

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board,

Mill Lane Dental Centre

3 March 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Mill Lane Dental Centre part of the IDH Group at Mill Lane, Llanelli, Carmarthenshire SA15 3SE within the area served by Hywel Dda University Health Board on 3 March 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in Doing Well, Doing Better: Standards for Health Services in Wales¹.

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

¹ Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1st April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. www.weds.wales.nhs.uk/opendoc/214438

- Information within the practice information leaflet and website
- 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.

3. Context

Mill Lane Dental Centre provides services to predominantly NHS patients with some private patients in the Llanelli area of Carmarthenshire. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board. The practice is part of IDH, a large company which owns a significant number of dental practices across the United Kingdom. The practice employs a staff team which includes five dentists, six dental nurses, a practice manager and two receptionists.

A range of services are provided. These include:

- General dentistry
- Teeth whitening
- Crowns and bridges
- Dentures
- Implants
- Sports guards.

Mill Lane Dental Centre is a mixed practice providing both private and NHS dental services. In this respect, any dentist working at the practice who is also registered with HIW to provide private dentistry will also be subject to the provisions of The Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011.

4. Summary

HIW explored how Mill Lane Dental Centre meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Whilst the response to the questionnaire that we issued was poor, we found that those who did return the forms and the patients we spoke with told us that they were satisfied with the standard of care they received at the practice. Patients also felt that they received sufficient information about their treatment; however this was not confirmed in the records we looked at.

From the scrutiny of documentation, we could not be assured that care and treatment was always planned and consistently delivered in a way that was intended to ensure patient's safety and welfare. Because of these concerns, we issued an immediate assurance letter to the practice requesting an action plan with timescales confirming how and when they would address the issues. We also shared the information with the General Dental Council and Hywel Dda University Health Board. The health board undertook a visit to the practice the following week. We also received a satisfactory response, within the set timescales, from the practice manager. We also spoke with a representative from the IDH group, discussing the findings and highlighting their involvement in implementing the action plan.

On the day of the inspection, although we were assured that the practice was being effectively run, there needs to be improved working relationships; specifically better engagement of individual dentists.

Patients using the practice, and staff, can be assured that the building is safe. We saw that it was clean with some areas of good practice, such as a dedicated decontamination room. However, there were considerable concerns regarding the lack of natural lighting and ventilation, the toilet facilities and the information signage.

5. Findings

Patient Experience

Whilst the response to the questionnaire was poor we found that those who did return the forms and the patients we spoke with told us that they were satisfied with the standard of care they received at the practice. They also felt that they received sufficient information about their treatment; however this was not confirmed in the records we looked at.

Prior to the inspection, we asked the practice to distribute 20 HIW questionnaires to patients in an attempt to obtain their views on the dental services provided. In addition, we spoke with a small number of patients who were receiving treatment on the day of the inspection (two people).

After several requests to staff at the practice by the inspector only seven questionnaires were returned. Both the patients who completed the questionnaires and those spoken with had been using the service for between two and seven years. All nine patients indicated that the practice team usually made them feel welcome.

Everyone felt that they were involved in making decisions about their care, with one patient stating:

“Absolutely. They take care to explain very thoroughly what is likely to happen.”

Examination of a sample of patient records and conversations with three of the dentists disclosed different ways of working. Only one dentist confirmed that treatment options were discussed with patients following consultations. The records for this dentist showed that they were updated after each visit; detailing the treatment patients had been given, as well as future plans. However, it was evident in the remaining patient notes that we looked at, that the other dentists only occasionally completed treatment plans or discussed treatment with patients; with one dentist not completing any treatments plans, recording discussions regarding treatment options or consent to treatment.

Because of the above findings HIW were sufficiently concerned to send an immediate assurance letter to the practice requesting an action plan with timescales for addressing these issues.

Improvements needed

See Appendix A for immediate assurance improvements regarding treatment plans.

All patients must have written dental plans for each course of treatment which are updated if the treatment changes.

All patients must have treatment options explained.

All patients must consent to treatment and the consent obtained should be recorded.

