

General Dental Practice Inspection Report (Announced)

Newport Road Dental Clinic, Cardiff
and Vale University Health Board

Inspection date: 16 November 2022

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Newport Road Dental Clinic, Cardiff and Vale University Health Board on 16 November 2022.

Our team for the inspection comprised of a HIW Senior Healthcare Inspector and a dental peer reviewer.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Newport Road Dental Clinic was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

Oral hygiene information for both children and adults was available in the waiting areas.

The practice should reflect on the patient feedback and improve access to appointments for patients.

This is what we recommend the service can improve:

- A more structured process to be implemented to actively seek the views of patients such as issuing questionnaires or feedback forms.

This is what the service did well:

- Patients were treated in a caring and friendly manner that preserved their dignity.

Delivery of Safe and Effective Care

Overall summary:

Overall, the practice appeared well maintained and suitable to provide the services and treatments they were registered to deliver. All clinical areas were clean and free from any visible hazards.

There were satisfactory arrangements in place to ensure that X-ray equipment was used appropriately and safely.

We did identify some improvements needed to ensure patient records were being maintained in line with professional guidelines.

Immediate assurances:

- One staff member must undertake Basic Life Support training as soon as possible.
- The emergency resuscitation equipment needs to be replenished and a weekly checklist set up to ensure the equipment remains fully stocked, in good condition and still within their individual expiry dates.

This is what we recommend the service can improve:

- Surgery 2 must be decluttered, organised and restocked with appropriate and sufficient dental instruments before being used to treat patients.
- The kitchen should be deep cleaned and cleared of all unnecessary clutter and storage.
- Cleaning equipment and materials must be stored in a separate designated lockable cupboard.

This is what the service did well:

- Suitable arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

Quality of Management and Leadership

Overall summary:

We saw that the practice had a range of up-to-date policies and procedures in place to support staff.

At the time of the inspection the practice was short staffed, which meant there was a lack of processes in place to manage the oversight of the services provided. These processes must be put in place to ensure the practices continues to provide a service of good quality and one that is safe.

Immediate assurances:

- A range of clinical audits must be undertaken as soon as possible and a regular schedule of clinical audits must then be set up as part of a programme of ongoing clinical governance.

This is what the service did well:

- Clinical staff were registered to practice with the General Dental Council and had received the necessary training for their roles and responsibilities.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 13 completed questionnaires. Some of the patients did not answer all of the questions, but where applicable, questionnaire results appear throughout the report.

The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years. Almost all of the patients rated the service provided by the practice as either 'very good' or 'good'. Some of the comments provided by patients on the questionnaires included:

“As far as I'm concerned, the practice is very good.”

“The care and advice is satisfactory.”

Staying Healthy

Health Protection and Improvement

We saw that changes had been made to the environment in response to COVID-19. Posters were on display to remind patients to keep two metres apart and chairs in the waiting areas had been spaced out. We were told that COVID-19 screening forms are issued to patients before their appointment and anyone displaying symptoms are asked not to attend. Patients attending for an emergency appointment are required to complete a COVID-19 screening form on arrival.

Patient information on preventative care and good oral hygiene for both children and adults was available within the waiting area for patients to read and take away, including information on smoking cessation.

All patients who completed a questionnaire said that the dental team had talked to them about how to keep their mouth and teeth healthy. However, during our review of patient records we saw that oral health promotion information (e.g. smoking cessation advice) was not being provided to patients when required.

‘No Smoking’ signs were on display confirming that the practice adhered to the smoke free premises legislation.

Dignified care

Communicating effectively

The practice had arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff. We saw staff providing care to patients in a dignified and respectful manner and the door to the surgery was kept closed during treatments. All patients who completed a questionnaire indicated that the staff at the practice treated them with dignity and respect.

We were told that patients are able to bring family members or friends to act as interpreters to overcome any language barriers and help ensure patients understand all aspects of their care and treatment.

A good range of written information was available to patients in Welsh. However, some patients indicated in their questionnaires that their preferred language was Welsh, but that they could not speak Welsh during their appointment “as there was no Welsh speaker there”. The practice must consider how best to provide services in Welsh wherever possible.

We saw that the 9 Principles, as set out by the General Dental Council (GDC), were included in the patient information folder available in the waiting area. The principles apply to all members of the dental team and set out what patients should expect from a dental professional.

