

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board, Rosehill
Dental Practice

21 July 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Rosehill Dental Practice at Iscraig, Rosehill Street, Conwy, LL32 8LD within the area served by Betsi Cadwaladr University Health Board on 21st July 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards¹. 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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. 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 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

¹ <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- 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.

3. Context

Rosehill Dental Practice provides services to approximately 4,000 patients in the Conwy and surrounding area. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

Rosehill Dental Practice is a mixed practice providing both private and NHS dental services. At the time of our inspection, we were informed that 98% of the services were provided to patients under NHS arrangements.

The practice team includes one principal dentist/practice owner (who took over the business in 1991), one dental foundation trainee dentist, four dental nurses and one receptionist.

A range of services are provided. These include:

- Routine check ups and examinations
- Fillings
- Crowns and bridges
- Extractions
- Tooth whitening

4. Summary

HIW explored how Rosehill Dental Practice meets the standards of care set out in the Health and Care Standards (April 2015).

Patients were complimentary about the services and information received about their treatment. Patients also confirmed that they were made to feel welcome by the practice team.

We saw that some of the written information was not prominently displayed and that there was no formal system for patients to feedback their views about the service. Therefore we have recommended improvements in these areas.

We saw that the quality of record keeping was excellent amongst the two dentists. However, we identified serious shortfalls in the decontamination (cleaning and sterilising) and infection control procedures. Consequently, this was followed up under HIW's immediate assurance process. HIW has since received written confirmation of the various actions taken by the practice, in consultation with the local health board, to address these matters. This response provided HIW with sufficient assurance that the improvements identified have either been addressed and/or that satisfactory progress is being made by the practice in response to these matters.

We found that systems had been developed and that guidelines had been obtained to support the safe delivery of dental treatments. In some instances however, there was no additional evidence to demonstrate that these had been implemented or were being utilised. We have therefore recommended improvements in this section with regard to auditing, resuscitation procedures, medication storage and waste disposal.

The practice owner had recently invested in new flooring and a treatment chair in one of the surgery rooms.

All the staff members we saw were kind and caring towards us and the patients. However, we were concerned about the overall ineffective management and leadership at Rosehill Dental Practice. Several policies were duplicated or out of date. The DBS check for the dentist had not been renewed within three years, to comply with private dentistry regulations. There was evidence that staff were not being adequately supported.

HIW is concerned about the adequacy of management and leadership at the practice, given the number of concerns identified during this inspection. . We have advised that these arrangements are urgently reviewed in order to ensure

that the practice provides safe and effective services to patients that are consistent with the requirements of the regulations and professional standards..

The space available for staff and storage facilities within the practice was limited, therefore we have advised that any out of date/unwanted products be disposed of to maximise the space available. The practice cleaning schedule needs to be reviewed; staff should be made clear about their responsibilities in relation to cleaning and, overall, the standard of cleanliness should be improved.

Consideration should be given on how wheelchair access, or access to people with restricted mobility, could be improved.

5. Findings

Patient Experience

Patients were complimentary about the services and information received about their treatment. Patients also confirmed that they were made to feel welcome by the practice team.

We saw that some of the written information was not prominently displayed and that there was no formal system for patients to feedback their views about the service. Therefore we have recommended improvements in these areas.

We received 15 completed HIW patient questionnaires at the beginning of the inspection. All the patients were satisfied with the services provided and said they received enough information about their treatment and that the practice team makes them feel welcome, with some patients adding that this was “always” or “very”.

Four of the patients added complimentary comments, which have been included below, with their consent:

“Excellent dentistry. I’m really pleased with my teeth”.

“In all the years I have had, not needed to complain. The dentist

and staff are always helpful”.

“I’m happy with the dental practice, team are very helpful”.

“I always feel confident with my dentist”.

Only three out of the 15 patients confirmed they knew how to make a complaint. However several patients added that they could find this information out or had never needed to make a complaint. Another patient said that this was “*because the practice is very good*”. Five patients did not know how to access the out of hours dental service.

