

**General Dental Practice
Inspection (Announced)**
Abertawe Bro Morgannwg
University Health Board,
**Llangyfelach Road Dental
Practice**

29 September 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Llangyfelach Road Dental Practice at 956 Llangyfelach Road, Trideunaw, Swansea, SA5 7HR on 29 September 2015.

HIW explored how Llangyfelach Road Dental Practice met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient Experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and Leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 5 of this report.

2. Context

Llangyfelach Road Dental Practice provides services to patients in the Trideunaw area of Swansea. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

Llangyfelach Road Dental Practice is a mixed practice providing both private and NHS dental services. A range of general dental services are provided.

The practice staff team includes four dentists (including the practice owners), three nurses and two receptionists.

3. Summary

Feedback from patients indicated Llangyfelach Road Dental Practice treats patients with dignity and respect. All patients who returned completed questionnaires made positive comments regarding their experience of the practice. We identified improvement was needed around the information available to those patients who may receive private dental treatment. We have formally requested the practice owners address this.

Overall, the practice had arrangements in place to maintain people's safety and wellbeing. However, we identified improvement was needed around some of the standards associated with safe and effective care.

A suitable inspection certificate was not available for one of the autoclave machines and we sought immediate written assurance from the practice owners regarding this. The practice owners provided a written improvement plan to HIW that confirmed suitable action had been taken to address the improvement needed.

We also identified that improvement was needed in respect of the clinical facilities and the system for checking emergency equipment. We considered a random sample of patients' records and found these did not meet clinical standards guidance. We have formally asked the practice owners to address this.

The practice owners had overall responsibility for the management of the practice. We were told many of the staff had worked at the practice for a long time. Staff told us they felt supported and had access to relevant training. We have identified some improvement is required around staff appraisals and the availability of documents required by the regulations for private dentistry. We have formally asked the dentists working at the practice to address this.

4. Findings

Quality of the Patient Experience

Feedback from patients indicated Llangyfelach Road Dental Practice treats patients with dignity and respect. All patients who returned completed questionnaires made positive comments regarding their experience of the practice. We identified improvement was needed around the information available to those patients who may receive private dental treatment. We have formally requested the practice owners address this.

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 six completed questionnaires were returned. Patient comments included:

‘Very happy with the service and professionalism of all staff.’

‘Always been satisfied with treatment.’

‘...my current dentist...is very helpful...’

Dignified care

We found that people were treated with dignity and respect by the practice team. We came to this conclusion because we observed staff being kind to patients and because patients who provided comments told us they had been made to feel welcome by the practice staff.

At the time of the inspection there was no separate reception area. Rather receptionists would be based and perform their duties within the surgeries. The practice owners agreed this arrangement was not ideal and could pose challenges in respect of maintaining confidentiality when having to use the telephone and filing patient records. In addition the presence of additional (non clinical) equipment, such as filing cabinets and desks, could pose difficulties for the effective cleaning of the surgeries. The practice owners should make adjustments to working practice as far as possible and within the constraints of the existing environment to address the above matters identified.

Improvement needed

The practice owners should make suitable arrangements to ensure the reception arrangements at the practice do not compromise patient confidentiality or the effective cleaning of surgeries.

We were told the practice provided predominantly NHS dental services. Details of the NHS pricing bands for treatment were displayed along with information on patient eligibility for free treatment. This meant patients were provided with information on how much they may have to pay for their NHS dental treatment. As private treatment was also offered, the practice owners must make arrangements to also display a price list relating to any private dental treatment offered. This is recommended by the standards¹ set out by the General Dental Council (GDC).

Improvement needed

The practice owners must make suitable arrangements to display a price list setting out costs associated with private dental treatment provided at the practice.

Timely care

Comments from patients indicated they had not experienced any significant delay in being seen by the dentist on the day of their appointment. Staff described the process for keeping patients informed should their dentist be running late or absent.

An emergency contact number was displayed near the entrance of the practice so that patients could access emergency dental services when the practice was closed. This was also included in the practice information leaflet. The majority of patients told us they knew how to access out of hours dental services.

Staying Healthy

Some health promotion material was available to help support people to take care of their own oral hygiene needs. All patients who returned completed questionnaires told us they had been provided with enough information about their dental care and treatment.

¹ [The GDC Standards for the Dental Team](http://www.gdc-uk.org/Dentalprofessionals/Standards/Pages/home.aspx) sets out the standards of conduct, performance and ethics that govern dental professionals.

