

General Dental Practice Inspection (Announced)

Sarratt House Dental Surgery /
Aneurin Bevan University Health
Board

Inspection date: 13 February
2018

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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 Sarratt House Dental Surgery at Sarratt House, High Street, Newbridge, NP11 4FW, within Aneurin Bevan University Health Board on the 13 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 practice was meeting the standards necessary to provide safe and effective care.

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

This is what we found the service did well:

- Patients told us they were happy with the service provided
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- Documentation and information was available showing that X-ray and decontamination equipment was used with the aim of promoting staff and patient safety
- Staff told us they had access to a wide range of training and felt supported by the practice owner and wider practice team.

This is what we recommend the service could improve:

- Updates to some policies and procedures
- A more robust process for recording checks undertaken on emergency drugs and equipment
- Implementation of an audit programme and clinical peer review
- Consistency of standards of patient record keeping.

3. What we found

Background of the service

Sarratt House Dental Surgery provides services to patients in the Newbridge area of South Wales. The practice forms part of dental services provided within Aneurin Bevan University Health Board.

The practice has a staff team which includes two dentists (one of whom is the practice owner), a therapist, a hygienist, three dental nurses (one a trainee) and a receptionist.

Whilst a dental practice has been in existence in the current location for numerous years, the current practice owner took ownership in October 2015.

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 practice was working hard to provide patients with a quality service and positive patient experience.

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

We found that updates to the complaints policy were required, and the practice needed to display treatment costs for NHS patients.

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 19 questionnaires were completed. Patient comments included the following:

"Nice friendly staff that make me feel at ease when visiting"

"Service is excellent, very understanding of your needs and troubles. Brilliant service"

"I now, actually, don't mind going to the dentist, I always feel comfortable and in control"

"I never have had any issues with my care and always feel confident about my treatment at every visit"

"The dentist and the staff are always so friendly and helpful. So much so a friend of mine wanted to change dentists and I told her to go to my dentist as they are so good"

Staying healthy

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

us that they were in the process of redecorating the patient waiting area, and would increase the number of information leaflets available to patients when completed.

All patients that 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 agreed that they had been treated with respect when visiting the practice.

The practice confirmed that patients could speak to the dental team in private and away from other patients should they wish to discuss any personal or confidential information.

Patient information

The practice provided a range of private and NHS dental treatments. Information about prices for private dental treatments was available to view in the waiting area. This meant patients had easy access to information on how much their private treatment may cost. Costs for NHS treatments were not however displayed for patients to view. The practice owner agreed to ensure that NHS costs would be displayed for patients to easily see.

The vast majority of patients that completed a questionnaire said that the cost of their treatment was always made clear to them before they received the treatment, and the majority agreed that they understood how the cost of their treatment was calculated.

Without exception, all patients that completed a questionnaire told us that they had received information about their dental treatment, including available treatment options. We also found evidence of treatment planning and options noted within a sample of patient records we considered. This meant that patients were able to make an informed decision about their treatment.

All patients that completed a questionnaire told us that they felt involved as much as they wanted to be, in any decisions made about their treatment.

Improvement needed

The practice owner must ensure that costs for NHS treatments are displayed for patients to view.

Communicating effectively

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

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.

An emergency contact telephone number for patients' use was provided on the practice's answerphone message and displayed on the entrance door, so that patients could access emergency care when needed. The majority of patients that completed a HIW questionnaire told us they knew how to access out of hours dental care.

Individual care

Planning care to promote independence

We considered a sample of patient records and found that all treatment options were recorded and consent to treatment was obtained from each patient.

The vast majority of patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

We noted that the practice had a dedicated equality and diversity policy in place. This meant that the practice was committed to ensure that everyone had access to the same opportunities and to the same fair treatment.

The practice had two dental surgeries all located on the ground floor of the practice. The practice had a ramp leading into the reception area and was able to offer dental services to patients with mobility difficulties or those using

wheelchairs in both of the surgeries. There was a toilet available for patients to use, however it was not accessible to patients using wheelchairs.

