited, graded and reported on, with clear justification for taking x-rays noted within patients' notes.

We also discussed the need for 6 point periodontal probe charting to be conducted, where appropriate, and outcomes recorded within patients' notes.

Improvement needed

All x-rays must be audited, graded and reported on, with clear justification for taking x-rays noted within patients' notes.

6 point periodontal probe charting should be conducted, where appropriate, and outcomes recorded within patients' notes.

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 the practice to have good leadership and clear lines of accountability.

The practice was managed by the lead dentist assisted by the receptionist. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients.

Staff told us they felt well supported by senior staff and their colleagues. They also told us they had opportunities to attend relevant training.

Governance, leadership and accountability

Penlan Dental Practice was managed by the lead dentist, with the support of the receptionist. We found the team to be organised and proactive in their approach to the management of the practice. Where we identified areas for improvement, the practice team demonstrated a willingness and commitment to address these promptly.

We found that staff were clear and knowledgeable about their roles and responsibilities. Staff told us that they felt communication within the practice was good. We saw that team meetings and internal training events were being held on a regular basis with minutes produced.

We saw that there was a comprehensive range of policies and procedures in place with the aim of ensuring the safety of staff and patients.

Staff and resources

Workforce

We saw that there was a formal staff recruitment process in place with required background checks being undertaken before commencement of employment.

Records demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the management team to access training opportunities.

Staff meetings were held on a weekly basis and were used to discuss significant events and to identify any learning needs.

We were told that staff received informal, day to day support and supervision and formal, annual appraisals.

We found that dentists and nursing 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 dentists working at the practice provided both NHS and private dental services and we saw their HIW registration certificate displayed as required by the regulations for private dentistry.

We also saw up to date Disclosure and Barring Service (DBS) checks for all clinical staff working at the practice.

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
We found that there was no paediatric Ambu bag and no size 0, 1, 2, 3, and 4 clear face mask to fit the Ambu bag within the resuscitation bag. In addition there was no size 0 airway in the resuscitation bag and the size 1 and 2 airways were past their expiry dates.	This meant that there was an increased risk of harm to patients in an emergency.	This was brought to the attention of the lead dentist and receptionist.	The receptionist ordered the Ambu bag, masks and airways. We were provided with a copy of the order confirmation as proof of purchase.

Appendix B – Immediate improvement plan

Service: Penlan Dental Practice

Date of inspection: 7 February 2018

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
No immediate improvement plan was required.				

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: Penlan Dental Practice

Date of inspection: 7 February 2018

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				
We recommended that the practice's website be updated in order to include reference to the complaints process and contact details for HIW and the General Dental Council.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (4) (a) and (b) 4.2 Patient Information	Patient information to be included on the website with regards to practice complaints policies (private & NHS) and HIW information to be made available	LMC	Immediately

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
Portable Appliance Testing (PAT) of electrical equipment should be undertaken in line with the recommendations of the Health and Safety Executive.	Private Dentistry (Wales) Regulations 2008	Book PAT testing with practice electrician	EVG / LMC	Within the next 12 months
Sharps bins should be wall mounted in order to reduce the risk of injury to staff and patients.	Regulation 14 (1)(d)	Sharps bin wall mounts have been received from Canon and mounted.	EVG	Done
Suitable sanitary waste disposal bins should be provided within the toilets.	2.1 Managing risk and promoting health and safety	Discuss sanitary waste disposal options with our waste disposal company Canon	LMC	4 weeks
The flow within the decontamination room should be reviewed and consideration given to moving the autoclave to the clean side of room, the ultra-sonic equipment to an area beyond the sinks and the illuminated magnifier moved to where autoclave was located.	Private Dentistry (Wales) Regulations 2008 Regulation 14.	Suitable method of draining autoclave, once moved to the clean side of the room, to be investigated. All other items to be relocated in the decontamination room.	EVG	4 weeks

Improvement needed	Standard	Service action	Responsible officer	Timescale
A suitable splash back should be fitted to the wall adjacent to the clean set down area within the decontamination room in order to reduce the risk of contamination and cross infection.	(1)(d), (3) (b) and (4) 2.4 Infection Prevention and Control (IPC) and Decontamination WHTM 01-05	Contact builder to get a quote for the splash back. Splash back to be fitted.	EVG / LMC	4 weeks
Foot operated clinical waste bins should be provided within the decontamination room and surgeries.		Contact Canon Re: foot operated clinical waste bins / search the internet Purchase foot operated clinical waste bins	EVG / LMC	4 weeks
Documented evidence should be maintained of daily checks on the compressor.		Compressor daily check list to be drawn up Checks to be carried out on a daily/weekly basis	LMC	Immediately
The mercury spillage kit should be replaced.		Mercury spillage kit to be ordered and replace existing	EVG	4 weeks
Needles and syringes used to administer adrenaline must be replaced.	Private Dentistry (Wales) Regulations 2008	Needles and syringes to be purchased	EVG	Done Needles & syringes have been purchased

Improvement needed	Standard	Service action	Responsible officer	Timescale
The contents of the first aid kit past their expiry dates must be replaced.	Regulation 14. (2) and (3) (b) 2.6 Medicines Management	Any item past their expiry to be identified and replace.	JJ/LS/LG	Done Items have been purchased
A check list should be drawn up for the resuscitation and fist aid equipment to ensure that they are checked regularly.		Emergency resuscitation equipment check list to be drawn up First aid equipment check list to be drawn up	JJ/LS/LG	Both check lists have been drawn up & are in use.
Arrangements must be made to ensure that all staff receive safeguarding training at a level appropriate to their roles.	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (1) (b), (d) and 14 (2)	Continue to check the Wales Deanery course list for upcoming safeguarding courses	LMC / EVG	Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
	GDC Standards 4.3.3 & 8.5 2.7 Safeguarding children and adults at risk			
All x-rays must be audited, graded and reported on, with clear justification for taking x-rays noted within patients' notes.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (1) (b)	Audit sheets to be drawn up. Bi-annual audits to be carried out	LG / LS / EVG	Done
6 point periodontal probe charting should be conducted, where appropriate, and outcomes recorded within patients' notes.	GDC Guidelines 3.5 Record keeping	6 point probe charting to be conducted, where appropriate, and outcomes recorded within patients' notes	EVG / GR	Charting has begun immediately

Quality of management and leadership

Improvement needed	Standard	Service action	Responsible officer	Timescale
No areas for improvement were identified.				

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): Eleri V. Griffith BDS

Job role: Practice Owner / Principal Dentist

Date: 12/4/18