When we looked for the above information in the premises, it was not easy to locate. Some of the information was included in the patient information leaflet, which was available at the reception desk, but we had to be pointed to the complaint ‘code of practice’ notice, which was located behind the reception desk. We saw that the writing on this notice was small and therefore it was not

prominent. Although 98% of the services are provided under NHS arrangements, there was no information regarding the NHS 'Putting Things Right' arrangements, which is the legal framework for handling and responding to complaints about NHS services.

Improvement needed

We advised the practice to display key information, including the out of hours contact details and complaints procedure, in a more prominent location within the practice. This should include the NHS 'Putting Things Right' information.

The practice did not currently have a website. Staff confirmed that some of the patients are first language Welsh speakers. We did not however find any written information in Welsh.

Improvement needed

Consideration should be given to improving the overall communication methods at the practice, using a range of formats and taking into account patients' language and communication needs.

Some of the patients confirmed they had experienced delays on the day of the appointment. However they all indicated that any delays were infrequent or were only for a few minutes.

We found that there was no formal system for patients to feed back their comments about the practice. Therefore there was no evidence to demonstrate that the practice was listening and learning from patients' comments.

Improvement needed

The practice should develop systems to assess and evaluate patients' experience. Patient feedback should be used to influence positive changes to the service provision.

Delivery of Health and Care Standards

We saw that the quality of record keeping was excellent amongst the two dentists. However, we identified serious shortfalls in the decontamination (cleaning and sterilising) and infection control procedures.

Consequently, this was followed up under HIW's immediate assurance process. HIW has since received written confirmation of the various actions taken by the practice, in consultation with the local health board, to address these matters. This response provided HIW with sufficient assurance that the improvements identified have either been addressed and/or that satisfactory progress is being made by the practice in response to these matters.

We found that systems had been developed and that guidelines had been obtained to support the safe delivery of dental treatments. In some instances however, there was no additional evidence to demonstrate that these had been implemented or were being utilised. We have therefore recommended improvements in this section with regard to auditing, resuscitation procedures, medication storage and waste disposal.

The practice owner had recently invested in new flooring and a treatment chair in one of the surgery rooms.

During the inspection we identified serious concerns regarding the decontamination and infection control procedures. From our examination of documents and discussions with staff, we found that they were unclear about their roles and responsibilities and the decontamination areas and processes fell well below the Welsh Health Technical Memorandum (WHTM) 01-05⁴ guidelines. The lack of cleanliness in the decontamination areas could have posed an immediate risk to patient safety. Therefore these matters were

⁴ WHTM 01-05 is the Welsh guidelines for *"Decontamination in primary care dental practices and community dental services"* and is intended to progressively raise the quality of decontamination work., available via:

<http://www.wales.nhs.uk/sites3/Documents/254/WHTM%2001-05%20Revision%201.pdf>

brought to the attention of the principal dentist as soon as they were identified. Staff took immediate steps to start addressing our concerns.

Given the concerns identified, however, HIW issued an immediate assurance letter and improvement plan to the practice and consulted with relevant representatives of the local health board, who subsequently provided staff with the support and training they required to improve the decontamination and infection control processes. HIW also received written confirmation from the practice, detailing the actions taken by staff to improve standards. This response provided us with sufficient assurance that the improvements identified have either been addressed and/or that satisfactory progress is being made by the practice in response to these matters.

Documentary evidence was available to demonstrate that radiographic (x-ray) equipment was being regularly serviced and maintained. We saw a training certificate which demonstrated that the principal dentist had received training, in line with The Ionising Radiation (Medical Exposure) Regulations 2000, within the last five years.

A radiation protection advisor action plan, dated 2013, that we looked at recommended auditing 20% of radiographs. We saw that an audit had been undertaken in February 2013 and one in July 2015. However no percentages had been included to denote the amount of radiographs audited. Therefore we suggested that the above action plan is reviewed and that a regular system be implemented for auditing radiographs.