Responses to the question about how to access the out of hours service indicated that all the patients would know how to access care when the practice was closed. The practice manager stated that the on-call dentist could be contacted via NHS Direct or via the telephone number left on the practices answer phone.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. This meant that patients could be confident that there was a system in place to try to ensure they were seen quickly when required. All patients stated that they were satisfied with this system and had not experienced any delay in their appointment time.

There was a complaints process visible on the downstairs waiting room wall, this was up-to-date and was consistent with the NHS complaints procedure know as Putting Things Right². We identified a need to add HIW's address for private patients and the Community Health Council (CHC) for NHS patients. When we asked patients if they would know how to make a complaint or raise a concern the majority of patients said they would not know. Four patients said they would know, however, none knew they could contact HIW.

Improvement needed

The practice needs to add HIW and CHC addresses to the complaints procedure.

There was no patient information leaflet giving relevant information regarding the practice, which would include how to raise a concern (complaint). This was

² Putting things Right is the integrated processes for the raising, investigation of and learning from concerns (complaints). Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales.

because the company is re-branding and all signage, leaflets and information boards are in the process of being updated. Discussion with the estates manager who was visiting on the day, suggested that the work required in Mill Lane would be commencing the following Monday with a view to complete within three weeks.

Improvement needed

The practice needs to ensure they make patient information leaflets (which should outline the services offered by the surgery, including the complaints process) easily accessible to patients.

When questioned regarding their views on the overall service they received, almost everyone indicated they were satisfied; with comments such as:

“Yes both in the past and today.”

“Yes excellent.”

Further discussion with staff and observation of the layout of the building, indicated that the facilities for less able people were in place. However, the accessible toilet was out of use on the day of inspection and staff confirmed that there was a problem with the sewer pipes and the toilet was often unusable.

Improvement needed

If the practice is offering accessible toilet facilities for patients with mobility difficulties and wheelchair users they must ensure that they are in good working order.

Delivery of Standards for Health Services in Wales

From the scrutiny of documentation, we could not be assured that care and treatment was always planned and consistently delivered in a way that was intended to ensure patient's safety and welfare. Because of these concerns, we issued an immediate assurance letter to the practice requesting an action plan with timescales confirming how and when they would address the issues. We also shared the information with the General Dental Council and Hywel Dda University Health Board. The health board undertook a visit to the practice the following week.

Patient records

Records were kept at the practice on a computer database, with some information being held in paper records. We looked at a sample of 25 dental records (i.e. five patient records for each dentist working at the practice) which indicated, with the exception of two dentists, that the records were of a poor quality with very little information being recorded. Improvement was needed in the following areas:

- Treatment planning
- Treatment options
- Consent
- Soft tissues assessments
- Previous dental history
- Countersignature by the dentist on medical histories
- Social history
- Reason for attendance
- Symptoms
- Recall within NICE guidance³

³ The NICE dental recall clinical guideline helps clinicians assign recall intervals between oral health reviews that are appropriate to the needs of individual patients.

- When a local anaesthetic (injection) had been given the amount or the site was not recorded
- Discrepancy in recorded names i.e. maiden and married name used interchangeably.

Due to our concerns regarding the lack of documentation, we gave oral feedback to the individual dentists and the practice manager on the day of inspection. We also issued an immediate assurance letter to the practice on 5 March 2015, requesting an action plan with timescales for the identified improvement to be undertaken. We required assurance that systems were developed to ensure the improved standards of documentation would be maintained. This was submitted on 19 March 2015 and provided satisfactory assurance of the actions taken.

When we discussed with the dentists the poor quality of the record keeping it became evident that one dentist was unaware of the requirement to record some of the identified areas. This identifies a need for training in record keeping.

Improvement needed

Dentists need to undertake training in record keeping which meets with the General Dental Council's Standards.

Drug storage and emergency equipment

Exploration of how emergency drugs were kept at the practice revealed that they were securely stored. We also found that there were suitable arrangements in place to ensure that expired drugs were promptly replaced.

There was a dedicated First Aider and the first aid kit was stored behind the reception desk, within easy reach. Equipment required in the case of an emergency was available with certain items stored in each surgery as well as within the first aid kit.

