

**General Dental Practice  
Inspection (Announced)**  
Abertawe Bro Morgannwg  
University Health Board,  
**Ty Gwyn Dental Practice**

18 May 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Ty Gwyn Dental Practice at 14, Sway Road, Morriston, Swansea, SA6 6HT within the area served by Abertawe Bro Morgannwg University Health Board on 18 May 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 Standards<sup>1</sup>. 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 2008<sup>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</sup>. Where appropriate we consider how the practice meets these regulations, as well as any relevant professional standards and guidance.

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

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

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

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

- 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

Ty Gwyn Dental Practice provides services to patients in the Morriston area of Swansea. The practice forms part of dental services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board. It is a mixed practice providing both private and NHS dental services. A range of services are provided.

The practice team includes two dentists (including the practice owner), four dental nurses and a receptionist

Ty Gwyn Dental Practice is also a foundation training practice that supports newly qualified dentists undertaking their first year in dentistry (following completion of their university degree), with the supervision of an allocated trainer. At the time of our inspection a dentist was working at the practice as part of their foundation training

## 4. Summary

HIW explored how Ty Gwyn Dental Practice met the standards of care set out in the Health and Care Standards April 2015.

Patients who provided comments within our questionnaires indicated they were satisfied with the service they had received. We have recommended that the practice owner make arrangements to ensure the practice can demonstrate it regularly assesses patients' views and the action taken in response to feedback provided.

Whilst documentation was available to support the safe use of X-rays, we identified improvement was needed in respect of associated staff training and audits in this regard.

Emergency equipment and drugs were available in the event of a patient emergency (collapse) and staff demonstrated knowledge of the action to take in response. However, arrangements need to be made to ensure the equipment and drugs are regularly checked.

We found suitable arrangements were in place for the cleaning and decontamination of dental instruments and the handling, storage and disposal of waste. We identified some improvement was needed in respect of staff training.

Clinical facilities were clean and tidy and contained relevant equipment and instruments. We found that one of the surgeries would benefit from some modernisation.

Overall, patient dental records had been well maintained, however we did identify some areas for improvement around recording ongoing patient consent and the dentist countersigning medical histories.

The practice owner was responsible for the overall management of the practice. A range of relevant policies and procedures were in place with the intention of ensuring patient safety.

We identified that the written concerns (complaints) procedure needed revising to fully comply with current arrangements for responding to complaints about NHS care in Wales and the regulations for private dentistry.

The practice premises was visibly well maintained both internally and externally.

## 5. Findings

### *Patient Experience*

**Patients who provided comments within our questionnaires indicated they were satisfied with the service they had received. We have recommended that the practice owner make arrangements to ensure the practice can demonstrate it regularly assesses patients' views and the action taken in response to feedback provided.**

Prior to our inspection visit, we asked the practice owner to distribute HIW questionnaires to patients. Through these questionnaires we invited patients to provide comments on their experience of using the practice. In total we received 17 questionnaires that had been completed prior to our inspection visit.

All patients who provided comments told us they were satisfied with the service they had received from the dental practice. In addition all patients who provided comments indicated that the practice team made them feel welcome.

The majority of patients (16) told us they had been provided with enough information about their treatment, with one patient indicating they would have liked more information on the advantages/disadvantages of a particular treatment. However, the same patient indicated the explanation provided on the procedure was *'very good'*.

When invited to make any additional comments, patients told us:

*'Always very pleased with treatment and advice.'*

*'Staff are always friendly and welcoming....'*

*'My dentist is very good...always seems to go the extra mile.'*

Most patients who provided comments within questionnaires told us they were aware of how to contact (emergency) out of hours dental services. However, there were some (3 patients) who told us they did not know. The practice's contact telephone number was displayed in the window near the main entrance and this was the number patients were directed to contact should they need emergency dental treatment. Whilst we found the direct emergency contact number was displayed in the waiting room and was available to patients via the practice information leaflet and the answerphone message, the practice owner should also display the relevant direct number so it can be easily seen by patients visiting the practice when it is closed.



Staff described a process was in place for informing patients should their dentist be running late or unexpectedly absent on the day of their appointment.

The practice owner provided a template questionnaire that had been used to obtain the patients' views on the service provided by the practice team. We were told a patient satisfaction survey had been conducted in 2014 as part of the dental foundation training process. Whilst we were told patient feedback had been considered and discussed as part of this process, there was no record of what comments had been made or how the practice team had acted upon the feedback provided.