Listening and learning from feedback

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) was displayed in the reception area. We found that the complaints process was in need of updating to ensure it complied with appropriate timescales for dealing with a complaint for both NHS and private patients. The policy also needed to include the correct contact details for HIW, and ensure that the correct health board is referenced for NHS patients. The practice owner agreed to make these changes. Four patients that completed a questionnaire told us that they did not know how to make a complaint about the dental services they receive. The practice may wish to consider how they can make patients more aware of this process.

We found that there was a suitable system in place to record and address both verbal and written complaints should they be received.

We saw that patients were able to provide feedback on the services provided through a suggestions box in the reception area of the practice. We also saw that a questionnaire had been provided to new patients to help assess the quality of the care and treatment provided to them. The practice owner told us that they had not carried out anything similar for longer serving patients. The practice owner may wish to formalise the process for obtaining patient feedback on a more regular basis. The practice owner agreed to do this.

Improvement needed

The practice owner must update the complaints policy.

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.

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

Recording of checks on emergency drugs and equipment were needed to ensure adherence to national guidelines.

A process for clinical peer review and programme of audit, including infection control, was recommended.

Improvements to some areas of patient record keeping were required.

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 practice owner was in the final stages of refurbishment of the practice, and the building appeared to be well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards. There were no concerns raised by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire felt that, in their opinion, the dental practice was clean.

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

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

We saw that hazardous (clinical) waste was stored in locked bins, and there were contracts in place for the transfer and disposal of both hazardous and non-hazardous waste produced by the practice. Amalgam separator equipment was installed in the dental chairs so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely.

There was a health and safety policy in place. We saw that the practice had data and information on Control of Substances Hazardous to Health (COSHH) and that COSHH substances were kept securely. We were unable to see that this had been reviewed at all. We recommended that the COSHH file should be reviewed on a regular basis, to help ensure that all COSHH substances being used in the practice have been risk assessed. The practice owner agreed to do this.

Improvement needed

The practice owner should make arrangements to review the COSHH file on a regular basis.

Infection prevention and control

The practice had a designated decontamination room and met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ policy and guidance document.

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

Decontamination equipment and cabinets within the decontamination room were visibly in good condition. Work surfaces and the floors were easily cleanable to facilitate thorough cleaning and reduce cross contamination.

The practice had the use of two autoclaves² and we saw inspection certification to show they were safe to use. We saw that daily checks were being carried out and logbooks maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show they remained safe to use.

A thorough decontamination process was demonstrated by staff. We were able to see certificates for some staff to show that they had attended training on decontamination. The practice owner confirmed that training for the rest of staff had been arranged within three weeks of the inspection, and we saw confirmation of this. Instruments were being stored in sealed bags to prevent cross contamination.

We saw that the practice had conducted an infection control audit; this was however not signed or dated, and we were unable to see that there was an action plan as a result of the audit. The practice owner must ensure that regular audits are conducted on the practices infection control arrangements as directed by WHTM 01-05. The practice owner agreed to do this.

Improvement needed

The practice owner must ensure that infection control audits are conducted on a regular basis in line with the recommendations of WHTM 01-05, and an action plan produced to address any issues raised.

Medicines management

We saw that equipment and drugs were available for use in a patient emergency (collapse). Whilst we found that all emergency drugs and equipment were within their use-by dates, the practice did not maintain a log book of regular checks on the drugs and equipment. The practice owner must

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

implement a recording system to document that checks are being conducted on the emergency drugs and equipment in line with the Resuscitation Council (UK)³ guidelines. The practice owner agreed to do this.

We saw records to show that all staff had completed cardiopulmonary resuscitation (CPR) training within the last 12 months.

We found that the practice had an appointed and trained first aider.

Improvement needed

The practice must ensure that regular checks are carried out and recorded on the emergency drugs and equipment in accordance with the guidelines set out by the Resuscitation Council UK.

Safeguarding children and adults at risk

Whilst the practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or are at risk, we found it was in need of a review. We found that there were two policies in place for staff to refer to in case of need, providing differing advice and guidance. The practice owner agreed to ensure that the process was updated providing clear guidance to staff. We saw that all staff had completed training in adult and child protection.

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

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

Improvement needed

The practice owner must review and update the policy for safeguarding so that staff are clear about the action they need to take should they suspect abuse.

Medical devices, equipment and diagnostic systems

We looked at the surgeries within the practice, and noted that they were clean and tidy. Floors and surfaces within the surgeries were easily cleanable to reduce cross infection. We found that the dental instruments within the surgeries were in good condition and sufficient in number.

We concluded 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. The file containing all the relevant information had very recently been reviewed and we reminded the practice owner that all staff should sign to show that they have read and understood the local rules. The practice owner agreed to address this. We found that the switch to operate the X-ray equipment in one surgery may have been in the pathway of the X-ray beam. We advised the practice owner to obtain some professional advice about the safest place for the operating switch. The practice owner agreed to do this.

We saw training certificates demonstrating that all staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

We saw that image quality audits of X-rays had been completed regularly as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required.

Effective care

Safe and clinically effective care

We saw that the practice carried out a limited range of audits to monitor the quality and safety of the care and treatments provided to patients. We recommended that the practice owner should expand the range of both clinical and non-clinical audits as part of their quality improvement activity. The practice owner agreed to do this.

Improvement needed

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

Quality improvement, research and innovation

The practice did not have a process in place for peer review⁴, which would potentially support the staff in the development of practise improvement. We recommended to the practice owner that they should implement a process for peer review as a way of identifying improvement areas. The practice owner agreed to do this.

Improvement needed

The practice should implement a process for clinical peer review.

Information governance and communications technology

Patient records were stored and maintained in both paper format and electronically, and we found suitable processes in place to ensure security of information was maintained.

We found that staff were only able to access copies of patient digital X-rays through one computer terminal in one of the surgeries. This meant that dental staff may not always have easy access to patient records if the surgery is in

⁴ Peer review is one of the gold standards of science and is a process whereby healthcare professionals ("peers") can evaluate the quality of other professionals' work. This is with the aim of ensuring their practise is rigorous, uses past research with a view to providing the best possible care and treatment.

use. The practice owner may wish to consider installing computer software to allow easy access to radiographs at each surgery computer terminal.

Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. We found that there were areas for improvement to ensure that patient records were sufficiently detailed enough and consistent between practitioners. These were:

- Medical histories were not consistently countersigned by the dentist, and the recording of updated medical histories was inconsistent
- Confirmation and the outcomes of BPE (Basic Periodontal Examination)⁵ checks were not consistently recorded
- Updated base charting not consistently recorded at each appointment
- Patient consent to treatment was verbally obtained at each appointment but not consistently documented
- Reason for patient attendance was inconsistent
- There was no written evidence of the smoking cessation advice provided to those patients who confirmed they were smokers.

The findings were discussed with the practice owner in detail and we recommended that they should implement a patient record card audit as part of their overall quality monitoring programme. The practice owner agreed to do this.

In accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000, the reason for taking X-rays and the dentists' findings from them had been recorded.

We did however find that some patients did not have X-rays taken within professional timescale guidelines. The practice owner agreed to address this.

⁵ A periodontal examination is a clinical examination of the periodontium (gums).

Improvement needed

The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.

The dentists must ensure that professional guidelines are followed in respect of the taking of X-rays.

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.

The practice was owned and managed by one dentist with the support of a small, friendly staff team. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients, some of which were in need of updating.

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

Governance, leadership and accountability

Sarratt House Dental Surgery is owned by the principal dentist who is responsible for the day to day running of the practice. The principal dentist took ownership of the practice in October 2015 and is supported by a small team of both clinical and non-clinical staff. We found that clear lines of accountability and reporting were described by all of the practice team. Where we identified areas for improvement, the practice owner acted promptly and demonstrated a willingness and commitment to address any issues and suggestions.

Staff working on the day of our inspection told us that they felt well supported in their roles by all members of the practice team. 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 the practice had recently held a formal staff meeting, and we were told that the plan was for meetings to be held every six weeks in the future.

We saw that there was a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. We saw that all policies were reviewed and dated, so all staff knew they had access to the most up to date policy. We saw that some policies, namely the infection control and waste storage policy, and safeguarding policies referred to guidance outside of Wales.