<http://www.gdc-uk.org/Dentalprofessionals/Standards/Pages/home.aspx>

Individual Care

The practice recognised its responsibilities under equality and human rights legislation. Arrangements were in place for patients with mobility problems and those who use wheelchairs to access the practice building. Ground floor surgeries were available should patients be unable to manage the stairs.

We identified improvement could be made around the practice's system to obtain and demonstrate learning from feedback from patients on their experiences. A poster was displayed inviting patients to provide their comments and suggestions on the service provided at the practice. This was an ad hoc arrangement. Therefore the practice owners should consider implementing a more formal system to regularly obtain and record patient feedback and any action taken as a result of the feedback provided.

The practice had a written procedure for dealing with patients' concerns (complaints) about their care and treatment. The written procedure met the current arrangements for raising concerns about NHS care and treatment (known as *Putting Things Right*). A poster was displayed and leaflets were available setting out this procedure, however some of the leaflets were out of date. In addition supplementary written guidance for staff referred to the previous procedure and so was also out of date. We informed the practice owners of this who agreed to remove these. Whilst the practice had a written procedure, it did not meet the requirements of the regulations for private dentistry. This is required where dentists offer private dental treatment.

Improvement needed

The practice's complaints procedure for dealing with concerns (complaints) must meet the requirements set out within the Private Dentistry (Wales) Regulations. Details of the procedure must be displayed so that patients do not have to ask for this information.

A record had been maintained of concerns (complaints) received at the practice. However, this did not demonstrate that an attempt had been made to identify common themes with a view to making service improvements. Therefore the practice owners should consider implementing a suitable system to identify themes and to demonstrate learning and improvement action taken as a result of concerns (complaints) received.

Delivery of Safe and Effective Care

Overall, the practice had arrangements in place to maintain people's safety and wellbeing. However, we identified improvement was needed around some aspects of the standards associated with safe and effective care.

A suitable inspection certificate was not available for one of the autoclave machines and we sought immediate written assurance from the practice owners regarding this. The practice owners provided a written improvement plan to HIW that confirmed suitable action had been taken to address the improvement needed.

We also identified that improvement was needed in respect of the clinical facilities and the system for checking emergency equipment. We considered a random sample of patients' records and found these did not meet clinical standards guidance. We have formally asked the practice owners to address this.

Safe Care

Overall, arrangements were in place to maintain people's safety and wellbeing. The practice building appeared well maintained both internally and externally and measures were in place to keep the building secure against unauthorised access.

Contract documentation was in place for the safe transfer and disposal of hazardous waste produced by the practice. We saw waste was being stored securely whilst waiting to be collected by the contractor. Domestic waste was collected under arrangements with the local council and the practice owners should check whether these arrangements are in accordance with those for business premises.

The practice had an amalgam separator installed so amalgam (mercury) particles from fillings could be removed from waste water and disposed of safely. However, this relied on staff removing the dental spittoon receptacles from the surgeries and transporting them to a separate area to dispose of the contents. The practice owners should carry out a suitable risk assessment of this arrangement to identify hazards and implement all appropriate measures to reduce the risk of any potential harm to staff.

Improvement needed

The practice owners should conduct a suitable risk assessment of the procedure for emptying spittoon receptacles within the practice and must implement control measures to reduce the risk (as far as possible) of any potential harm to staff associated with this procedure.

Fire fighting equipment was strategically placed around the practice and maintenance labels indicated this had been serviced within the last 12 months.

Overall, measures were in place to protect people from preventable healthcare associated infections. Examples included the following:

- personal protective equipment (PPE) such as disposable gloves and aprons was readily available
- hand washing and drying facilities were provided in surgeries, the decontamination room and toilet facilities
- suitable arrangements were in place for the safe transportation, effective cleaning and sterilisation (decontamination) and safe storage of dental instruments as set out with Welsh Health Technical Memorandum 01-05 (revision 1)

However, we found that one of the autoclaves did not have an up to date inspection certificate, We informed the practice owners of our findings who confirmed that a maintenance contract was in place and that the machine was tested daily to ensure the sterilisation cycle of the autoclave was effective. However, as a suitable inspection certificate was not available, we sought immediate assurance from the practice on the action taken to ensure the autoclave was inspected and to maintain safe working practise pending and following the examination. Whilst we saw records had been maintained that demonstrated the sterilisation cycle of the autoclaves had been validated by the user on a daily basis, there were no records to demonstrate that other checks set out within WHTM 01-05 had been conducted. Therefore we also sought immediate assurance from the practice owners in respect of this.