Improvement needed

More frequent radiograph quality image audits should be undertaken. In this respect we would recommend that the practice refers to the Wales Deanery 'Clinical Audit and Peer Review Cookbook' guide for peer and clinical audits, which includes radiography.

The radiation protection file contained copies of documents, such as local rules, that had been updated over time. Therefore we advised the dentist to review the information contained in this file and to dispose of all the out of date documentation.

We looked at the resuscitation, first aid/emergency medication documentation and equipment. We saw that the Resuscitation Council UK flowcharts regarding various emergency situations were available. However there was no evidence of specific practice procedures for staff to follow in the event of emergencies.

Improvement needed

The practice should develop its own resuscitation procedures for staff to follow in the event of an emergency.

We saw that staff were up to date with cardio pulmonary resuscitation training. We suggested that the practice considers improving learning further through the use of scenario based examples in between the annual training.

All the medication we saw was within expiry date; a checklist was being maintained to check and replace these as necessary. We saw that one of the emergency medications, Glucagon, was being stored in the fridge. The manufacturer's instruction was that Glucagon could be stored between 2° and 8° or be kept unrefrigerated. There was no thermometer to check the fridge temperature.

Improvement needed

Review storage of Glucagon and, if to be stored in the fridge, a thermometer should be obtained and the fridge temperature should be checked and logged on a daily basis. (This will ensure that the medication is stored in accordance with the manufacturer's instructions or, if the fridge temperature falls outside of this range, the medication should be replaced).

There were contracts in place for the storage and disposal of hazardous and non-hazardous waste. We advised the practice to ensure that waste is disposed of in the recommended colour coded receptacle as we observed that some of the used cartridges had been disposed of in the incorrect colour coded clinical waste bin. We found that there were no designated sanitary waste facilities and were informed that sanitary waste is disposed of in the general waste bin. Not all the clinical waste bins were foot or sensor operated, as recommended in WHTM 01-05, which helps to prevent cross contamination from touching. Some of the bins we saw looked stained or dirty.

Improvement needed

The facilities for waste disposal should be reviewed to ensure that appropriate bins are available and are regularly cleaned.

Waste should be disposed of in the appropriate receptacle, in accordance with the safe management of healthcare waste (WHTM 07-01) guidelines.

We looked at a random sample of seven patient records between the two dentists. Overall, the quality of record keeping was excellent and there was evidence that both the dentists were up to date with best practice record keeping guidelines. The foundation dentist was in the final couple of weeks of her course and we found evidence demonstrating excellent forward planning that would undoubtedly assist the next trainee and the continuity of care for patients.

A new compressor (which supplies the compressed air needed for dental equipment in each surgery) had been installed in July 2015. We saw that the flooring in one of the surgery rooms was in good condition, having been fitted in the last 12 months. A new treatment chair had also been obtained for one of the surgery rooms.

Management and Leadership

All the staff members we saw were kind and caring towards us and the patients. However, we were concerned about the overall ineffective management and leadership at Rosehill Dental Practice. Several policies were duplicated out of date. The DBS check for the dentist had not been renewed within three years, to comply with private dentistry regulations. There was evidence that staff were not being adequately supported.

HIW is concerned about the adequacy of management and leadership at the practice, given the number of concerns identified during this inspection. We have advised that these arrangements are urgently reviewed in order to ensure that the practice provides safe and effective services to patients that are consistent with the requirements of the regulations and professional standards.

We looked at several policies and procedures and found that many of these were duplicated and were also inconsistent. Some of these did not include the version or review dates therefore it was not possible to identify the latest edition. There were several versions of the complaints procedures for example, which included three different timescales to acknowledge or investigate complaints. The practice had downloaded some of the policies from the British Dental Association, however, a couple of the ones we saw had been downloaded up to ten years ago; there was no evidence that they had been reviewed or updated by the practice.

