

General Dental Practice Inspection (Announced)

Llanyrafon Dental Surgery,
Aneurin Bevan 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 Llanyrafon Dental Surgery at 4 Llan-Yr-Afon Square, Cwmbran, NP44 8HS, within Aneurin Bevan University Health Board on the 23 April 2019.

Our team, for the inspection comprised of two HIW inspectors including one lead and a dental peer reviewer.

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 Llanyrafon Dental Surgery provided a friendly and professional service to their patients.

We saw evidence of strong leadership and the practice had the required policies and procedures in place to support both patients and staff.

The surgeries were maintained to a high standard, as were the waiting areas and education area.

This is what we found the service did well:

- There was evidence of strong management and leadership from the registered manager and good relationships between the staff
- Patients provided positive feedback that they were happy with the service provided
- Appropriate arrangements were in place to ensure the surgeries were kept to a high standard.

This is what we recommend the service could improve:

- The practice must ensure the decontamination room is separated from the staff room
- The practice must ensure that patient records are kept to a high standard.

5. What we found

Background of the service

Llanyrafon Dental Surgery provides services to patients in the Cwmbran area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

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

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

Quality of patient experience

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

We found Llanyrafon Dental Surgery was committed to providing a positive experience for their patients. All patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent, or very good. 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 about good oral health and treatment options when necessary. There was a welcoming atmosphere, and we saw that staff making efforts to make patients feel relaxed and at ease from the moment they arrived.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 34 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 positive. All of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"A very friendly practice that makes you feel relaxed"

"Very friendly staff which makes a big difference at a dentist"

"Hygienist brilliant, really helpful"

Patients were asked in the questionnaires how the dental practice could improve the service it provides, comments provided by patients were positive and complementary. Some improvements suggested by patients included the following::

"Appointments to be on time, especially in the morning"

“Cut down on the amount of cancelled appointments and waiting times”

“Timing of appointments. Make paying by bank card available”

Staying healthy

Health promotion protection and improvement

All but one of the patients who 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 and NHS 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.

Dignified care

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

We observed staff talking to patients in a polite and courteous manner. Staff told us that if there was a need to hold a private conversation with a patient in person or on the telephone, they could use a spare surgery or the education area at the back of the practice. All dental surgeries had doors which could be closed to provide patients receiving treatment appropriate levels of privacy and dignity.

We noted that the 9 principles as set out by the General Dental Council (GDC)¹ were displayed in the staff area, and advised that this was moved to the waiting room so this was available to patients.

Patient information

¹ <https://standards.gdc-uk.org/> The GDC has set out 9 principles that apply to all registered dental professionals that outlines the standards, performance and ethics that patients can expect from a dental professional

Where applicable, all of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. Patients also said that they had received clear information about available treatment options. All but two patients said the cost was always made clear to them before they received any treatment.

Information detailing the costs of both NHS and private treatments was clear to patients throughout the practice.

The practice Patient Information Leaflet was made available to patients. The leaflet gave comprehensive information about the practice and included all the information required by the Private Dentistry Regulations (2017),

Outside the building we saw that the practice's opening hours and the emergency contact telephone number was displayed, along with the names of each dentist working at the practice.

Communicating effectively

All but two of the patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

Whilst written information was available, this was predominantly presented in English. Arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'².

Timely care

Details of how patients could access emergency dental care when the practice was closed was made available to patients outside the surgery, in the patient leaflet and on the practice's website. Just over a quarter of the patients who completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem. The practice may wish to consider promoting these services.

² 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>

All of the patients who completed a questionnaire felt 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 to.

Individual care

Planning care to promote independence

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

During the inspection we saw that treatment options had been recorded on all relevant patient records we reviewed. This provided assurance that patients were supported to make choices about their treatment options.

People's rights

The practice was accessible for wheelchair users as it was located on the ground floor. The patient toilet was not however wheelchair accessible.

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. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

Listening and learning from feedback

We found there was a complaints policy in place that was compliant with NHS Putting Things Right³ and the Private Dentistry Regulations. The complaints book showed a contemporaneous account of proceedings, including outcomes and lessons learned.

³http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf

The practice undertakes quarterly patient surveys to allow patients to provide regular feedback to the practice. Results of the surveys from patients were discussed internally during team meetings as appropriate. We advised that the practice should feedback outcomes of the surveys to patients.