***Improvement needed***

***The practice owner should make arrangements to ensure the practice can demonstrate it regularly assesses patients' views and the action taken in response to feedback provided.***

The practice provided both NHS and private dental treatment. Details of the NHS pricing bands for treatment were displayed along with information on patient eligibility for free treatment. Details of the practice's dental care insurance based scheme were also available. This meant patients visiting the practice had access to information on how much they may have to pay for their dental treatment. Whilst information on the dental insurance scheme was available, costs associated with private treatment were not displayed. Rather, patients would be advised of these costs by their dentist. Therefore, we have recommended the practice owner make arrangements to display a price list setting out costs associated with private dental care and in accordance with standards set by the General Dental Council (GDC).

***Improvement needed***

***The practice owner must make suitable arrangements to display a price list setting out costs associated with private dental care and treatment provided at the practice in accordance with GDC guidelines.***

Health promotion material was available within the waiting room. This meant patients had access to information and advice to help them care for their own oral hygiene and health.

## *Delivery of Health and Care Standards*

Whilst documentation was available to support the safe use of X-rays, we identified improvement was needed in respect of associated staff training and audits in this regard.

Emergency equipment and drugs were available in the event of a patient emergency (collapse) and staff demonstrated knowledge of the action to take in response. However, arrangements need to be made to ensure the equipment and drugs are regularly checked.

We found suitable arrangements were in place for the cleaning and decontamination of dental instruments and the handling, storage and disposal of waste. We identified some improvement was needed in respect of staff training.

Clinical facilities were clean and tidy and contained relevant equipment and instruments. We found that one of the surgeries would benefit from some modernisation.

Overall, patient dental records had been well maintained, however we did identify some areas for improvement around recording ongoing patient consent and the dentist countersigning medical histories.

### **Radiographic Equipment/Documentation**

A radiation protection file contained all the relevant documentation and information on the safe use of X-ray equipment used at the practice. Safety check certificates were available for two of the three machines. However, whilst documentation indicated the other machine had been checked, the formal safety check safety certificate was not available for inspection. We informed the practice owner of this and were assured the machine had been inspected on 21 April 2015 but the certificate had not been received at the practice.

#### ***Improvement needed***

***The practice owner must make suitable arrangements to ensure the safety check certificate for the X-ray machine identified is available for inspection by HIW.***

We also found, with the exception of one staff member, that records were not available to confirm relevant staff had attended radiography and radiation protection (IR(ME)R) training within the last five years. For the staff member who did have a training certificate, the number of training hours was less than

the minimum five hours which is recommended by the General Dental Council (GDC). The practice owner made enquires with a training provider during our inspection visit with a view to arranging training.

***Improvement needed***

***The practice owner needs to make arrangements to ensure radiography and radiation protection (IR(ME)R) training for relevant staff is up to date and as required by the Ionising Radiation (Medical Exposure) Regulations 2000. A system should be implemented to demonstrate this.***

Digital X-rays were used and whilst a quality assurance audit had been completed in 2008 we suggested this be repeated more frequently. This is to ensure that the use of X-rays is regularly monitored to identify any recurring issues so remedial action can be taken as appropriate.

**Resuscitation and First Aid / Emergency Drugs**

Resuscitation equipment and emergency drugs for use in the event of a patient emergency (collapse) were available at the practice. We found the first aid kit contained dressings that had expired and informed the practice owner of this so these could be replaced. The practice owner agreed to do this and we have recommended a system be implemented to ensure emergency drugs and equipment at the practice are checked regularly in accordance with guidelines set out by the Resuscitation Council (UK)<sup>4</sup>. This is to ensure drugs nearing their expiry date are identified and replaced promptly and that equipment is suitable for use.

***Improvement needed***

***The practice owner should make suitable arrangements to implement and maintain a system to regularly check emergency drugs and equipment at the practice in accordance with guidelines set out by the Resuscitation Council (UK). This with a view to identify and replace drugs nearing their expiry date and to check equipment is suitable for use.***

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<sup>4</sup> 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.

A series of flowcharts were available to guide staff on the appropriate steps to take should a patient emergency be identified. Staff we spoke to demonstrated knowledge of the action to take in the event of a patient emergency.

We found prescription pads were not being stored securely and informed the practice owner who agreed to address this.

