

## **General Dental Practice Inspection (Announced)**

Portman Dental, Pembrokeshire  
Dental Care. Hywel Dda  
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 receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **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 Portman Dental, Pembrokeshire Dental Care, Pen-y-bont, Newport, Pembrokeshire, SA42 0LT, within Hywel Dda UHB. On 28 January 2019

Our team, for the inspection comprised of two HIW inspectors (one acting as support) and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017,

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 Portman Dental provided safe and effective care in a clean welcoming environment.

We saw evidence of strong leadership and a corporate structure that supported both staff and patients. All areas of the practice were maintained to a high standard.

However, we found some evidence that the practice was not maintaining clinical records to the expected standard.

This is what we found the service did well:

- There was evidence of strong management and leadership from the practice manager with the support from the wider Portman Dental organisation
- Patient feedback was positive and confirmed that they were happy with the services provided

This is what we recommend the service could improve:

- The registered provider must ensure that dentists are keeping clinical patient records to an agreed professional standard

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

### 3. What we found

#### **Background of the service**

Portman Dental, Pembrokeshire Dental Care provides services to patients in the Newport area. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

The practice has a staff team which includes;

One dentist, a practice manager, two registered dental nurses, two trainee dental nurses, two hygienists (one of which is self-employed) and three reception staff.

The practice provides a range of 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.*

We found that Portman Dental was committed to providing a positive experience for their patients. The majority of the patients who completed the HIW questionnaire rated the service provided by the dental practice as excellent or very good. All patients also told us that they were treated with dignity and respect by staff at the dental practice.

The practice had a range of information to support patients in making effective choices.

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 30 were completed. 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 positive; the majority of patients that completed a questionnaire said that they would rate the service provided by the practice as either 'excellent' or 'very good'.

Patient comments included the following:

*"Very Efficient and friendly"*

*"Excellent service overall. Reception staff very approachable and professional"*

*"Excellent service always"*

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

*"Work on Saturdays or do a late evening"*

*"A return to NHS dentistry"*



*"Hygienist availability has been an issue. This has been annoying given that 'dental plan' is not cheap."*

## **Staying healthy**

### **Health promotion protection and improvement**

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

We saw a wide range of information available to patients within the waiting area, covering private treatments, as well as general information around oral health for both adults and children. This was a good example of the practice supporting patients to maintain their own oral health and hygiene. However, there was no information for patients covering smoking cessation.

#### **Improvement needed**

The registered provider must ensure smoking cessation information is available for patients.

## **Dignified care**

All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff told us that if there was a need to hold a private conversation with a patient, they would take them to either an empty surgery, or the office. We saw that the practice had a privacy, dignity and confidentiality policy in place.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We noted that the 9 Principles as set out by the General Dental Council (GDC)<sup>1</sup> was available to patients. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

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<sup>1</sup> <https://standards.gdc-uk.org/>

## Patient information

Where applicable, all but one of the 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. Patients told us they had received clear information about available treatment options.

Where applicable all but two of the patients also said that the cost of any treatment was always made clear to them before they received any treatment.

We found that the patient information leaflet was available to patients upon request, and gave comprehensive information about the practice. We saw posters displaying private treatment costs, as well as a number of leaflets about dental treatments and issues to help patients to make informed decisions about their oral health and treatment options.

## Communicating effectively

The majority of patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language. A small number of patients that usually prefer to speak in Welsh told us that they were only sometimes able to speak to staff in their preferred language.

We saw that information was available in both Welsh and English, with a vast majority of signage within the practice also being bi-lingual. There were two members of staff who were fluent in both Welsh and English. This availability enables staff at the practice to make the 'Active Offer'<sup>2</sup> to patients.

## Timely care

Almost half of patients that completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were not displayed at the entrance to the practice but were provided on the practice's answerphone message. Given the number of patients who told us they did not know how to access out of hours dental care,

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<sup>2</sup> An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

the practice should consider how they can improve patient awareness of this service.