Patient information

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

A patient information folder was available to patients which contained all of the information required by the Private Dentistry (Wales) Regulations (PDR) 2017 regulations. This included information on the cost of dental treatments. Positively, all information contained within the folder was bilingual.

We saw that the practice had displayed both Welsh and English versions of the HIW registration certificates.

All patients who completed a questionnaire said the dental team help them to understand all available options when they need treatment, and that things are always explained to them during their appointment in a way they can understand.

However, we saw that treatment planning and treatment options were not always being recorded within the sample of patient records we viewed. This information must be documented to evidence patients have received sufficient information to enable them to make an informed decision about their treatment.

Timely care

Timely access

The majority of patients who completed a questionnaire felt it was 'easy' to get an appointment when they need one. However, patients were asked in the questionnaires how the setting could improve the service it provides. Some patients suggested:

“Stop cancelling appointments.”

“To provide an alternative appointment when cancelling an existing one.”

“Extra opening hours.”

The practice should reflect on this feedback and improve access to appointments for patients.

Staff told us that patients are informed about any delays to their appointment times on arrival, or as soon as possible following a delay.

We were told that patients requiring emergency treatment during working hours are invited to the practice the same day to be seen by the dentist wherever possible. Any patients that require emergency care out of hours are directed to the Cardiff and Vale University Health Board Dental Helpline. Information informing patients how they can access emergency treatment out of hours was displayed in the waiting area and on the main entrance. The majority of patients who completed a questionnaire confirmed that they know how to access the out of hours dental service if they had an urgent dental problem.

Individual care

Planning care to promote independence

All patients who completed a questionnaire confirmed that the clinical team enquired about their medical history before undertaking any treatment and confirmed that they were involved as much as they wanted to be in decisions about their treatment. We reviewed a sample of patient records and saw evidence to confirm that medical history checks were being documented at each appointment in the patient records as required by professional guidelines.

The treatments and services offered by the practice were in accordance with the statement of purpose.

People's rights

The practice had a range of policies in place to demonstrate their commitment to ensuring that everyone had access to the same opportunities and to the same fair treatment. These included an equality, diversity and inclusion policy, dignity and respect policy and a bullying and harassment policy.

All patients who answered the question in the questionnaires indicated that they had not faced discrimination when accessing or using the service.

All the facilities at the practice are based on the ground floor and accessible to all including people with mobility difficulties. However, we noted that the toilets were small and therefore not wheelchair accessible.

Listening and learning from feedback

Informal complaints were being recorded in a complaint book and we noted that the practice had not received many complaints recently.

The procedure for patients to raise a formal complaint or concern about their care was contained within the patient information folder. We noted that the procedure would enable staff to handle any such complaints effectively and in a timely manner that was consistent with both NHS Putting Things Right (PTR) guidance and the Private Dentistry (Wales) Regulations 2017. A poster containing information about the PTR process was also on display in the waiting area.

Patients are able to complete online reviews about their experience at the practice. We were told that these are checked regularly by staff to monitor the views of patients. However, patients that do not have access online must also be given the opportunity to provide feedback about their experiences. The practice must implement a more structured process to actively seek the views of patients such as issuing questionnaires or feedback forms.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

We found that suitable arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice. The building appeared to be well maintained internally and externally.

The practice had a range of policies and procedures, as well as various risk assessments in place, such as fire, environmental and health and safety. Fire extinguishers were available at various locations around the building and servicing had been carried out within the last twelve months to ensure they worked properly. Emergency exits were signposted and a Health and Safety poster was displayed.

The practice had an emergency continuity procedure as required by the regulations which detailed the contingencies in place to ensure the safe running of the practice in the case of an emergency or natural disaster.

We saw that milk was being inappropriately stored in the fridge used to store clinical materials. Milk must be stored in a separate domestic fridge.

The staff kitchen appeared to be cluttered and was not as clean as the rest of the practice. The kitchen should be deep cleaned and cleared of all unnecessary clutter and storage.

Infection prevention and control (IPC)

We saw that all patient areas of the practice were clean, tidy and free from obvious hazards. All patients who completed a questionnaire felt that the dental practice was very clean. All patients also agreed that COVID-19 compliant procedures were very evident at the practice.