Decontamination

We looked at procedures in place concerning decontamination of instruments and found that there were appropriate measures in place, including a dedicated decontamination room. There were clear processes and we saw evidence that the maintenance and testing of equipment used to clean dental instruments was recorded, to ensure equipment was working correctly. It would be beneficial if there was clear demarcation signage in the room to indicate used to clean pathways. We also saw that the sterilised instruments were bagged and stored appropriately, with date of sterilisation and use by date recorded. This is evidence of noteworthy practice and reduces the margin for error.

The practice manager confirmed that there were routine, quarterly audits (checks) in relation to infection control requirements. However these were not in accordance with the Welsh Health Technical Memorandum (WHTM 01-05)⁴.

Improvement needed

The practice must undertake quarterly audits of infection control requirements in line with WHTM 01-05 and ensure they are meeting appropriate standards for decontamination.

Radiographic treatment and equipment

We found evidence that patients had received inadequate, poor quality radiographs (x-rays). We identified the following issues:

- No justification for taking the x-rays
- No clinical evaluation of the x-rays
- Very poor practice e.g. patients still wearing jewellery
- Multiple processing errors
- Repeated x-rays (up to four times)
- Images not labelled
- No dates recorded for date of x-ray, patients date of birth
- No x-rays prior to crowns
- No bitewing x-rays (a special type of x-ray used for identifying decay)
- Teeth extracted without x-rays
- No x-rays despite active periodontal disease (inflammation around the tooth)
- No new patient x-rays

⁴ <http://wales.gov.uk/topics/health/cmo/professionals/dental/publication/cdo-letters/decontamination2/?lang=en>. The WHTM 01-5 document provides professionals with guidance on decontamination in primary care practices and community dental practices in Wales.

- One new patient with bridgework and bone loss, active periodontal disease – no x-rays taken.

One dentist had undertaken very few x-rays at all. These issues do not ensure safe or effective practice and are very concerning.

We also found that there was no light or audible warning when the x-ray machine was being used. This meant staff may not be aware when the x-ray had been taken, which could result in additional x-rays being taken unnecessarily.

Improvement needed

The records relating to radiography and local anaesthetics are mandatory under the Standards for Health Services Wales –Doing Well Doing Better 2010 and therefore must be maintained.

Further concerns were identified following the scrutiny of the Radiation Protection file containing documentation and guidance relating to safe use of x-ray equipment. For example;

- There was a copy of the letter sent to the Health and Safety Executive regarding radiological protection but no response recorded
- There was no named radiation protection adviser
- Although there were six monthly quality assurance image quality audits, none of the above concerns had been identified
- There was no log of x-ray machine testing
- Staff indicated that the quality of the equipment was poor and they had reported this to IDH group on many occasions.

The critical examination of radiation equipment was up-to-date with the next check due in 2017. We also found that all staff were not up-to-date with their radiation training. This is dealt with under the Management and Leadership section of this report.

Improvement needed

See Appendix A for immediate assurance improvements regarding radiation training.

The practice needs to ensure that robust records are maintained with regard to radiographic equipment and radiation protection procedures.

Clinical Practice

We identified areas of clinical practice which were of concern such as:

- Basic Periodontal Examinations not acted upon
- Inappropriate and over use of antibiotics:
 - Prescribed without diagnosis or notes
 - Prescribed for diagnosis of allergy
 - Multiple prescription with no treatment given or planned despite the presence of decay recorded
- Private bridge fitted over retained roots
- Inappropriate charging to health board for NHS patients i.e.
 - Charging for treatment and tooth extraction on the same tooth during the same treatment course
 - Multiple urgent claims and courses opening again before next examination to continue treatment

Improvement needed

See Appendix A for immediate assurance improvements regarding clinical practice.

The company need to develop a system for regular clinical audits / peer reviews, to ensure the standards for clinical practice are improved and maintained.

Management and Leadership

On the day of the inspection, although we were assured that the practice was being effectively run, there needs to be improved working relationships; specifically better engagement of individual dentists.

The practice provides predominantly NHS dental care and treatment with some private patients. At the time of our inspection, an experienced practice manager was responsible for the day-to-day running of the practice with the assistance of a lead nurse.