The majority of patients that completed a questionnaire told us that it was “very easy” or “fairly easy” to get an appointment when they needed it.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay and allow them to reschedule should they need.

One dentist had recently left the practice and this has caused a delay in some patients accessing appointments. The practice manager assured us that there is an active recruitment drive to fill this vacancy

#### Improvement needed

The registered provider must ensure that information for patients on how to access emergency and out of hours appointments are clear and readily available on the outside of the practice.

### **Individual care**

#### **Planning care to promote independence**

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

During the inspection we noted that treatment options had been recorded on the records we reviewed. This provided reassurance that patients were supported to make choices about their treatment options.

#### **People’s rights**

The practice was accessible for wheelchair users as the surgeries and waiting area were located on the ground floor. There was a wheelchair accessible toilet off the spacious waiting area.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy and equal opportunities policy.

## Listening and learning from feedback

The practice is part of The Portman Group. Portman make contact with patients on a monthly basis as part of their corporate feedback audit. Changes made as a result of this feedback were communicated to patients via letters, and the practice is developing a 'you said, we did' poster for display in the waiting area.

We found there was a complaints policy in place that was compliant with the Private Dentistry Regulations. The complaints log was comprehensive and showed a contemporaneous account of proceedings.

## Delivery of safe and effective care

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

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

We found the environment including clinical areas were maintained to a very good standard.

We found that the clinical facilities were well equipped, and there were arrangements in place for safe and effective treatment of patients.

The registered provider must ensure that patient clinical records are maintained to the agreed professional standard.

## Safe care

### Managing risk and promoting health and safety

There were no concerns given by patients over the cleanliness of the dental practice; all patients that completed a HIW questionnaire felt that, in their opinion, the dental practice was “very clean”.

Overall we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. Staff had access to a 24 hour support network through Portman Dental, providing emotional support for both private and work related matters. The outside of the building appeared to be well maintained, with a large patient car park. Inside, the building was light, tidy and spacious. The waiting area was comfortable and well maintained.

We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety policy and emergency contingency policy. Policies and risk assessments were readily available to all staff online. There was an environmental risk assessment in place to help protect both staff and patients.

We saw that new policies were discussed at team meetings and then signed and agreed to by staff. This meant that staff are kept up to date with policies and procedures in place to help support them in their roles.

We saw fire extinguishers were available at various locations around the building, and we noted that servicing had been carried out within the last twelve months to help ensure they remained safe to use. The practice had a fire safety risk assessment in place as well as a fire policy. There were also appropriately trained members of staff within the practice.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. Clinical waste was stored appropriately.

Under the Control of Substances Hazardous to Health Regulations 2002<sup>3</sup>, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) protocol and a mercury handling policy.

### **Infection prevention and control**

The cleaning and sterilisation (decontamination) of dental instruments was undertaken in a specialist decontamination room. We saw evidence that the protocol for checking the sterilisation equipment was available and up to date, and there was an infection control policy and a sharps safety policy for staff, meaning both staff and patients were being sufficiently protected from needle stick injuries and infection.

There were daily sterilisation checks in place and the autoclave<sup>4</sup> had comprehensive records of testing. The service and maintenance checks for the autoclave were up to date.

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<sup>3</sup> [http://www.hse.gov.uk/foi/internalops/ocs/200-299/273\\_20/](http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/)

<sup>4</sup> Autoclaves are used in medical applications to perform sterilization of equipment.

The surgeries were visibly clean and tidy and the practice had a daily cleaning schedule for staff to follow to ensure all were kept in line with the Welsh Health Technical Memorandum (WHTM) 01-05<sup>5</sup>.

Staff had access to, and used personal protective equipment (PPE) when undertaking decontamination activities, and there was a dedicated lead nurse for decontamination within the practice.

We saw evidence that all staff had up to date infection control training. We also saw evidence that the practice had carried out regular infection control audits in accordance with WHTM 01-05.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all members of clinical staff.

### Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation and medical emergency procedure. All staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

The practice had appointed first aiders, ensuring staff and patients had appropriate access to first aid care in the event of an accident or injury.