We were told that staff are responsible for cleaning the practice. We recommended to the registered manager that cleaning schedules should be kept and maintained to document and support the cleaning routines. We also noted that cleaning equipment was being stored in the staff room. Cleaning equipment and materials must be stored in a separate designated lockable cupboard.

An up-to-date infection control policy was in place which outlined the measures in place to ensure a good standard of infection control at the practice. There was a daily maintenance programme in place for checking the sterilisation equipment. A

logbook was in place to record the autoclave start and end of the day safety checks.

The practice had a dedicated room for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. We noted that the room did not have a separate hand washing facility. Arrangements must be put in place to ensure staff are able to wash their hands separately at the completion of each stage in the decontamination process in line with the best practice guidelines.

We saw that a contract was in place with a waste management company for the safe disposal of hazardous (clinical) waste. However, we noted that collection and disposal of gypsum was not a part of the contract. We also noted that a contract was not in place with the local council for the removal of non-hazardous household waste.

We were told that routine audits of infection control were not being undertaken. Our concerns regarding this were dealt with under our non-compliance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Further details of the immediate improvements we identified and the remedial actions taken are provided in [Appendix B](#).

We noted from training records that all staff had received up-to-date infection control training.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. Emergency drugs and resuscitation equipment were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice.

A checklist was in place to check for and replace expired emergency drugs. However, a similar checklist was not in place to ensure the emergency equipment was fully stocked, still in good condition and still within their individual expiry dates. As a consequence, we saw that some items of emergency equipment were out of date, and that some items were missing from the recommended list of equipment set out by the Resuscitation Council (UK). Furthermore, we could not be assured on the day of the inspection that all staff had completed cardiopulmonary resuscitation (CPR) training within the last 12 months. Our concerns regarding this were also dealt with under our non-compliance process. Further details of the immediate improvements we identified and the remedial actions taken are provided in [Appendix B](#).

We were told that no medicines were routinely dispensed on site. We saw prescription pads were being stored securely if needed.

We found some clinical items being stored in the fridge were out of date. The practice must ensure such items are checked regularly to ensure they remain in date and effective and safe to use.

Safeguarding children and safeguarding adults at risk

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies were up-to-date and contained the contact details for the local safeguarding team. The registered manager was the safeguarding lead and we saw that all staff had received children and adult safeguarding training within the last three years.

Medical devices, equipment and diagnostic systems

We were told that Surgery 1 was the main surgery used by patients. We found Surgery 1 to be well organised, clean and tidy and it contained sufficient dental instruments that were in a good condition.

The registered manager confirmed that on rare occasions, patients are also treated in Surgery 2. However, we saw that Surgery 2 was cluttered, the drawers needed cleaning and organising, and there were not enough dental instruments available. We informed the registered manager that Surgery 2 should not be used to treat patients until all these issues had been resolved.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment. We saw evidence of up-to-date ionising radiation training for all clinical staff.

Effective care

Safe and clinically effective care

We saw that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and patient information folder and was compliant with the Private Dentistry (Wales) Regulations (2017).

We saw evidence that staff would obtain and follow professional guidance and advice when necessary and would use this to update practice policies.

Quality improvement, research and innovation

We saw that the registered manager had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

During the inspection we requested evidence of the processes in place to assess and monitor the quality of the clinical services provided to patients by the practice. We were informed that no clinical audits had been recently undertaken.

While some clinical audits can be seen as desirable, such as antimicrobial prescribing and integrating smoking cessation, other clinical audits such as infection prevention and control (complying with Welsh Health Technical Memorandum (WHTM) 01-05) and X-rays (complying with Ionising Radiation Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017) are essential to review current practice and ensure it meets best practice standards and legislation requirements. Our concerns regarding this were also dealt with under our non-compliance process. Further details of the immediate improvements we identified and the remedial actions taken are provided in [Appendix B](#).

Information governance and communications technology

The practice had a data protection and records management policy in place that set out procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulations (GDPR).

Patient records were stored electronically and unauthorised access was protected via password. We saw that old paper patient records were being kept in line with relevant retention guidelines and securely stored to prevent unauthorised access.

Record keeping

A sample of seven patient records were reviewed. We found that some areas of the patient records were being maintained in line with professional guidelines. However, we did identify the following areas of improvement needed to fully promote the wellbeing and safety of patients:

- Written treatment plans to be provided to patients and a copy kept in the patient's record
- Oral cancer risk assessments must be recorded at all times
- The justification and grading of X-rays must be recorded at all times
- Appropriate radiographs must be taken as clinically required and the clinical findings of radiographs must be recorded at all times.