Immediate improvement needed

The practice owners must make suitable arrangements to ensure the identified autoclave equipment receives a safety examination by a competent person and that the examination certificate is available for inspection by HIW. Appropriate action must be taken as necessary to maintain safe working practise pending and following the examination.

The practice owners must make suitable arrangements to ensure written records are maintained in respect of the testing on the autoclave. The tests to be performed and the records to be maintained are set out within Welsh Health Technical Memorandum 01-05 (Revision 1).

The practice owners provided a written improvement plan dated 4 October 2015 that confirmed suitable action had been taken. Details of this can be found in Appendix A.

We looked at all the surgeries within the practice. These were visibly clean and generally tidy. However the practice owners accepted that these areas would benefit from being upgraded to facilitate thorough and effective cleaning. We saw that the join between the walls and floor needed to be effectively sealed to prevent water ingress and debris accumulating.

Improvement needed

The practice owners must ensure there is an effective seal between the walls and floor to prevent water, dust and debris from accumulating in crevices between the walls and floor of surgeries.

Non-clinical equipment such as filing cabinets and desks were in the surgeries and decontamination room, which may pose difficulties for the effective cleaning of these areas. We have formally asked the practice owners to address this issue in respect of the surgeries. Similarly the arrangements within the decontamination room should also be addressed.

We found that the practice had arrangements in place for patients to receive the right medication and treatment in the event of an emergency. We found that resuscitation equipment and emergency drugs were readily available. Whilst a system was described to identify and replace expired drugs, there were no records to demonstrate that emergency equipment was being regularly checked to ensure it remained suitable to use in an emergency. We found that some needles and syringes had passed their expiry date. We informed the practice owners of this so that these could be replaced. Given our findings, we have recommended to the practice owners that the existing checking systems be revisited and that they take account of guidelines set out by the Resuscitation Council (UK)².

² The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

Improvement needed

The practice owners should make arrangements to ensure it can demonstrate that checks have been conducted on emergency equipment at the practice to ensure it is suitable to use. Arrangements should take into account guidelines set out by the Resuscitation Council (UK).

Staff had access to a series of flowcharts describing the action to take should a patient emergency be identified. These were stored in clear plastic bags, together with the drugs to be used to facilitate easier access in an emergency.

Staff we spoke to were able to describe their particular roles in the event of a patient emergency. We saw training records that indicated the majority of staff had attended such training in the last 12 months; however we found that two members of staff had attended training outside of this period and therefore the training certificate had expired. We recommended to the practice owner that the staff members seek advice from the training provider on any additional action needed in this regard prior to attending update training. The practice owner agreed to take action to address this.

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or at risk. Training records we saw indicated that staff had completed training around safeguarding issues. Staff we spoke to confirmed they felt comfortable raising any work related concerns they may have with senior practice staff.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available in the practice's Radiation Protection File. However, we recommended that the information in the file be dated to demonstrate it was being kept under review. The training certificates we saw indicated clinical staff were up to date with their ionising radiation training and meeting guidance set out by the General Dental Council. Whilst the certificate for one staff member was not available on the day of our inspection, this was forwarded to HIW within 24 hours of our inspection. The practice had a designated room to develop X-rays taken. The practice owners accepted that this room needed upgrading.

Effective Care

The practice had completed an audit of decontamination procedures in March 2015. This audit allows dental teams to self assess their practice against the policy and guidance set out within it. The practice had developed an action plan in response to the audit.

We did identify areas for improvement in relation to effective care. This was around record keeping practise.

We considered a random sample of nine patient dental records and found these had not always been maintained in accordance with clinical standards guidance. The patient's social history (including alcohol and tobacco use) had not always been completed. This may mean that the opportunity to provide appropriate health promotion advice may have been missed. In some notes the reason for the patient's attendance and presenting symptoms had not been recorded. Patients' medical histories had not always been countersigned by the dentists and findings from baseline basic periodontal examinations and soft tissue examinations had not always been recorded. In addition, there was a lack of detail recorded around patient consent. Including this information would demonstrate that treatment had been planned to ensure patient safety and wellbeing. Notes of the treatment had been recorded and recall intervals were seen to be in accordance with the clinical guidelines.

Where X-rays had been taken, the justification for these was not always noted. In addition clinical findings on these had not always been noted.

Improvement needed

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

We found records to support the image quality of X-rays had been noted but this was not being consistently applied by the dentists working at the practice. There was no system in place to conduct regular quality assurance audits of the quality of X-rays. The practice owners should consider implementing a suitable system as part of the overall quality assurance system.