The practice had appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>6</sup>. These were held in an area off reception with very clear signage identifying the individual items of equipment. The practice's first aid kit was complete and in date. The practice had comprehensive policies and procedures in place which

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<sup>5</sup> [www.wales.nhs.uk/sites3/documents/254/WHTM 01-05 Revision 1.pdf](http://www.wales.nhs.uk/sites3/documents/254/WHTM_01-05_Revision_1.pdf)

<sup>6</sup> 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 might want to ad

had been agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines.

### **Safeguarding children and adults at risk**

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

All staff had received appropriate training in safeguarding of both children and vulnerable adults. The safeguarding leads for the practice had attended a higher level of safeguarding training to ensure they have the appropriate skills and understanding of safeguarding issues to act as a lead.

### **Medical devices, equipment and diagnostic systems**

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

The radiological equipment (X-ray) was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines within the surgeries were regularly serviced. At the time of our inspection the practice could not provide an appropriate service certificate for the OPG (orthopantomogram) machine. This was provided after the inspection. The radiation protection file was maintained and comprehensive, containing all the essential information. We noted that the local rules<sup>7</sup> were displayed in the surgeries.

In accordance with the requirements of the General Dental Council<sup>8</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>9</sup> all clinical staff had completed the required training.

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<sup>7</sup> Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/474136/Laser\\_guidance\\_Oct\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

<sup>8</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>9</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)



There was evidence of regular radiography audits to ensure appropriate and safe use of radiography equipment.

We noted that the OPG exposure switch was hanging on the fire extinguisher outside the OPG room door. This needs to be addressed and an appropriate hook installed.

#### Improvement needed

The registered provider must ensure that all documentation relating to the safe installation of equipment used at the practice is in order and available for inspection.

The registered provider must ensure that the exposure switch for the OPG machine has its own appropriate hook when not in use.

### Effective care

#### Safe and clinically effective care

We saw evidence that the practice had undertaken a number of clinical audits to help support the provision of a safe and effective service.

The practice had arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

We found NICE guidelines<sup>10</sup>, were not given due considerations and followed where appropriate in relation to six monthly recalls of patients.

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1. <sup>10</sup> <https://www.nice.org.uk/.../oral-and-dental-health>

### Improvement needed

The registered provider must ensure NICE guidelines are followed where appropriate and evidenced in clinical notes.

### Quality improvement, research and innovation

The practice has recently appointed a new practice manager. We were told that the practice manager is in the process of auditing all processes within the practice. This is being carried out in line with Portman Dental corporate policies and procedures and in line with the Private Dentistry (Wales) Regulations 2017<sup>11</sup>.

### Information governance and communications technology

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. The practice also had a records management policy. Electronic records were regularly backed up to protect patient information and prevent loss.

### Record keeping

We reviewed a sample of patient records. We found that generally the records were of a good standard, however we found in a number of cases there were omissions in recording, namely in the following areas:

- Evidence in relation to smoking cessation
- Evidence of cancer screening
- Evidence of fluoride application
- Justification for low frequency bite wing radiographs, some were found to be over two years

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<sup>11</sup> <http://www.legislation.gov.uk/wsi/2017/202/contents/made>

- Recall information as per NICE guidelines.

#### Improvement needed

The registered provider must ensure that clinical notes are detailed and contain information relating to smoking cessation, cancer screening, bitewing radiographs and fluoride applications.

## 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 saw evidence of strong, supportive management and leadership in the practice.

The practice had a comprehensive range of relevant policies and procedures in place that were reviewed annually. This was supported by a strong corporate structure.

There were clear management procedures in place for the benefit of staff. These included annual appraisals and open staff meetings. There was also a 24 hour confidential support line for staff.

## Governance, leadership and accountability

Pembrokeshire dental care is part of the Portman Dental group of dental practices in England and Wales. The role of responsible individual<sup>12</sup> is held by a senior officer based in the Group head office.