Improvement needed

A review of all policies and procedures should be undertaken to ensure that they are accurate and up to date. Previous or out of date versions should be disposed of.

We would recommend that the implementation and/or review dates are included on policies. Copies should be accessible and, if necessary, made available to staff.

At the time of our inspection, the principal dentists did not have a Disclosure and Barring Service (DBS) disclosure dated within the last three years, in line with the regulations for private dentistry. We discussed this with the dentist who said he had already requested a new disclosure. It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. We found that a DBS check was not available for any of the other staff.

Improvement needed

Periodic employment checks should be considered for all staff working at the practice. This practice would also be consistent with the 2011 NHS and Public Health 'Guidance for Safeguarding Children & Vulnerable Adults in General Dental Practice'.

A DBS check, of which less than three years have elapsed since it was issued, must be available for dentists who provide private dental treatments (in accordance with The Private Dentistry (Wales) Regulations 2008).

We looked at the practice staff meeting file, which contained minutes from two recent meetings (June and July 2015) and a couple of earlier meetings (April 2014 and November 2013). We were informed that team meetings were infrequently held; however some of the staff we spoke with expressed that they had valued these discussions. Staff had been provided with a recent appraisal but, again, our discussion with staff indicated that appraisals had not been a regular event in the past. There was no staff appraisal template, we saw that information was handwritten or had been typed onto a blank page and was very brief, some of these were not dated. It was not possible to ascertain what input staff members had received as part of their appraisal. The actions in the personal development plan did not clarify whose responsibility it was to address these and by when.

Improvement needed

Additional steps should be taken to ensure that staff members are being adequately supported. This should include, for example, the provision of annual staff appraisals and personal development plans, regular team meetings and collaborative working opportunities.

A General Dental Council registration print-out had been obtained to demonstrate that staff had a valid registration. We were informed that staff kept the certificate, along with their continuous professional development training certificates, in their own file at home. They had however brought the files in for us to inspect where we found various training certificates for recent and previous courses. We also saw that the principal dentist had attended a 'Maturity Matrix' course in 2013, which is a practice development tool to monitor performance at dental practices. However there was no evidence that this tool was being utilised or that a system was in place to monitor staff members' progress with their learning needs.

Improvement needed

It would be advisable for the practice to consider a system for monitoring training and learning opportunities. Staff should be supported to reach their full potential.

In line with the improvements noted in this inspection report and in view of the number of recommendations and serious concerns 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 relevant regulations and standards. The expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Improvement needed

Urgent consideration should be given to the overall management and leadership of the practice, in order to ensure that:

- ***As far as possible, regulations and standards are being complied with.***
- ***There is strong governance, leadership and accountability to promote the sustainable delivery of safe and effective care.***

Quality of Environment

The space available for staff and storage facilities within the practice was limited, therefore we have advised that any out of date/unwanted products be disposed of to maximise the space available. The practice cleaning schedule needs to be reviewed; staff should be made clear about their responsibilities in relation to cleaning and, overall, the standard of cleanliness should be improved.

Consideration should be given on how wheelchair access, or access to people with restricted mobility, could be improved.

Rosehill Dental Practice was converted from a large residential property in the late 1960s. There are no car parking facilities for patients, however public car parks are available nearby. Although the hallway and rooms were generally large, we found that the staff facilities were limited to a small kitchen area at the side of reception and there was a lack of storage space. The storage room we saw was full, containing boxes of various stocks, some of which we were informed were no longer needed.

Improvement needed

We advised the principal dentist to dispose of out of date products and items no longer needed in order to maximise the overall storage space within the practice.

The patient information leaflet stated that the practice is fully wheelchair accessible. However, on the day of the inspection we saw that one patient was using a wheelchair and found that they had experienced difficulty in managing the uneven driveway and side entrance step to the practice. There were four steps to access the front entrance, which led to the street outside; therefore this entrance was inaccessible for wheelchair access.