Staff we spoke to confirmed they had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Training records we saw supported this. The practice owner confirmed no first aider was appointed as staff had received training on medical emergencies and CPR. We discussed the need for an appointed first aider and the practice owner should seek clarification and advice from the Health and Safety Executive on the requirements in this regard.

### **Handling, Storage and Disposal of Hazardous and Non- Hazardous Waste**

Contract documentation was in place for the disposal of hazardous waste. Arrangements were in place to securely store waste waiting to be collected.

The practice had an amalgam separator<sup>5</sup> so amalgam (fillings) particles could be removed from waste water safely. In addition suitable containers were available to store extracted teeth, including those with amalgam fillings whilst waiting to be disposed of safely.

### **Decontamination of Instruments and Compliance with WHTM 01-05 (Revision 1)**

We found an appropriate process in place for the cleaning and sterilisation of instruments. The practice had a separate decontamination room as recommended within Welsh Health Technical Memorandum 01-05 (revision 1) (WHTM 01-05)<sup>6</sup>. This, together with the use of appropriate control procedures should reduce the risk of cross contamination of instruments.

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<sup>5</sup> A device that removes particles of mercury amalgam (found in some dental fillings) from waste water before it enters the sewer system.

<sup>6</sup> [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

Records indicated regular checks had been performed on the equipment in the room. However, we suggested that test strips used on the ultrasonic bath<sup>7</sup> be retained to demonstrate its effectiveness. Equipment being used for the cleaning and sterilisation of instruments was visibly in good condition. An up to date safety inspection certificate for the autoclave machine<sup>8</sup> was available.

We saw that instruments were appropriately packaged to reduce the risk of contamination when stored. A system was in place to identify the date the instruments had to be used by.

We saw evidence that an infection control audit had been completed using a recognised tool specifically aligned to WHTM 01-05. This allows dental teams to self assess their practice against the policy and guidance set out within it. However, we could not determine from the records available what the outcome of the audit was or any action taken as a result. Therefore the practice owner should make arrangements to demonstrate this as part of the overall quality assurance process.

From the training records available, not all staff had attended decontamination training. Therefore the practice owner should make suitable arrangements to ensure all relevant staff receive such training and implement a system to demonstrate this.

### ***Improvement needed***

***The practice owner should make suitable arrangements to ensure all relevant practice staff receive appropriate decontamination training and implement a system to demonstrate this.***

### **Clinical Facilities**

We looked at the clinical facilities within the practice. We found these to be clean and tidy. Equipment and instruments were clean and visibly in good condition. Whilst the practice had a fillings mixer machine, the practice owner may wish to consider increasing this provision so staff have access to more

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<sup>7</sup> An ultrasonic bath cleans items using ultrasound (usually from 20–400 kHz) and an appropriate cleaning solvent.

<sup>8</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

than one machine at a time. This may prevent any undue delay in providing treatment.

A safety inspection certificate was available for the compressor<sup>9</sup> used at the practice. Sufficient hand washing facilities and disposable protective equipment were available to reduce the risk of cross infection.

We found that one of the surgeries would benefit from some modernisation to update the cabinetry, floor and work surfaces to make cleaning easier. The practice owner had already identified this as an area for future development.

### **Patient Records**

We considered a sample of five patient dental records. This sample included records that had been completed by all of the dentists working at the practice.

Overall, the records demonstrated care had been planned and delivered in a manner to ensure patient safety and wellbeing. However, we did identify some areas for improvement. Patient consent to treatment and basic periodontal examination (BPE) <sup>10</sup>scores had not always been noted. In addition we found some treatment plans would benefit from having more detail recorded within them.

Also written patients' medical histories, whilst completed, had not always been countersigned by the dentist. A signature would demonstrate they had considered by the dentist when planning initial treatment. There was evidence to support that patients had been asked whether there were any changes to their medical history at subsequent visits.

### ***Improvement needed***

***The practice owner must make suitable arrangements to ensure:***

- ***Dental records reflect ongoing patient consent to treatment and that basic periodontal examinations have been performed***
- ***Initial medical histories are countersigned by the dentist.***

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<sup>9</sup> A compressor pressurises air for use in dental procedures.

<sup>10</sup> The BPE is a screening tool which is used by dentists to identify gum disease.

## ***Management and Leadership***

**The practice owner was responsible for the overall management of the practice. A range of relevant policies and procedures were in place with the intention of ensuring patients' safety.**

**We identified the written concerns (complaints) procedure needed revising to fully comply with current arrangements for responding to complaints about NHS care in Wales and the regulations for private dentistry.**

The principal dentist (practice owner) was responsible for the overall management of the practice.