We saw evidence of good, clear working relationships between the practice manager and lead nurse which ensured that both managerial and clinical effectiveness was overseen in a seamless manner. Nursing and reception staff told us that there was an open and transparent work ethos and that they felt they could speak with the practice manager or the clinical lead if they had any work related issues.

However, further conversations with management and staff disclosed that the relationship between individual dentists and the other staff was difficult, with very little engagement from the dentists. Examples were given of unprofessional behaviour during team meetings and training days. This is problematic for staff members and the practice manager, who does not directly manage the dentists. There is the need to foster professional courtesy and respect between all staff to ensure cohesive team working.

Staff told us that there were regular staff meetings, with the last one on 14 February 2015. These meetings are an opportunity to raise any issues of concern, convey new/relevant information to the team and discuss lessons learned. However, we did not see evidence in the minutes we read, of discussion regarding the difficulties with the relationships between the dentists and other staff members, which would benefit from being addressed.

Improvement needed

The company needs to support the staff at the practice to encourage team building and foster an environment of mutual respect.

Scrutiny of a range of policies and procedures showed that the service was underpinned by a range of management systems and quality assurance processes. However there was limited evidence that these were put into everyday practice to ensure that patient care and treatment was delivered safely and in a timely way. The policies had all been reviewed and updated as required with review dates recorded. Staff were able to access these policies

within the practice to check their understanding and ensure they were taking correct action. However, we did find two areas which required addressing; the protection of vulnerable adults and privacy and dignity policies need to be developed.

Improvement needed

The practice needs to develop a protection of vulnerable adults and a patient privacy and dignity policy.

The practice did not have a regular system of audit and peer review to ensure the quality of the services being offered was of an acceptable standard. We were told that the online health board annual audit had been completed but there was no evidence of any internal audits of practice.

Improvement needed

The practice needs to develop a system of audit and review to ensure the quality and safety of the service being offered is of an acceptable standard.

The practice did not have a system to regularly assess patients' views and act upon them. They had occasionally asked patients to complete patient satisfaction questionnaires, but this was usually in line with the health board annual review.

Improvement needed

The practice needs to develop a system of continual evaluation and improvement through patients' feedback, to ensure the service meets the needs of its population.

We looked at a sample of staff training records. These confirmed staff had access to a range of training opportunities relevant to their role. However, none of the nurses had undertaken the compulsory radiation training within the set timescales and the child protection/protection of vulnerable adults was out of date.

Improvements needed

See Appendix A for immediate assurance improvements regarding radiation training.

All staff need to undertake child protection/protection of vulnerable adults training.

We saw evidence of individual staff Continuing Professional Development (CPD) which ensures that their knowledge and expertise was regularly updated. There were annual staff appraisals, which is a requirement of the 'Doing Well, Doing Better' standards.

At the time of our inspection, all staff had current Disclosure and Barring Service (DBS) certificates in line with the Regulations for private dentistry⁵.

There was a formal agreement with the health board for any occupational health issues that staff may have, such as vaccines, or in the event of a sharps injury. This ensures that staff have appropriate checks to prevent possible cross infection with patients.

We spoke to the practice manager regarding supporting new staff and we were told that the practice had formal induction and orientation programmes. We were given copies of these to read.

Staff told us that there was an identified person for first aid and health and safety. There was a current employers/public liability insurance certificate on the waiting room wall. The HIW registration certificates were available but needed updating. The required information was sent to HIW electronically to enable the updating of the certificates. All these notices were visible to staff and patients visiting the premises. There were price lists for NHS patients, but none for private treatment.

Improvement needed

The practice needs to have a price list for private treatment visible to the public.

We looked at a variety of maintenance certificates held at the practice which showed there were suitable systems and management processes in place to ensure that all equipment was inspected in a timely way and in accordance with mandatory requirements.

Given the number of recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with

⁵ The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009. Amendments were made that came into force on 1 January 2012. These set out the legal requirements in relation to dentists providing private dentistry services.

relevant regulations and standards. Whilst no specific recommendation has been made in this regard on this occasion, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Quality of Environment

Patients using the practice, and staff, can be assured that the building is safe. We saw that it was clean with some areas of good practice, such as a dedicated decontamination room. However, there were considerable concerns regarding the lack of natural lighting and ventilation, the toilet facilities and the required information signage.