Quality of Management and Leadership

The practice owners had overall responsibility for the management of the practice. We were told many of the staff had worked at the practice for a long time, providing a degree of continuity for patients. Staff told us they felt supported and had access to relevant training. We have identified some improvement is required around staff appraisals and the availability of documents required by the regulations for private dentistry. We have formally asked the dentists working at the practice to address this.

The practice owners had responsibility for the overall management of the practice. A range of relevant policies were in place but most of these were not dated. The practice owners should make arrangements to record the date policies are agreed to demonstrate that these are kept under review.

Most of the staff had worked at the practice for many years and those we spoke to demonstrated a clear understanding of their roles and responsibilities. This provided a degree of continuity for patients attending the practice. Conversations with staff confirmed they felt supported in their roles and were given opportunities to develop.

Staff told us they were able to access training relevant to their role and to meet continuing professional development (CPD) needs. We saw a sample of training records that supported this. Whilst previous staff appraisal records were available, we found that staff had not received an appraisal of their work in the last year. The system used had identified aims and objectives for staff development. We discussed this with the practice owners who agreed that staff should receive an annual appraisal of their work to monitor progress and identify their future development needs.

Improvement needed

The practice owners should make suitable arrangements to ensure staff receive an annual appraisal of their work.

Staff told us that the size of the practice team meant communication within the practice team was effective. Whilst practice meetings had been held, we were told these were not on a regular basis and no minutes had been kept. The practice owners may wish to consider holding regular practice meetings to support existing systems of communication between the practice team.

We confirmed that all relevant staff were registered with the General Dental Council to practice and had indemnity insurance in place. Records were available that demonstrated staff had received immunisation against Hepatitis B to protect their own and patients' safety in this regard. Dentists working at the

practice were registered with HIW to provide private dental services and most were displaying HIW registration certificates as required by regulations for private dentistry. One dentist working at the practice was not displaying a certificate. A copy of the certificate was forwarded to HIW and we found that whilst the dentist was registered, the certificate required updating to reflect the address of the practice. Informing HIW of changes is the responsibility of individual dentists under the regulations. The practice owners agreed to make arrangements to address this.

Improvement needed

Dentists working at the practice and registered with HIW to provide private dental services must make arrangements to prominently display their up to date HIW registration certificates at the practice.

Whilst dentists registered to provide private dental services had Disclosure and Barring Service (DBS) certificates, these had not been issued within the previous three years as required by the regulations for private dentistry. We explained that this was the responsibility of individual dentists. The practice owners assured us that arrangements would be made to obtain up to date DBS certificates.

Improvement needed

Dentists intending to provide private dental services at the practice and who do not have a DBS certificate issued within the last three years must make arrangements to forward a copy of their updated DBS certificate to HIW.

5. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1



Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008³ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁴. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

³ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁴ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Llangyfelach Road Dental Practice will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

Appendix A

General Dental Practice: Improvement Plan

Practice: Llangyfelach Road Dental Practice

Date of Inspection: 29 September 2015

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
5	The practice owners should make suitable arrangements to ensure the reception arrangements at the practice do not compromise patient confidentiality or the effective cleaning of surgeries.	Regulation 14(6) Standards 2.4 4.1	This is difficult at present due to the practice environment restraints in terms of premise layout. We hope in future to create a central reception at which point all desks/filing cabinets will be removed from the surgeries.	SP MORGAN EA WHITE	1 YEAR
6	The practice owners must make suitable arrangements to display a price list setting out costs associated with private dental treatment provided	Standard 4.2	This will be discussed with all dentists and a Private price list will be created and clearly displayed.	SPM/EAW	2 WEEKS

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	at the practice. [GDC Standards for the Dental Team, Standard 2.4.1]				
7	The practice's complaints procedure for dealing with concerns (complaints) must meet the requirements set out within the Private Dentistry (Wales) Regulations. Details of the procedure must be displayed so that patients do not have to ask for this information. [GDC Standards for the Dental Team, Standard 5.1.5]	Regulation 15(2)	A Private Dentistry complaints handling policy has been formulated. This is now clearly on display in both waiting rooms and meets the requirements set out within Private Dentistry (Wales) Regulations.	SPM/EAW	DONE
Delivery of Safe and Effective Care					
9	The practice owners should conduct a suitable risk assessment of the procedure for emptying spittoon receptacles within the practice and must implement control measures to reduce the risk (as far as possible) of any potential harm to staff associated with this procedure.	Regulation 14(6) Standards 2.1 2.4	A risk assessment and health and safety policy for this procedure will be formulated. The staff will be trained and instructed. This will be documented and will become part of any induction programme for new staff and will be periodically reviewed.	SPM/EAW	2 WEEKS