Records we saw indicated clinical staff working at the practice were registered with the General Dental Council and had indemnity cover in place. The dentists who provided private dental services were registered with HIW in accordance with the regulations for private dentistry. Their registration certificates were prominently displayed in accordance with the aforementioned regulations.

Records were available confirming clinical staff working at the practice had received Hepatitis B vaccinations. This meant staff had taken appropriate steps to ensure their and patients' safety in this regard.

The practice had a range of relevant policies and procedures with the intention of ensuring patient care and treatment was delivered safely. These included policies in respect of safeguarding vulnerable adults and children and infection control procedures. We suggested that the safeguarding policies also contain the contact details of local safeguarding teams. This would mean staff would have easier access to these details should they require advice on safeguarding issues or need to make a referral. Staff told us they had attended training on child protection but not adult protection. Therefore the practice owner should make arrangements to ensure staff receive training on this topic.

### ***Improvement needed***

***The practice owner should make suitable arrangements to ensure relevant practice staff receive adult protection training.***

Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD). This meant that patients were treated by staff who had appropriate skills and up-to-date training. Whilst some training certificates were available these did not reflect the range of topics

described by staff. Therefore the practice owner should implement a formal system to demonstrate what training the practice staff have attended.

Staff also told us that regular staff meetings were held and topics relevant to their work were discussed. We saw notes supporting this process.

The practice provided both private and NHS care and treatment and had a written procedure in place for patients to raise concerns (complaints). The procedure needed to be reviewed to fully meet *Putting Things Right*, the arrangements for handling concerns (complaints) about NHS treatment in Wales and also the requirements of the private dentistry regulations.

The procedure also incorrectly referred to NHS patients being able to ask for a review by the Independent Review Secretariat. This is out of date and does not form part of the current *Putting Things Right* arrangements. In addition it did not contain the contact details for the Public Services Ombudsman for Wales as required under the above arrangements. Whilst the contact details for the local community health council and health board were included, these were also out of date.

To comply with the private dentistry regulations in respect of complaints about private dental care, the contact details for Healthcare Inspectorate Wales need to be included on the complaints procedure. In addition the timescale for responding to complaints needed to reflect that set out within the regulations. The contact details of the Dental Complaints Service should also be included as recommended within the standards set by the General Dental Council (GDC).

We made the practice owner aware of our findings who agreed to update the practice's procedure.

### ***Improvement needed***

***The practice owner must make arrangements to revise the practice's concerns (complaints) procedure so it fully reflects the current 'Putting Things Right' arrangements and up to date contact details of relevant agencies.***

***In addition, for complaints about private dental services, the contact details of Healthcare Inspectorate Wales need to be included and the timescale for responding to complaints needed to reflect that set out within the regulations.***

***The contact details of the Dental Complaints Service should also be included.***



Information for patients on how to raise a concern (complaint) was displayed at the practice and set out within an information leaflet. However, the information provided to patients will need to be revised as set out above. Of the patients who completed questionnaires, 11 patients told us they were not aware of how to make a complaint. Therefore the practice owner may wish to explore how patients' awareness of the procedure can be improved.

The practice owner had introduced the use of a complaints log to capture details of concerns (complaints) received. This had been done with the intention of identifying themes emerging from complaints so service improvements could be made as appropriate.

The practice had a whistleblowing policy. This would benefit from including contact details of external support agencies who staff could contact for advice if needed. Whilst there was a policy in place, staff told us they felt comfortable in raising any work related concerns they may have directly with the practice owner prior to, and therefore potentially instead of, escalating their concerns through the whistleblowing process.

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 relevant regulations and standards. Whilst no specific recommendation has been made in this regard, 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*

**The practice premises was visibly well maintained both internally and externally.**

Ty Gwyn Dental Practice is located in the town of Morriston. The exterior of the building was visibly well maintained and the practice was clearly signposted. The practice had some designated car parking immediately behind it and parking was available on the main road directly outside, although we were told this was time limited. The town's free public car park was located in the vicinity.

The practice had a permanent ramp to the main entrance so that people who use wheelchairs or mobility aids could access the building. Facilities within the practice were organised over three floors. These included a reception, a waiting room and a surgery on the ground floor and two further surgeries on the first floor. Facilities for staff were located on the second floor. Signage was displayed, directing patients to the waiting room, surgeries and toilet. Areas we inspected were clean, tidy and suitably lit and ventilated.