Delivery of safe and effective care

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

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

We saw that the clinical facilities were well equipped, and there were arrangements in place for the safe treatment of patients. We also saw that the practice was well maintained to a high standard and the surgeries were well looked after.

Medical records need to be improved and updated to include more detail of the care provided to patients.

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 who completed a 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. The outside of the building appeared to be well maintained. Inside, the building was light, tidy and spacious.

We saw that there were a number of comprehensive policies in place relating to the fitness of the premises, including a health and safety policy and risk management policy. Policies and risk assessments were readily available to all staff and noted at team meetings. There was a sufficient environmental risk assessment in place to help protect both staff and patients.

We saw fire extinguishers were available at various locations around the building, and we found that servicing had been carried out within the last twelve months. The practice had a fire safety risk assessment in place as well as a fire policy. All staff had also received appropriate fire training.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-clinical waste. Clinical waste was stored in an area accessed through the decontamination room, and we advised that waste should be stored in an area that does not require contractors to gain access to the decontamination room.

Under the Control of Substances Hazardous to Health Regulations 2002⁴, 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.

Improvement needed

The practice must ensure that waste is stored appropriately so waste is not carried through the decontamination room.

Infection prevention and control

The practice had a process for the cleaning and sterilisation (decontamination) of dental instruments within a decontamination room as is recommended in the Welsh Health Technical Memorandum (WHTM) 01-05⁵. However, we found that the room, which was attached to the staff room, did not have a door separating the two rooms and as such left the decontamination area open to cross contamination. The practice must ensure that the decontamination area is either appropriately separated from the staff area or demonstrate that the risk of cross infection has been eliminated

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. Staff also had access to, and

⁴ http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/

⁵ www.wales.nhs.uk/sites3/documents/254/WHTM_01-05_Revision_1.pdf

used personal protective equipment (PPE) when undertaking decontamination activities.

The surgeries were visibly clean and tidy, and included all of the appropriate materials and equipment for ensuring infection prevention and control.

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.

Improvement needed

The practice must ensure that the decontamination area is either appropriately separated from the staff area or demonstrate that the risk of cross infection has been eliminated

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.

The practice had two 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 emergency drugs and emergency resuscitation equipment, however, we found that there were no needles or syringes to administer adrenaline within the emergency kit. The practice must ensure that the emergency kit contains all of the medicines and equipment required to treat

staff and patients in the event of a medical emergency as defined by the resuscitation council guidance⁶.

The practice's first aid kit was complete and in date. The practice had policies and procedures in place which had been agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines. We noted that the practice had a comprehensive process for stock checks of emergency equipment used.

We were told that all drug-related adverse incidents are recorded via the Medicines and Healthcare products Regulatory Authority (MHRA) Yellow Card⁷ scheme and saw the appropriate policy supporting this activity.

Improvement needed

The practice must ensure that the emergency kit contains all of the medicines and equipment required to treat staff and patients in the event of a medical emergency as defined by the resuscitation council guidance.

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.

At the time of the inspection, all staff had appropriate safeguarding training for child protection and protection of vulnerable adults. A safeguarding lead was

⁶ 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

⁷ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

also in place. We advised that the safeguarding lead for the practice consider attending 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 were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We saw that the local rules⁸ were displayed in the surgeries.

In accordance with the requirements of the General Dental Council⁹ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017¹⁰ all clinical staff had completed the required training.

Effective care

Safe and clinically effective care

The practice had appropriate 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 evidence throughout the course of the day that professional, regulatory and statutory guidance, such as National Institute for Care and

⁸ 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

⁹ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

¹⁰ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Excellence (NICE) guidelines¹¹, were given due consideration and followed where appropriate.

Quality improvement, research and innovation

We saw evidence that the practice had a limited number of clinical audits in place to help demonstrate keeping up to date with professional standards. We advised that in order to promote continuous improvement, a broad range of audits should be regularly undertaken.

We were told that the practice used the Welsh Deanery Maturity Matrix Dentistry practice development tool¹² as their quality improvement tool. These are team development tools that encourages the team to focus on best practice and legislative requirements, and also about how they work together.

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. As patient records were all paper, these were kept in locked cabinets adjacent to the surgeries. We saw during the day that these were kept secured at all times.