Quality of Management and Leadership

Governance, Leadership and Accountability

We found the registered manager was committed to providing the best care for patients. However, at the time of the inspection the practice only had two full time employees, the registered manager (the principal dentist) and a receptionist. The lack of additional staff meant it was challenging for the registered manager to employ effective governance across the practice. This was evident from the lack of processes in place to assess and monitor the quality of the clinical services. The registered manager outlined the plans in place to recruit additional staff and it is imperative that any new permanent staff are able to take responsibility for some of the business requirements that are necessary to keep providing a service of good quality and one that is safe.

We saw that a range of up-to-date policies were in place to support staff to meet the individual needs of patients and ensure their welfare.

The registered manager was registered with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had a current public liability insurance certificate available.

Workforce

The registered manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks.

We saw that there was an induction programme in place for new permanent staff, which covered training and relevant policies and procedures as well as clinical competencies. Due to the current reliance on agency dental nurses, we suggested to the registered manager that an induction checklist for new agency staff could be introduced and signed by the agency nurse after completion to evidence their understanding of their responsibilities during their time at the practice.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

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: Newport Road Dental Clinic

Date of inspection: 16 November 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Arrangements must be made to ensure all staff have up to date training, skills and knowledge of Basic Life Support as soon as possible.	31(3a)	This was actioned on the day of the inspection for the only current member of staff Javkhan Townsend and has been submitted. Shahrzad Yeganeh also managed to obtain her certificate which was lost in the system from Max courses a copy of which has also been submitted. CPR was carried out on 7/6/22 in the practice	Shahrzad Yeganeh	Complete
A range of clinical audits must be undertaken as soon as possible. A regular schedule of clinical audits must then be set up as part of a	16(1a), 16(1b) and 16(2dii)	2 Clinical audits (MPWIP) and Design to Smile which had started in Feb-22 & Mar-22 with ex-staff, have now been resumed following a conversation with Martine Cuddihy on 24th November to	Shahrzad Yeganeh	Ongoing

programme of ongoing clinical governance.		ascertain where we had managed to get up to. A new hygienist and dental nurse have recently been recruited and our intentions are that the clinical audits will be undertaken as part of their on-going duties managed and performed by all clinical staff at the practice		
Evidence must be provided to HIW that the missing items have been ordered and that the items with no expiry dates, or exceeded expiry dates have been replaced. A weekly checklist must then be set up to ensure the emergency equipment remains fully stocked, in good condition and still within their individual expiry dates.	13(2a) and 31(3b)	All products relating to the expired resuscitation equipment was ordered on the day of inspection and received / logged the following day. A copy of the updated emergency drugs and resuscitation is tabulated and being checked on a daily basis by the leading clinician	Shahrzad Yeganeh	25th November completed and ongoing daily

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): Shahrzad Yeganeh
Job role: Registered Manager
Date: 29 November 2022

Appendix C - Improvement plan

Service: Newport Road Dental Clinic

Date of inspection: 16 November 2022

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
Oral health promotion information must be provided to patients when required.	Health Protection and Improvement	Oral Health leaflets are available within the reception areas and can be taken by patients or provided to them on request / where we feel they need them.	Shahrzad Yeganeh	Complete
Treatment planning and treatment options for patients must always be recorded in patient records.	Patient information Record keeping	Historically Treatment Plans were discussed and consented on the day of examination and emailed to patients. Since 10 th January 2023 Exact (SOE) have added the option of 'Treatment Plan' to our CLIN iPad. The patient now reads this on the day of their appointment (Examination), and signs which goes directly onto their patient records on the SOE system. A copy of which is printed	Shahrzad Yeganeh	10 th January 2023 - Ongoing

		and signed for the patient to take away with them.		
The practice should reflect on the patient feedback and improve access to appointments for patients.	Timely access	Patient feedback is important to us and we welcome feedback (as outlined in our practice 'Statement of Purpose' - We have recently completed a number of patient surveys on behalf of HIW all of which were positive from a patient experience perspective, any comments relating to appointment booking we will continue to monitor and review. Additionally, to this we send out patient reminders relating to appointments in advance of the day, should a patient be unable to attend we will do our utmost to accommodate any changes they require to ensure the patient is seen in a timely manner, on a date wherever possible we are able to accommodate.	Shahrzad Yeganeh	Complete & Ongoing
The practice must implement a more structured process to actively seek the views of patients such as issuing questionnaires or feedback forms.	Listening and learning from feedback	As mentioned above we undertook an exercise in Dec-22 to request patients complete a satisfaction survey on behalf of HIW. Since this we have implemented a Patient Satisfaction Survey which is a part of the patients 'Journey'.	Shahrzad Yeganeh	January-23 & Ongoing for outputs / improvements

		<p>A process is now in place where patients are asked to complete (anonymously), a survey, these are then put into an out-tray in the patient waiting area, they are then reviewed on the first and Third Monday of each month.</p> <p>The surveys are then logged and actioned accordingly.</p>		
Milk must not be stored in the same fridge as clinical materials.	Managing risk and promoting health and safety	Milk is no longer stored in the same fridge as clinical materials. All Clinical materials are now stored in a separate fridge and no longer in the kitchen.	Shahrzad Yeganeh	December-22
The kitchen should be deep cleaned and cleared of all unnecessary clutter and storage.	Managing risk and promoting health and safety	<p>We have employed a cleaner, to come in each Friday, of which one of her duties is to ensure the staff Kitchen is cleaned and kept free of 'clutter'.</p> <p>Worth noting however, is that much of the 'clutter' is PPE equipment which we have spoken to a local nursing home who have welcomed the use of the extra PPE, additionally we have notified the LHB no further PPE is required at the practice at this current time.</p>	Shahrzad Yeganeh	January-23

Cleaning equipment and materials must be stored in a separate designated lockable cupboard.	Infection prevention and control (IPC)	All hazardous cleaning products (COSSH) are now stored in a locked cupboard located in the Decon room.	Shahrzad Yeganeh	December-22
The collection and disposal of gypsum must be added to the existing waste contract.	Infection prevention and control (IPC)	We have separate Gypsum containers which form part of our clinical waste collection now in place (put in place on the day of the HIW inspection) - This is with Initial.	Shahrzad Yeganeh	November-22
A contract must be set up with the local council for the removal of non-hazardous household) waste.	Infection prevention and control (IPC)	The local council contract is in place to collect all our non-clinical (General) waste on a bi-weekly basis (put in place immediately following the HIW inspection). This is in place with Waste Management United.	Shahrzad Yeganeh	November-22
Clinical items being stored in the fridge must be checked regularly to ensure they remain in date and effective and safe to use.	Medicines management	The Lead Nurse within the practice has been assigned the task of checking on a monthly basis all clinical items and is aware to notify SY of any items which are due to go out of date or that we need to order.	Shahrzad Yeganeh	January-23
Surgery 2 must be decluttered, organised and restocked with appropriate	Medical devices, equipment and	This surgery has been decluttered and will be re-stocked with the appropriate and	Shahrzad Yeganeh	January-23

and sufficient dental instruments before being used to treat patients.	diagnostic systems	sufficient dental instruments before it is used as a working surgery.		
Written treatment plans must be provided to patients and a copy kept in the patient's record.	Record keeping	As per above - Patient information. (Point 2)	Shahrzad Yeganeh	10 th January-23
Oral cancer risk assessments must be recorded in patient records at all times.	Record keeping	This is part of the Clinical examination template (within SOE - Risk Assessment) and is being completed at all examinations by our Dentist / Hygienist / Therapist.	Shahrzad Yeganeh	November & Ongoing
The justification and grading of X-rays must be recorded in patient records at all times	Record keeping	All justifications for the taking and recording of x-rays are written within the clinical notes on the patient records (SOE).	Shahrzad Yeganeh	November & Ongoing
Appropriate radiographs must be taken as clinically required and the clinical findings of radiographs must be recorded in patient records at all times.	Record keeping	Ahead of any procedures undertaken and where an x-ray is necessary to proceed with a proposed treatment (forming part of a patients Treatment Plan) we ensure that a full picture (X-ray) is taken, this is uploaded to the patient files and clearly shows the area/s to be treated.	Shahrzad Yeganeh	November & Ongoing

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): Shahrzad Yeganeh

Job role: Registered Manager

Date: 12 January 2023