Toilet facilities for patients and staff were available and located on the ground and second floors respectively. Access to the patient toilet was not suitable for patients who use wheelchairs. The toilets were clean and hygienic and contained suitable hand washing facilities to reduce cross infection.

We found arrangements were in place to protect patients' personal information held at the practice. Lockable filing cabinets were in use to store records securely and staff access to electronic records was password protected. Arrangements were in place to back up electronic data should local computer systems fail or be damaged.

Fire exits were clearly signposted and the instructions to follow in the event of a fire were displayed. Fire fighting equipment was available and maintenance labels indicated they had been serviced within the previous 12 months. This meant staff and patients had information so they could safely evacuate the building in the event of a fire and suitable equipment was available for staff to use if necessary.

A gas safety certificate was available but this had been issued more than 12 months previously. We discussed this with the practice owner and recommended that he make suitable arrangements to check whether a further safety check of gas fired appliances was required. The practice owner agreed to do this.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the patient experience, delivery of Health and Care Standards and management and leadership. 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 Ty Gwyn 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: Ty Gwyn Dental Practice**

**Date of Inspection: 18 May 2015**

<b>Page Number</b>	<b>Improvement Needed</b>	<b>Practice Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>
	<b>Patient Experience</b>			
7	The practice owner should make arrangements to ensure the practice can demonstrate it regularly assesses patients' views and the action taken in response to feedback provided.  (The Health and Care Standards, Standard 6.3)			
7	The practice owner must make suitable arrangements to display a price list setting out costs associated with private dental care and treatment provided at the practice in accordance with GDC guidelines.			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	(The Health and Care Standards, Standard 4.2; GDC Standards for the Dental Team, Standard 2.4.1)			
<b>Delivery of Health and Care Standards</b>				
8	<p>The practice owner must make suitable arrangements to ensure the safety check certificate for the X-ray machine identified is available for inspection by HIW.</p> <p>(The Health and Care Standards, Standard 2.9)</p>			
9	<p>The practice owner needs to make arrangements to ensure radiography and radiation protection (IR(ME)R) training for relevant staff is up to date and as required by the Ionising Radiation (Medical Exposure) Regulations 2000. A system should be implemented to demonstrate this.</p> <p>(The Health and Care Standards, Standard 2.9)</p>			
9	<p>The practice owner should make suitable arrangements to implement and maintain a system to regularly check emergency drugs and equipment at the practice in accordance</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>with guidelines set out by the Resuscitation Council (UK). This with a view to identify and replace drugs nearing their expiry date and to check equipment is suitable for use.</p> <p>(The Health and Care Standards, Standard 2.9; Resuscitation Council (UK) - Primary Care - Minimum Equipment and Drug Lists for Cardiopulmonary Resuscitation, Section 3)</p>			
11	<p>The practice owner should make suitable arrangements to ensure all relevant practice staff receive appropriate decontamination training and implement a system to demonstrate this.</p> <p>(The Health and Care Standards, Standard 2.4)</p>			
12	<p>The practice owner must make suitable arrangements to ensure:</p> <ul style="list-style-type: none"> <li>• Dental records reflect ongoing patient consent to treatment and that basic periodontal examinations have been performed</li> <li>• Initial medical histories are countersigned by the dentist.</li> </ul>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	(The Health and Care Standards, Standard 3.5; GDC Standards for the Dental Team, Standard 4.1)			
<b>Management and Leadership</b>				
13	<p>The practice owner should make suitable arrangements to ensure relevant practice staff receive adult protection training.</p> <p>(The Health and Care Standards, Standard 2.7)</p>			
14	<p>The practice owner must make arrangements to revise the practice's concerns (complaints) procedure so it fully reflects the current 'Putting Things Right' arrangements and up to date contact details of relevant agencies.</p> <p>In addition, for complaints about private dental services, the contact details of Healthcare Inspectorate Wales need to be included and the timescale for responding to complaints needed to reflect that set out within the regulations.</p> <p>The contact details of the Dental Complaints Service should also be included.</p> <p>(The Health and Care Standards, Standard</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	6.3; GDC Standards for the Dental Team, Standard 5.1; The Private Dentistry (Wales) Regulations 2008 15(4)(a))			
<b>Quality of Environment</b>				
-				

**Practice Representative:**

**Name (print):** .....

**Title:** .....

**Date:** .....