Mill Lane Dental Centre is an established practice situated in the town of Llanelli. There is a small dedicated car parking area to the side of the practice.

The practice has a reception area and all surgeries are on the ground floor. There are two waiting areas, the main in the reception room and a smaller area in the hallway. Observations made during the inspection confirmed that the sizes of the waiting areas were appropriate for the number of surgeries and the areas were clean and tidy. However, we could not be assured that they were satisfactorily lit and ventilated as there were no windows other than within the reception area. The whole practice relied upon fluorescent lighting and air conditioning. This does not seem conducive to a healthy work environment. There is no natural lighting or ventilation and staff told us this presented problems with certain aspects of treatment. For example, staff told us that matching the colour crowns was difficult as they were affected by the type of light they were working within.

There is a suitable staff room which is the main meeting point for staff to discuss and share information. There were toilets, which were functional but would benefit from redecoration. They were also malodorous on the day of inspection and the estates manager told us it was a regular occurrence because the accessible toilet was prone to blocking and this affected the neighbouring toilets.

A tour of the building confirmed the practice was generally well maintained internally and externally. The first surgery had a very strong chemical smell which staff stated was apparent most of the time. This was also brought to the attention of the estates manager.

We saw that fire extinguishers were placed in strategic places and had been serviced regularly.

Appropriate arrangements were seen to be in place for the safe storage and security of paper and electronic records with a suitable back-up system for electronic records.

The names and qualifications of all dentists working at the practice were not displayed on the wall outside the practice and there was not a list of staff working at the practice, including their registration numbers (where appropriate) and designation, on display inside. The practice manager told us that new notices would be available when the rebranding was complete.

Improvements needed

The practice must visibly display about staff (including dentists) working at the practice, including their designation and registration numbers where applicable.

There were contracts in place for the removal of clinical and non-hazardous waste and the bags and bins were stored securely. This ensures a safe environment for patients to access and for staff to work.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete immediate assurance improvements and an improvement plan in respect of all areas identified. The details of this can be seen within Appendix A and Appendix B of this report.

The practice has completed an immediate assurance improvement plan which was evaluated by HIW and found to provide sufficient assurance of the actions taken.

The improvement plan should clearly state when and how the findings identified at the Mill Lane Dental Centre will be addressed, including timescales.

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: Immediate Assurance Improvement Plan

Practice: Mill Lane Dental Centre

Date of Inspection: 3 March 2015

Recommendation	A	Responsible Officer	Timescale
Patient Experience			
Delivery of Standards for Health Services in Wales			
All staff, including dentists must have a current Ionising Radiation training certificate (within the last 5 years). IRMER Regulations 2000.	All staff, including dentists have current Radiation certificates and all are now held in practice.	Hayley Griffiths	10.3.15
Each dentist needs to audit their individual radiography practice and recording to ensure their clinical intervention meets with the IRMER Regulations 2000; Standards for	All staff have completed Radiation audits with evidence held in practice. All findings have been shared with each clinicians and action plans have been reviewed, agreed and signed by each	Hayley Griffiths	11.3.15

Recommendation	A	Responsible Officer	Timescale
Health Services in Wales – Doing Well, Doing Better 2007 (7a-c; 20) and GDC Standards Principle 3, 4,7.	clinician.		
Each dentist needs to audit individual patient notes and treatment plans to ensure compliance with GDC Standards Principle 3, 4,7; Standards for Health Services in Wales – Doing Well, Doing Better 2007 (7a; 8a; 9ab; 20a).	All dentists have completed an audit on individual patients notes and treatment plans. All findings have been shared with each clinicians and action plans have been reviewed, agreed and signed by each clinician.	Hayley Griffiths	11.3.15
Management and Leadership			
The practice needs to develop improved working relationships; specifically better engagement of individual dentists to meet with the GDC Standards: Principle 6.	PM input- Feedback has been shared in a practice meeting where all staff including all clinicians were present. All staff spoke about improving better working relationships. All staff of the practice were informed of the importance of attending every practice meeting and all agreed to attend and sign all paperwork given and minutes of each meeting. IDH input – we need to determine what the issues/concerns are, there is no clear action plan other than all staff to attend practice meetings. IDH’s Clinical Director for the region has visited the practice and will hold 121’s with each of the clinicians. PM/ADM to hold 121’s	Hayley Griffiths	11.3.15