The principal dentist stated that the driveway is shared with two other tenants and that his attempts to resurface this area had been unsuccessful on previous occasions. However, given our observations regarding general access difficulties for patients with restricted mobility, he agreed to pursue this matter again.

Improvement needed

Consideration should be given to what further reasonable adjustments could be made to improve wheelchair access to the premises.

Although the practice had downloaded a detailed cleaning schedule for dental practices we found that this was not being followed. In addition to the surgery and decontamination areas, we found that dust had accumulated in some areas, such as the skirting boards. We were informed that the cleaning was shared between staff and a cleaner. However when we discussed the cleaning regime with the dentist, we found that there was no clear cleaning structure and delegation of responsibilities amongst staff.

Improvement needed

The cleaning procedures must be urgently reviewed and staff members' responsibilities should be clarified. In this respect a copy of the cleaning procedures and checklists should be accessible or made available to staff.

All areas of the premises should be cleaned to a standard that facilitates infection prevention and control. We would suggest that a system be developed to monitor and maintain the standard of cleanliness.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Rosehill Dental Practice 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: Improvement Plan

Practice: Rosehill Dental Practice, Iscraig, Rosehill Street, Conwy

Date of Inspection: 21 July 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
8	<p><i>We advised the practice to display key information, including the out of hours contact details and complaints procedure, in a more prominent location within the practice. This should include the NHS ‘Putting Things Right’ information.</i></p> <p>[Health and Care Standard 3.2]</p>	<p>The NHS putting things right poster is now displayed clearly in the reception and waiting areas.</p> <p>The out of hours contact details will be clearly displayed</p>	Donna Evans.	<p>Done</p> <p>Done</p>
8	<p><i>Consideration should be given to improving the overall communication methods at the practice, using a range of formats and taking into account patients’</i></p>	<p>Using feedback form to ascertain patients language and communication preferences</p>	Donna Evans	6 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<i>language and communication needs.</i> [Health and Care Standard 3.2]			
8	<i>The practice should develop systems to assess and evaluate patients' experience. Patient feedback should be used to influence positive changes to the service provision.</i> [Health and Care Standard 6.3]	Use BDA feedback form .	Donna Evans at present	From 6/12 due to major of management and practitioners
Delivery of Health and Care Standards				
10	<i>More frequent radiograph quality image audits should be undertaken. In this respect we would recommend that the practice refers to the Wales Deanery 'Clinical Audit and Peer Review Cookbook' guide for peer and clinical audits, which includes radiography.</i> [Health and Care Standards 2.9 and 3.1]	To update records of x ray audits	Chris Gash	Starting immediately
11	<i>The practice should develop its own resuscitation procedures for staff to follow in the event of an emergency.</i>	To develop and record practice resuscitation procedures	Chris Gash/Donna Evans	Within one month