Record keeping

We reviewed a sample of patient records. We found that the records did not contain the detail that is required. We found there were significant omissions in a number of records, namely in the following areas:

- Missing six point periodontal charting¹³

1. ¹¹ <https://www.nice.org.uk/.../oral-and-dental-health>

¹² <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

¹³ Periodontal charting allows dental professionals to record gingival and overall oral conditions relating to oral and periodontal health or disease

- Limited detail in patient records
- Justifications for radiographs and treatment
- Copies of referrals for further treatment were not kept with patient notes
- Valid consent records were lacking in consistent recording; and
- Limited information kept regarding antibiotic prescriptions.

We noted that on numerous records, there were omissions in justification for missing radiographs. In line with the Ionising Radiation (Medical Exposure) Regulations 2017, radiographs must be taken in line with these regulations and if omitted then justification must be provided.

Improvement needed

The practice must ensure patient records are completed in keeping with professional standards for record keeping.

The practice must ensure that the dentists record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2017

Quality of management and leadership

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

We found evidence of good management and leadership in the practice.

The practice had a comprehensive range of relevant policies and procedures in place that were reviewed annually, and we saw evidence that they had been read by all staff.

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

Governance, leadership and accountability

Llanyrafon Dental Surgery is owned by the Registered Manager¹⁴ and principal dentist jointly. The Registered Manager also acted as the Responsible Individual¹⁵ and one of the principal dentists.

There were 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. We saw that new policies were discussed at team meetings and

¹⁴ “registered manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

¹⁵ “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;

then signed and agreed to by staff. This meant that staff were kept up to date with the policies and procedures in place to support them in their roles.

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, which must be sent to HIW¹⁶.

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.

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 had personal development plans for the upcoming year.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles to support their continual professional development.

We were told that the practice holds staff meetings regularly. These covered a broad range of topics in relation to the practice including results from patient feedback, new and upcoming policies and procedures, and other pieces of information which may impact staff. We saw minutes relating to these meetings and staff unable to attend were updated by the practice manager.

¹⁶ 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.

The Regulations for Private Dentistry require that at the time of registration, all staff working at the practice have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for all staff.

6. 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.

7. 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 |
|----------------------------------------------------------|-------------------------------------------------------|-------------------------------|------------------------------|
| No immediate concerns were identified on this inspection | | | |

Appendix B – Immediate improvement plan

Service: Llanyrafon Dental Surgery

Date of inspection: 23 April 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 |
|--------------------------------------------------------------------------|------------|----------------|---------------------|-----------|
| No immediate non-compliance issues were identified during the 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: Llanyrafon Dental Surgery

Date of inspection: 23 April 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 |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------|
| Delivery of safe and effective care | | | | |
| The practice must ensure that waste is stored appropriately. | 2.1 Managing risk and promoting health and safety; WHTM 01-05 | Clinical waste is now transported and transferred directly to the waste collector by clinical staff, eliminating the need for entry of waste disposal staff to decontamination area. | Julia Jones | Implemented |
| The practice must ensure the decontamination room is separated from the staff room | 2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05 | We are considering various door screen options. | Julia Jones | 6 months |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|
| <p>The practice must ensure that the emergency kit contains all of the medicines and equipment required to treat staff and patients in the event of a medical emergency as defined by the resuscitation council guidance.</p> | <p>Medicines Management; Private Dentistry Regulations</p> | <p>Needles for emergency administration of adrenaline are now kept with emergency drugs.</p> | <p>Julia Jones</p> | <p>Implemented</p> |
| <p>The practice must ensure patient records are completed in keeping with professional standards for record keeping.</p> <p>The practice must ensure that the dentists record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2017</p> | <p>3.5 Record keeping; Private Dentistry Regulations 20</p> | <p>Templates have been written and are being trialled to encourage more consistent record keeping.</p> <p>6 point periodontal charting is being recorded where appropriate.</p> <p>A procedure is already in place to ensure that all radiographs are justified and findings recorded, however the new templates will aid in recording the justification for not taking radiographs.</p> <p>A separate log is now kept of all antibiotic prescriptions issued in the practice.</p> <p>Records will be reviewed 6 monthly by both dentists and improvements made</p> | <p>Julia Jones</p> | <p>Initial changes implemented, reviewed 6 monthly.</p> |

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|--------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------|
| | | <p>where identified.</p> <p>Templates have been developed following advice given by FGDP in Clinical Examination and Record Keeping Good Practice Guidelines.</p> | | |

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 Julia Jones

Name (print): Julia Jones

Job role: Practice manager/dentist

Date: 26/06/2019