The practice owner was reminded to ensure that policies and guidance reflect Welsh standards. The practice owner agreed to make the appropriate changes.

Improvement needed

The practice owner must ensure that policies and procedures are reviewed and updated to reflect relevant national guidelines.

Staff and resources

Workforce

We saw certificates that 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 practice owner to access training opportunities.

We were told that all staff had received an appraisal of their performance within the last year and personal development plans identified as a result of their appraisals. We were however unable to see copies of these as they were kept away from the practice.

The practice owner had recently recruited some new members of staff, and we saw that appropriate employment checks were in place. Whilst staff told us that they had received an induction into the practice, this was not formalised or documented. We recommended that the practice owner should develop a more robust induction programme for any new employees to help ensure that staff receive appropriate training and support. The practice owner agreed to do this.

We found that the dentists and other clinical staff were registered with the General Dental Council⁶ 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.

⁶ The General Dental Council regulates dental professionals in the UK, maintaining standards for the benefit of patients

Confirmation of one staff member's immunisation was forwarded the day following the inspection. The practice owner was reminded to ensure records were maintained and accessible.

The practice owner provided private dental services and we saw their HIW registration certificate displayed as required by the regulations for private dentistry. We saw up to date Disclosure and Barring Service (DBS) certificates for the dentists 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
No immediate concerns were identified on this inspection.			

Appendix B – Immediate improvement plan

Service: Sarratt House Dental Surgery

Date of inspection: 13 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 assurance issues identified during this inspection.				

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: Sarratt House Dental Surgery

Date of inspection: 13 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				
The practice owner must ensure that costs for NHS treatments are displayed for patients to view.	4.2 Patient Information	These are displayed in the waiting area and information book.	Practice Manager	Completed
The practice owner must update the complaints policy.	6.3 Listening and Learning from feedback	This has been updated	Practice Manager	Completed
Delivery of safe and effective care				
The practice owner should make arrangements to review the COSHH file on a regular basis.	2.1 Managing risk and promoting health and safety	Lead nurse to do every 6 months and update any new materials when purchased.	Louise Dunn.	May 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice owner must ensure that infection control audits are conducted on a regular basis in line with the recommendations of WHTM 01-05, and an action plan produced to address any issues raised.	2.4 Infection Prevention and Control (IPC) and Decontamination	IPS (Infection Prevention Society) audit complete and done every 6 months.	Louise Dunn.	May 2018
The practice must ensure that regular checks are carried out and recorded on the emergency drugs and equipment in accordance with the guidelines set out by the Resuscitation Council UK.	2.6 Medicines Management	The are now in place and checked weekly.	Practice manager or Lead Nurse.	Completed
The practice owner must review and update the policy for safeguarding so that staff are clear about the action they need to take should they suspect abuse	2.7 Safeguarding children and adults at risk	The policy has been updated all staff are aware. Training booked also.	Practice manager.	19 May 2018
The practice should implement a range of clinical and non-clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate.	3.1 Safe and Clinically Effective care	Clinical audits are carried out every 6 months on 5 patients. Audit carried out every 6 months on patient waiting times and feedback.	Practice Manager	May 2018
The practice should implement a process for	3.3 Quality	After every clinical audit is carried out on	Practice Manager	May 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
clinical peer review.	Improvement, Research and Innovation	5 patients, results are discussed in a clinical peer review meeting.		
<p>The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.</p> <p>The dentists must ensure that professional guidelines are followed in respect of the taking of X-rays.</p>	3.5 Record keeping	<p>Records are stored in accordance with record keeping standards</p> <p>Computer records are password protected.</p> <p>Policies are in place following X-ray guidelines and clinical audits are carried out. 2 years bite wings.</p>	Practice Manager	Next clinical audit May 2018.
Quality of management and leadership				
The practice owner must ensure that policies and procedures are reviewed and updated to reflect relevant national guidelines.	Governance, Leadership and Accountability	All practice policies are being updated at present.	Practice Manager	May 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): Vikki Edwards

Job role: Practice Manager

Date: 25/04/2018