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standards 2.1 and 2.6]			
11	<p><i>Review storage of Glucagon and, if to be stored in the fridge, a thermometer should be obtained and the fridge temperature should be checked and logged on a daily basis. (This will ensure that the medication is stored in accordance with the manufacturer's instructions or, if the fridge temperature falls outside of this range, the medication should be replaced).</i></p> <p>[Health and Care Standard 2.6]</p>	<p>Storage of Glucagon removed from fridge .Changing of storage date on restocking schedulr.</p>	Chris Gash	Done
11	<p><i>The facilities for waste disposal should be reviewed to ensure that appropriate bins are available and are regularly cleaned.</i></p> <p><i>Waste should be disposed of in the appropriate receptacle, in accordance with the safe management of healthcare waste (WHTM 07-01) guidelines.</i></p> <p>[Health and Care Standard 2.4]</p>	<p>Undergoing review. System of sharps and separate Pharmi sharps bins has now been changed to Pharmi sharps only as recommended.</p>	Donna evans	Within 6 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Management and Leadership			
13	<p><i>A review of all policies and procedures should be undertaken to ensure that they are accurate and up to date. Previous or out of date versions should be disposed of.</i></p> <p><i>We would recommend that the implementation and/or review dates are included on policies. Copies should be accessible and, if necessary, made available to staff</i></p> <p>[Health and Care Standard – Governance, leadership and accountability]</p>	Has been started	Donna Evans at present.	Over the following year.
14	<p><i>Periodic employment checks should be considered for all staff working at the practice. This practice would also be consistent with the 2011 NHS and Public Health ‘Guidance for Safeguarding Children & Vulnerable Adults in General Dental Practice’.</i></p> <p><i>A DBS check, of which less than three</i></p>	<p>Will be done with change of management and ownership</p> <p>Done</p>	<p>Chris Gash at present</p> <p>Chris Gash</p>	<p>Over the following year</p> <p>Done</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><i>years have elapsed since it was issued, must be available for dentists who provide private dental treatments (in accordance with The Private Dentistry (Wales) Regulations 2008).</i></p> <p>[Health and Care Standards 2.7 and 7.1]</p>			
14	<p><i>Additional steps should be taken to ensure that staff members are being adequately supported. This should include, for example, the provision of annual staff appraisals and personal development plans, regular team meetings and collaborative working opportunities.</i></p> <p>[Health and Care Standard 7.1]</p>	Regular team meetings are in place, but have been increased in frequency. Annual appraisals will become more comprehensive	Donna Evans.	6/12 to 1year for new appraisals , as would be more useful with new management.
15	<p><i>It would be advisable for the practice to consider a system for monitoring training and learning opportunities. Staff should be supported to reach their full potential.</i></p> <p>[Health and Care Standard 7.1]</p>	To produce a single record of staff training and use this to monitor training and opportunities	Donna Evans at present (acting manager) until ownership change	
15	<p><i>Urgent consideration should be given to</i></p>	An interim manager has been appointed and is in post.	Chris Gash	Now

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><i>the overall management and leadership of the practice, in order to ensure that:</i></p> <ul style="list-style-type: none"> <i>As far as possible, regulations and standards are being complied with.</i> <i>There is strong governance, leadership and accountability to promote the sustainable delivery of safe and effective care.</i> <p>[Health and Care Standard – Governance, leadership and accountability]</p>	<p>It is anticipated that a new management team will take over the practice as soon as practicable.</p>	<p>The practice is changing ownership and the lead practitioner and manager are being changed as soon as possible</p>	<p>A soon as practically possible, but within 6 months</p>
Quality of Environment				
16	<p><i>We advised the principal dentist to dispose of out of date products and items no longer needed in order to maximise the overall storage space within the practice.</i></p> <p>[Health and Care Standard 2.1]</p>	<p>Ongoing,</p>	<p>Kat Edwards</p>	<p>Mostly completed, but 9 months.</p>
16	<p><i>Consideration should be given to what further reasonable adjustments could be made to improve wheelchair access to the premises.</i></p>	<p>To be decided by new owner, as extensive alterations are envisaged</p>	<p>New Owner</p>	<p>Within one year.</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standard 2.1]			
17	<p><i>The cleaning procedures must be urgently reviewed and staff members' responsibilities should be clarified. In this respect a copy of the cleaning procedures and checklists should be accessible or made available to staff.</i></p> <p><i>All areas of the premises should be cleaned to a standard that facilitates infection prevention and control. We would suggest that a system be developed to monitor and maintain the standard of cleanliness.</i></p> <p>[Health and Care Standards 2.1 and 2.4]</p>	<p>A system, and cleaning schedule based upon the BDA model has been implemented and checked by the local cross infection and clinical governance team. Staff have been retrained and records of cleaning are kept.</p> <p>Clear responsibilities have been allocated.</p>	Donna Evans	Done

Practice Representative:

Name (print):Chris Gash.....

Title:

Date:24 August 2015.....