The practice manager has recently applied to HIW to become the registered manager. Their responsibility is to provide day to day management with the support of a central corporate structure and a sister practice a short distance away. We found the practice to have very good leadership and staff understood their roles and responsibilities.

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<sup>12</sup> “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;

We found there was a wide range of policies and procedures in place to ensure the safety of both staff and patients. The Statement of Purpose and Patient Information Leaflet contained all the relevant information required by the regulations. These did however contain out of date information, pending confirmation of the new registration with HIW.

The registered manager confirmed that she was aware of her duties regarding notifications, including serious injury to patients and absence or changes to the registered manager that must be sent to HIW<sup>13</sup>.

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We saw the practice's public liability insurance certificate was displayed in the reception area.

#### Improvement needed

The registered provider must ensure that the information within the patient information leaflet and statement of purpose is kept up to date.

## Staff and resources

### Workforce

The practice had a number of human resources related policies and procedures in place including a recruitment policy. Staff also completed regular appraisals and all had personal development plans for the upcoming year. We also saw evidence that all staff had contracts of employment.

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<sup>13</sup> Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

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.

Ensuring safe recruitment of staff including undertaking checks appropriate to the work that staff are to undertake.

## 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, measurable, 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 summarizes 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:** Pembrokehire Dental Practice

**Date of inspection:** 28 January 2019

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 are no Immediate non compliance issues				

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:** Pembrokehire Dental Practice

**Date of inspection:** 28 January 2019

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
<b>Quality of the patient experience</b>				
The registered provider must ensure smoking cessation information is available for patients	1.1 Health promotion, protection and improvement; Insert appropriate part of PDR			
	4.1 Dignified Care; Insert appropriate part of PDR			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	4.2 Patient Information, <i>Insert appropriate part of PDR</i>			
	3.2 Communicating effectively; <i>Insert appropriate part of PDR</i>			
The registered provider must ensure that information for patients on how to access emergency and out of hours appointments are clear and readily available on the outside of the practice.	5.1 Timely access; <i>Insert appropriate part of PDR</i>			
	6.1 Planning Care to promote independence; <i>Insert appropriate part of PDR</i>			
	6.2 Peoples rights; <i>Insert</i>			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	appropriate part of PDR			
	6.3 Listening and Learning from feedback, Insert appropriate part of PDR			
<b>Delivery of safe and effective care</b>				
	2.1 Managing risk and promoting health and safety; Insert appropriate part of PDR			
	2.4 Infection Prevention and Control (IPC) and Decontamination, Insert appropriate part of PDR			
	2.6 Medicines Management;			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Insert appropriate part of PDR			
	2.7 Safeguarding children and adults at risk; Insert appropriate part of PDR			
<p>The registered provider must ensure that all documentation relating to the safe installation of equipment used at the practice is in order and available for inspection.</p> <p>The registered provider must ensure that the exposure switch for the OPG machine has its own appropriate hook when not in use.</p>	2.9 Medical devices, equipment and diagnostic systems; Insert appropriate part of PDR			
<p>The registered provider must ensure NICE guidelines are followed where appropriate and evidenced in clinical notes.</p> <p>The registered provider must ensure that the practice carries out appropriate checks relating to smoking cessation, cancer screening and fluoride applications.</p>	3.1 Safe and Clinically Effective care; Insert appropriate part of PDR			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	3.3 Quality Improvement, Research and Innovation; <b>Insert appropriate part of PDR</b>			
	3.4 Information Governance and Communications Technology; <b>Insert appropriate part of PDR</b>			
The registered provider must ensure that clinical notes are detailed and contain information relating to smoking cessation, cancer screening, bitewing radiographs and fluoride applications.	3.5 Record keeping; <b>Insert appropriate part of PDR</b>			
<b>Quality of management and leadership</b>				
The registered provider must ensure that the information within the patient information leaflet	Governance, Leadership and Accountability;			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
and statement of purpose are up to date.	Insert appropriate part of PDR			
	7.1 Workforce; Insert appropriate part of PDR			

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:**