

General Dental Practice Inspection (Announced)

MyDentist, Queensferry / 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 MyDentist, Queensferry at 4 Gladstone Street, Queensferry, Deeside, Flintshire, CH5 1ST, within Betsi Cadwaladr University Health Board on 10 July 2018.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) 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 MyDentist, Queensferry provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

We found the practice to be well run and meeting the relevant standards and regulations to ensure the health, safety and welfare of staff and patients.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the relevant guidance and audit tools.

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

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Surgery facilities were well-equipped, visibly clean, tidy and well organised

- Appropriate arrangements were in place for the safe use of x-rays
- Excellent infection control procedures.

This is what we recommend the service could improve:

- Ensure patients complete a new medical history form every two years
- Ensure that the practice completes the Welsh Deanery Quality Improvement Tool for ionising radiation.

There were no areas of non compliance identified at this inspection.

3. What we found

Background of the service

MyDentist, Queensferry provides services to patients in the Queensferry area. 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 six dentists, one hygienist / therapist, six dental nurses, one trainee dental nurse, two receptionists and a dedicated practice manager.

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 evidence that MyDentist, Queensferry provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided.

We received a total of 26 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was very positive. Almost all patients who completed a questionnaire rated the care and treatment received as excellent or very good. Some of the comments provided by patients on the questionnaires included:

"Great service, friendly staff"

"Everything ok"

"I am a new patient with the practice and have always been nervous. The dentist put me at ease and was pain free"

"Nice smiley happy staff, very welcoming"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; comments provided by patients included:

"Generally very happy with service but surgery a bit too clinical, no relaxing pictures, tv/radio diversions or "bedside" chat"

“Ask if you want to proceed with a scale/polish, not tell you and not mention charges”

Staying healthy

Health promotion protection and improvement

There was ample, dedicated dental health promotion information available in the reception / waiting area, which meant patients had access to information which could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice and oral health.

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

We noted that information on prices was available to view in the reception / waiting area and also displayed in each of the surgeries which meant patients had access to information on how much their treatment may cost.

A sign displaying 'No Smoking' was displayed by the main entrance which confirmed the emphasis being placed on compliance with smoke free premises legislation¹.

Dignified care

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

The General Dental Council's (GDC) 9 principles² were displayed in the waiting area and therefore in line with the Private Dentistry (Wales) Regulations 2017.

¹ The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

Patient information

All but one 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, and all but two patients who completed a questionnaire told us that they had received clear information about the available treatment options. In addition, the majority of patients also told us that the cost of any treatment was always made clear to them before they received any treatment.

We also found evidence of treatment planning and options noted within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was available on its website and was displayed around the reception and the waiting area.

The practice had its own patient information leaflet which was available in the waiting rooms. The leaflet contained all the information required by the regulations.

Communicating effectively

All patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language. None of the patients that completed a questionnaire considered themselves to be a Welsh speaker. However, the patient information leaflet did state that information could be provided in braille, large print and multiple languages upon request.

Timely care

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

² The GDC 9 principles sets out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom. This means that the principles apply to all the dental team members and sets out what patients can expect from a dental professional.

The majority 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.

An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, provided on the answer phone message, the practice website and patient information leaflet.

The majority of patients who completed a questionnaire confirmed that it was very or fairly easy to get an appointment when they needed one.

Individual care

Planning care to promote independence

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

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

The treatments and services offered by the practice were in accordance with the patient information leaflet.

People's rights

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

The practice is located over two floors. The ground floor is fully accessible for patients with mobility difficulties. Wheelchair users could access three surgeries on the ground floor, the reception, waiting area and toilet facilities.

Listening and learning from feedback

We saw that the practice had a written complaints procedure in place for both private and NHS treatment. The procedures for making a complaint or how to raise a concern were clearly on display in the waiting areas. Details were also included within the patient information leaflet.

We saw evidence that the practice had systems in place to record, monitor and respond to any complaints received.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception area along with a comment box. Details of all feedback analysis are discussed with the dental team and we saw the latest survey results which were extremely positive. The practice also informed us that patients receive a text message after each appointment allowing them to provide feedback. Patients are also able to leave feedback via the practice website. Details of the 'customer rating'³ are published on the practice's website.

We advised the practice to display an analysis of patient feedback in the waiting areas to demonstrate to patients visiting the practice that their feedback had been captured; and acted upon to enhance learning and service improvement.

³ Year-to-date data taken from ongoing SMS satisfaction survey

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 to be well run and meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

We found that patients were provided with safe and effective dental care.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the relevant guidance and audit tools. We also saw evidence that regular checks of equipment and decontamination processes were taking place.

Safe care

There were no immediate assurance or non-compliance issues identified during this inspection visit.

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 generally 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 expressed by patients over the cleanliness of the dental practice; all patients who completed a questionnaire felt that, in their opinion, the dental practice was very clean or fairly clean.

There were toilet facilities for use by staff and one unisex toilet for use by patients. The facilities were clearly signposted and visibly very clean.

We noted that portable appliance testing (PAT) was regularly undertaken to ensure small appliances were safe for use.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months. Staff had up to date fire training and regular fire drills took place which was documented.

Emergency exits were visible and a Health and Safety poster was displayed within the practice.

The practice had relevant policies and procedures, as well as various risk assessments in place, such as, health & safety, fire, legionella and asbestos. All risk assessments were current and we saw evidence that these were regularly reviewed. We were fully assured that the premises were fit for purpose and we saw ample documentation which showed that the practice had considered all risks both internally and externally to staff, visitors and patients. The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had named, appointed first aiders.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁴. These were stored appropriately, where they could be accessed easily in the event of an emergency.

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁵. The facility was very clean, well organised, equipped and uncluttered.

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

⁵ 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 considered the arrangements for decontamination and we found that the arrangements in place were of a high standard. Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination. Our observations included:

- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection.
- Sensor operated bins
- The use of washer disinfectors
- Instruments stored on the clean side of the decontamination room
- Use of safer sharps

During our observations of the decontamination process we did identify that the dirty to clean work air flow in the decontamination room was interrupted by the position of the illuminated magnifier and washer disinfectors. We brought this to the attention of the practice who immediately addressed the issue during our visit by swapping the position of the illuminated magnifier to improve the flow sequence.

We saw evidence that regular infection control audits took place using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit. The infection control audit had been completed and we saw evidence that the resulting action plan had been actioned.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for each autoclave⁶ and we saw evidence that start and end of the day safety checks were taking place.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

Overall, we were satisfied that there were appropriate procedures in place to minimise the risk of cross infection to protect both patients and staff.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the practice had two dedicated first aiders.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

⁶ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam

The practice had in place a policy relating to the ordering, recording, administration and supply of medicines to patients. Prescription pads were kept securely. Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There were safeguarding policies in place to protect children and vulnerable adults. The policies contained the contact details for the local safeguarding team along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. The practice had identified a member of staff as the nominated safeguarding lead who took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and guidance to staff on safeguarding issues.

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

The practice manager described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included undertaking Disclosure and Barring Service⁷ (DBS) checks. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients. The surgeries were well organised, clean and tidy. However, we found in surgery 4 that the tap on the

⁷ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

handwashing sink was loose and needed to be adjusted and the plug on the handwashing sink in surgery 5 should be removed.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and regular image quality assurance audits of X-rays were completed. We saw evidence of up-to-date ionising radiation training for all clinical staff.

We did recommend that the practice completes the Welsh Deanery Quality Improvement Tool for ionising radiation.

Improvement needed

Ensure that the tap on the handwashing sink in surgery 4 is adjusted and the plug on the handwashing sink in surgery 5 should be removed.

Ensure that the practice completes the Welsh Deanery Quality Improvement Tool for ionising radiation.

Effective care

Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that audits had been completed and or arranged by the practice such as; prescribing antibiotics, cross infection, clinical notes, patients feedback, X-ray quality and health and safety.

Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff has been undertaken which contributes to the quality and safety of the care provided to patients. The practice had a dedicated Clinical Support Manager in place who conducts the peer reviews at the practice.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place to guide staff about what was required of them.

Record keeping

A sample of patient records were reviewed for each of the dentists. Overall, there was evidence that the practice as a whole is keeping good clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing. However, we did find some gaps and inconsistencies, between dentists, with the level of detail recorded in some of the patients' individual records. We advised the practice manager to consider introducing a standard template across the practice for patients' examination recording in order to ensure the level of detail recorded is consistently maintained.

We also recommended that the practice arranges for all patients to complete a new medical history form every two years.

We also examined a sample of patients' records for the hygienist/therapist and found good evidence of detailed records being maintained.

Improvement needed

Ensure patients complete a new medical history form every two years.

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.

We found evidence that this was a very well run practice with a strong commitment to providing high quality service and attention to detail.

A range of relevant policies and procedures were in place.

The staff team appeared happy in their roles and were competent in carrying out their duties and responsibilities.

Governance, leadership and accountability

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

The Clinical Director for Integrated Dental Holdings (IDH) Group is the nominated responsible individual⁸.

The day to day management of the practice was the responsibility of the practice manager who was efficient and competent in her role. Since most of the staff had worked together for some time, there was a good rapport amongst them.

⁸ “responsible individual” means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

Staff told us that they were confident in raising any issues or concerns directly with the practice manager and felt well supported in their roles. We found that staff were clear and knowledgeable about their roles and responsibilities.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. We saw evidence showing staff had signed the policies and procedures to confirm they had been read and understood. All policies and procedures contained an issue and review date. This ensured that policies were reviewed regularly to confirm local practices were up to date.

We were provided with a copy of the Statement of Purpose which conformed to the Private Dentistry (Wales) Regulations 2017.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. At the time of the visit, the practice was waiting for their HIW registration certificate to be issued. The practice also had a current public liability insurance certificate available.

Staff and resources

Workforce

The practice had a number of human resources (HR) related policies in place. These include the recruitment of staff policy, equal opportunities policy, code of conduct for staff, underperformance and whistleblowing policy and confidentiality policy.

We noted that all staff had a contract of employment that was retained on staff files. We also saw that the practice had an induction programme in place, which covered training and relevant policies and procedures.

We saw evidence that regular staff appraisals took place, which were documented.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

Staff told us that the practice holds regular team meetings and we saw there were detailed records being kept on file. For any member of staff unable to attend, the minutes are brought to the staff attention by the Practice Manager. This ensures that all staff are aware of the issues and discussions taking place regarding the practice.

The Private Dentistry (Wales) Regulations 2017 require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) certificate issued within the previous three years. As previously mentioned in the report, we saw evidence that DBS clearance checks had been carried out for all clinical staff.

The registered provider confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

4. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). 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
There were no immediate concerns identified on this inspection.			

Appendix B – Immediate improvement plan

Service: MyDentist, Queensferry

Date of inspection: 10 July 2018

The table below includes any immediate non-compliance 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.

Description of non compliance / Action to be taken	Regulation	Service action	Responsible officer	Timescale
There were no immediate non-compliance concerns identified on 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: MyDentist, Queensferry

Date of inspection: 10 July 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/Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
N/A				
Delivery of safe and effective care				
Ensure that the tap on the handwashing sink in surgery 4 is adjusted and the plug on the handwashing sink in surgery 5 should be removed.	2.9 Medical devices, equipment and diagnostic systems; WHTM 01-05	The tap in surgery 4 has been adjusted and the plug in Surgery 5 has been removed		Completed
Ensure that the practice completes the Welsh Deanery Quality Improvement Tool for ionising radiation.		All clinicians of the practice will complete the Ionising Radiation tool kit		30/11/2018
Ensure patients complete a new medical history	3.5 Record	As of 15 th July 2018 all patients are now		Ongoing

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
form every two years.	keeping; PDR 20	completing a new medical history form every two years		
Quality of management and leadership				
N/A				

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): Deborah Welsh

Job role: Practice Manager

Date: 11 September 2018