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
9	<p><u>Immediate improvement needed</u></p> <p>The practice owners must make suitable arrangements to ensure the identified autoclave equipment receives a safety examination by a competent person and that the examination certificate is available for inspection by HIW. Appropriate action must be taken as necessary to maintain safe working practise pending and following the examination.</p> <p>The practice owners must make suitable arrangements to ensure written records are maintained in respect of the testing on the autoclave. The tests to be performed and the records to be maintained are set out within Welsh Health Technical Memorandum 01-05 (Revision 1). [WHTM 01-05, Chapter 4]</p>	<p>Regulation 14(3)(b)</p> <p>Standards 2.4 2.9</p>	<p><u>From improvement plan dated 4 October 2015</u></p> <p>The autoclave LCD -3F-3940 had been tested by [the service contractor] but due to a clerical error by [the service contractor] the serial number of this machine had not been updated on their records and referred to an old machine which has been disposed of. The data log records show that LCD-3F-3940 was performing correctly and fulfilling decontamination requirements.</p> <p>We have contacted [the service contractor] to issue the correct certificate and will send to HIW as soon as received.</p> <p>As a precautionary measure we have since 29/9/15 placed a notice on this machine that it is out of action until the correct certificate/retest has been issued. The machine will not be used.</p> <p>Also we have instructed [the service</p>	SPM/EAW	ASAP

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>contractor] to attend the practice and certify and test both autoclaves, both practice Xray machines and the compressor. This is something they do as part of an annual contact anyway but we have brought the date forward.</p> <p>They are due to attend on 28/10/15</p> <p>We have contacted [a firm] and purchased log books where tests, certificates, validation and maintenance including repairs can be recorded.</p> <p>This record also would include daily checks and maintenance and all information pertaining to the lifecycle of the equipment.</p> <p>UPDATE</p> <p>The contractor attended today 28/10/15 but the autoclave 3940 requires some serviceable repair. The contractor has arranged to reattend .The autoclave LCD-3F-</p>		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			3940 is still marked out of action. The second autoclave was tested and fully functional and certified as such. I will contact HIW when autoclave 3940 is back in service.		
10	The practice owners must ensure the seal is replaced between the walls and floor (or make other suitable arrangements) to prevent water, dust and debris from accumulating in crevices between the walls and floor of surgeries. [WHTM 01-05, Chapter 6]	Regulation 14(6) Standard 2.4	Initial action will be placing bonded Upvc sealing strips at margins between floor and walls. This will provide the necessary sealing required. Long term as part of surgery refurbishment programme, new floor surfaces will be extended up onto walls to create a suitable seal.	SPM/EAW	INITIAL 1 MONTH REFURB 1 YEAR
11	The practice owners should make arrangements to ensure it can demonstrate that checks have been conducted on emergency equipment at the practice to ensure it is suitable to use. Arrangements should take into account guidelines set out by the Resuscitation Council UK.	Standard 2.9	Weekly emergency equipment testing check list is now in use.	SPM/EAW	DONE

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
12	Dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping. [GDC Standards for the Dental Team, Standard 4.1]	Standard 3.5	All dentists to ensure dental records are in accordance with GDC Regulations and Standards. We have obtained the 'Clinical Examination & Record- Keeping' good practice guidelines from FGDP(UK) and will aspire to achieve this gold standard of record keeping at the practice.	SPM /EAW	DONE
Quality of Management and Leadership					
13	The practice owners should make suitable arrangements to ensure staff receive an annual appraisal of their work.	Standard 7.1	All staff will be annually appraised and reviewed as part of their PDP.	SPM/EAW	3 MONTHS
14	Dentists working at the practice and registered with HIW to provide private dental services must make arrangements to prominently display their up to date HIW registration certificates at the practice.	Regulation 4	Up to date certificates are now on display with the one dentist having reapplied to have the current practicing address changed on the certificate	SPM/EAW	DONE
14	Dentists intending to provide private dental services at the practice and who do not have a DBS certificate	Regulation 13(3)(c) Schedule 2	New updated DBS certificates will be copied and sent to HIW as soon as received,	SPM/EAW	2 months or ASAP when

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	issued within the last three years must make arrangements to forward a copy of their updated DBS certificate to HIW.	Para. 2			returned

Practice Representative:

Name (print): SP MORGAN / EA WHITE

Title: PRACTICE PRINCIPALS

Date: 28/10/2015