Recommendation	A	Responsible Officer	Timescale
	<p>with all staff, feedback on communication within the practice is to be discussed and ideas/thoughts sought on how this could be improved and what the specific issues are. PM is to discuss with the area development manager and produce a plan on improving communication/feedback processes. IDH to audit the practice to determine if all company processes are being adhered to i.e practice meetinmgs being held monthly.</p>		
Quality of Environment			

Appendix B

General Dental Practice: Improvement Plan

Practice: Mill Lane Dental Centre

Date of Inspection: 3 March 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
Page 6	All patients must have written dental plans for each course of treatment which are updated if the treatment changes. Doing Well Doing Better Standards Section 9a			
Page 7	All patients must have treatment option explained. Doing Well Doing Better Standards Section 9b			
Page 7	All patients must consent to treatment. Doing Well Doing Better Standards Section 9d			
Page 7	The practice needs to add HIW and CHC addresses to the complaints procedure. Doing Well Doing Better Standards			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Section 23c			
Page 7	The practice needs to ensure they make patient information leaflets (which should outline the services offered by the surgery, including the complaints process) easily accessible to people. Doing Well Doing Better Standards Section 18d			
Page 8	If the practice is offering toilet facilities for disabled patients they must ensure that they are in good working order. Doing Well Doing Better Standards Section 12b.			
Delivery of Standards for Health Services in Wales				
Page 10	Dentists need to undertake training in record keeping which meets with the General Dental Council's Standards. Doing Well Doing Better Standards Section 26b,d. General Dental Council Standard 4.1.			
Page 11	The practice must undertake quarterly audits of infection control requirements in line with WHTM 01-05 and ensure they are meeting appropriate standards for decontamination. Doing Well Doing Better Standards			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Section 6c; 13a-e.			
Page 12	The records relating to radiography and local anaesthetics are mandatory under the Standards for Health Services Wales –Doing Well Doing Better 2010 and therefore must be maintained. Doing Well Doing Better Standards Section 15a; 20c.			
Page 12	The practice needs to ensure that robust records are maintained with regard to radiographic equipment and radiation protection procedures. Doing Well Doing Better Standards Section 20c.			
Page 13	The company need to develop a system for regular clinical audits / peer reviews, to ensure the standards for clinical practice are improved and maintained. Doing Well Doing Better Standards Section 22b.			
Management and Leadership				
Page 14	The company needs to support the staff at the practice to encourage team building and foster an environment of mutual respect.			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<i>Doing Well Doing Better Standards Section 22b.</i>			
Page 14	The practice needs to develop a protection of vulnerable adult and a patient privacy and dignity policy. <i>Doing Well Doing Better Standards Section 10; 11a-d.</i>			
Page 15	The practice needs to develop a system of audit and review to ensure the quality and safety of the service being offered is of an acceptable standard. <i>Doing Well Doing Better Standards Section 22b.</i>			
Page 15	The practice needs to develop a system of continual evaluation and improvement through patients' feedback, to ensure the service meets the needs of its population. <i>Doing Well Doing Better Standards Section 5b,c.</i>			
Page 15	All registered staff who are undertaking work related to X-ray's need to have current Radiation training. <i>Doing Well Doing Better Standards Section 16e; 26b.</i>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 15	All staff need to undertake child protection / protection of vulnerable adults training. Doing Well Doing Better Standards Section 11c.			
Page 16	The practice needs to have a price list for private treatment visible to the public. Doing Well Doing Better Standards Section 18d.			
Quality of Environment				
Page 18	The practice needs to have a list of dentists, their qualifications and registration numbers outside the practice. Doing Well Doing Better Standards Section 18d.			
Page 18	The practice must visibly display a list of staff working at the practice, their designation and registration numbers where applicable. Doing Well Doing Better Standards Section 18d.			

Practice Representative:

Name (print):

Title:

Date: