

General Dental Practice Inspection (Announced)

**Powys Teaching Health
Board, IDH Llandrindod
Wells Dental Clinic**

29 April 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Integrated Dental Holdings (IDH) Llandrindod Wells Dental Clinic at 1st Floor, Old Town Hall, Temple Street, Llandrindod Wells within the area served by Powys Teaching Health Board on 29 April 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 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

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 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

IDH Llandrindod Wells Dental Clinic provides services to patients in the Llandrindod Wells area. The practice forms part of dental services provided within the geographical area known as Powys Teaching Health Board. IDH is a large company which owns a significant number of dental practices across the United Kingdom.

IDH Llandrindod Wells Dental Clinic provides solely private dental services. The practice is located on the first floor and shares a building with a funeral director and another IDH dental practice (IDH Llandrindod Wells Family Dental Practice), which provides dental services mainly to NHS patients. IDH Llandrindod Wells Family Dental Practice was not part of this inspection.

The practice employs a staff team which includes one dentist, two nurses, one hygienist and one practice manager. A range of general dental services are provided.

4. Summary

HIW explored how IDH Llandrindod Wells Dental Clinic meets the standards of care set out in the Health and Care Standards (April 2015).

All patients told us they were satisfied with the service they received from the dental practice. Feedback from the HIW questionnaires was positive. The practice needed to develop a method of gaining patient views and feedback to regularly assess the quality of the service provided. We also identified improvements needed to some information provided to patients on health promotion, emergency care arrangements and the information provided on the practice website.

Overall, we found care and treatment was planned and delivered safely to patients. The room used for cleaning dental instruments was used by both of the IDH dental practices sharing the building. Due to this shared arrangement, processes for the cleaning of instruments were confusing and we made recommendations regarding this and other decontamination procedures. In general, the patient records at the practice were clear, well defined and easy to follow. However, we identified some minor improvements needed to ensure consistency and accuracy.

We saw that the practice was being run safely by an experienced practice manager. The practice had been acquired by a new provider in July 2014 and new policies had been introduced. However, we found that these policies were generic and needed to be made specific for use at this practice. Staff needed to be made aware of the policies. We also made recommendation regarding staff appraisals and training.

We found the practice was recently decorated and the building was appropriately maintained to provide a safe environment for patients to receive treatment.

5. Findings

Patient Experience

All patients told us they were satisfied with the service they received from the dental practice. Feedback from the HIW questionnaires was positive. The practice needed to develop a method of gaining patient views and feedback to regularly assess the quality of the service provided. We also identified improvements needed to some information provided to patients on health promotion, emergency care arrangements and the information provided on the practice website.

The practice was asked to give out HIW questionnaires to obtain patient views of the dental services provided. Ten patient questionnaires were completed. The dentist came into the practice for the inspection but was not seeing patients on the day, so we did not speak to patients on this occasion. All patients said they were satisfied with the care they received at the practice and felt welcomed by staff. Eight patients also stated they had been at the practice for over 10 years.

A sample of patient comments included the following:

“Excellent care from dentist/hygienist and all staff.”

“Have always received excellent care at this practice and would recommend the whole staff to anyone needing dental treatment.”

“The whole team are very welcoming and professional. All my needs are met and I am always well informed. The dental treatment I have is always at a high standard.”

“Always been very happy with the service we have received. The staff are all helpful, polite and friendly.”

All patients said they had not experienced delay in being seen by the dentist. Most patients also knew how to access emergency dental services. However, the emergency contact number for out of hours treatment was not on display at the practice and when we called the practice, there was no contact number provided on the practice’s answer phone message.

Improvement needed

The practice should ensure that patients are provided with clear information about arrangements for emergency care including the out of hours arrangements.

All patients said they received enough information about their treatment and we saw treatment options were recorded in patient notes. One patient commented, “*I am always well informed and questions are always welcomed and well answered*”. We have advised the practice about providing written treatment information to patients in the Delivery of Health and Care Standards section of this report (page 13).

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 seen quickly when required.

The practice had a comments book available for patients, but this was not often completed and there was not a system for regularly gaining patient views as a way of assessing the quality of the service provided. We discussed the need for patient feedback, such as through patient questionnaires, with the practice manager who agreed to address this.

Improvement needed

The practice should develop a robust method of gaining patient views and feedback to regularly assess the quality of the service provided.

Two patients told us they were unsure of how to make a complaint. However, we saw a complaints poster was clearly displayed in the patient waiting area. We have identified improvements needed to the complaints policy in the Management and Leadership section of this report (page 15).

The practice had a corporate website that was clear and easy to navigate. We noticed the website included information on how patients could make a complaint and referenced suitable organisations for patients in Wales to contact. However, it should also be noted that private patients can contact HIW regarding complaints. The website did not include the General Dental Council⁴

⁴ The General Dental Council is the organisation which regulates dentists and dental care professionals in the United Kingdom. Anybody who wants to work in the UK as a dentist or dental care professional must be registered with the General Dental Council.

address, or a link to their website as required under the General Dental Council guidelines for advertising. The date when the website was last updated was also missing.

Improvement needed

The practice should ensure that information provided on its website complies with the General Dental Council guidelines for advertising.

There was no practice information leaflet available for patients. Staff told us they were waiting for updated copies with the new provider information and branding.

We found there was minimal health promotion information displayed in the reception/waiting area. We advised the practice to consider providing further health promotion information such as mouth cancer awareness, smoking cessation and information on diet choices. This is because under the Health and Care Standards, patients should be supported to take responsibility for their own health.

Improvement needed

The practice should provide further health promotion information to patients.

The practice should also consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages including Welsh. The need for this could be assessed through gaining patient feedback.

Delivery of Health and Care Standards

Overall, we found care and treatment was planned and delivered safely to patients. The decontamination room was used by both of the IDH dental practices sharing the building. Due to this shared arrangement, processes for the cleaning of instruments were confusing and we made recommendations regarding this and other decontamination procedures. In general, the patient records at the practice were clear, well defined and easy to follow. However, we identified some minor improvements needed to ensure consistency and accuracy.

Clinical facilities

We looked at the clinical facilities in each surgery and found these contained relevant equipment for the safety of patients and staff. We noted that both surgeries were clean and tidy. In general, we found instruments were stored appropriately. However, we saw that there were a few instruments (mirror heads) stored on an open surface behind the sinks in the decontamination room, which could become contaminated. Even if these instruments are cleaned before use, it is good practice to ensure instruments are not stored in this way.

Improvement needed

The practice should ensure that instruments in the decontamination room are not stored on open work surfaces and are protected from contamination.

We also found there were some materials that were out of date. We raised this with the practice manager who immediately disposed of them.

Decontamination of instruments

The practice had a dedicated room for the cleaning and sterilisation of dental instruments and generally had suitable processes in place to prevent patients from cross infection. The decontamination room was used by both IDH dental practices sharing the building. Due to this shared arrangement, there were separate areas and cleaning equipment for each practice. However, this meant there was not a clear dirty to clean workflow, where dirty instruments should be separated from areas where clean instruments are handled in order to prevent any contamination and cross-infection. The current workflow also became confusing when more than one nurse was using the room at the same time. This workflow of instruments could easily be improved by changing the labelling

of the clean/dirty areas and sinks in the room to meet recommended good practice in the WHTM 01-05.

Improvement needed

The practice should re-consider the arrangements for processing instruments in the decontamination room so that a clear clean to dirty workflow of instruments can be maintained.

Dedicated hand washing sinks and separate sinks for cleaning and rinsing instruments were available. These sinks were fitted with elbow taps to assist with infection control, but we noticed that staff only operated the taps by hand. We advised the practice to use these features. Appropriate personal protective equipment was available to help with infection control. However, we saw that two nurses conducting decontamination on the day of inspection were not wearing the necessary personal protective equipment to prevent cross infection, specifically, disposable aprons and face shields. We also saw that although the infection control policy stated that heavy duty gloves should be worn when cleaning instruments, the gloves in use on the day of inspection were domestic household gloves and were not thick enough to protect staff from potential sharps injuries.

Improvement needed

The practice should ensure that suitable personal protective equipment should be worn by all staff when conducting decontamination.

We looked at the way instruments were carried around the practice and saw that the practice's infection control policy stated this should be done using clear boxes labelled 'clean' and 'dirty' to reduce the risk of contaminating clean instruments. Although the boxes used by the practice had coloured lids to distinguish them, the boxes from the other dental practice were not labelled. As both practices were using the same room and helped with each others instrument cleaning, there is the possibility that clean/dirty boxes could get confused. We also saw that one of the boxes was bent out of shape meaning the lid could not close easily to ensure instruments were secured when being carried.

Improvement needed

The practice should ensure that instrument transport containers are capable of being closed securely and are labelled according to the practice's infection control policy.

When we watched the nurse conduct a decontamination cycle, we noticed that one of the instruments (scaler) was fractured. In accordance with WHTM 01-05, instruments should be inspected for cleanliness and to check for any wear or damage before sterilisation. We reminded the nurse and the practice to ensure that any instruments found to be damaged were reported and replaced as appropriate.

During the inspection, we saw that the door to the decontamination room and adjacent surgery were wedged open. We advised the practice that in order to prevent potential cross infection between the surgery and decontamination room and to protect the privacy of patients, both doors should be kept closed when in use.

Logbooks had been maintained for cleaning equipment and there was evidence that standard checks performed by nursing staff at the start and end of each day were recorded. Testing strips to show that the cleaning equipment (steriliser) had reached the appropriate temperature each day (indicating the equipment was safe to use) were recorded correctly. However, we found that some of the corresponding staff signatures and time of testing had not always been recorded. We advised the practice to ensure that a staff member checks to see that all appropriate information has been recorded each day.

We saw evidence that staff had completed individual training in decontamination and the infection control policy was displayed in the cleaning area. The practice had conducted a recent infection control audit, but we did not see that an improvement plan had been developed. We also noticed the audit tool used was primarily designed for use in England and we advised the practice to use the audit tool specific to Wales developed by Cardiff University, as recommended by the Welsh specific WHTM 01-05 guidelines.

Improvement needed

The practice should develop an improvement plan to address the issues highlighted by the infection control audit.

Waste disposal

We did not look at the arrangements for waste disposal on this occasion.

Radiographic (x-ray) equipment

We did not look in detail at radiographic (x-ray) equipment at the practice. We saw evidence that the dentist had conducted appropriate training on ionising radiation. The practice manager confirmed that the nurses were not involved in taking x-rays as they were newly qualified. Most relevant documentation,

including safety checks, latest maintenance and testing were available to show the equipment was safe to use. However, we found that information regarding the installation of the equipment was missing and there were some gaps in service history. The practice manager explained that these records had been misplaced by the previous practice manager. We also noticed that the radiation protection file, which should include details about the x-ray procedures for staff to follow, had not been completed with local details specific to the practice. The practice had also not conducted quality assurance audits for x-rays to ensure the image quality.

Improvement needed

The practice should ensure the radiation protection file is completed with local details, specific to the practice and x-ray equipment.

The practice should conduct quality assurance audits for radiographic equipment as required in the Ionising Radiation (Medical Exposure) Regulations.

Medical emergency equipment and medication

We saw that staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. We saw that staff had received up-to-date training on how to deal with medical emergencies. We found that emergency equipment and medication was stored securely in sealed bags. Because the bags were sealed, we did not inspect the equipment on this occasion. As part of the IDH systems, drug expiry dates are held by head office and were automatically re-ordered when required.

Patient records

We looked in detail at a sample of five patient records. Overall, the patient records at the practice were clear, well defined and easy to follow. However, we identified some minor improvements needed to ensure consistency and accuracy. In our discussions with the dentist, it was clear she had a high level of care and compassion for her patients and was keen to work towards their best interests at all times. The dentist readily agreed to address the areas we highlighted in the patient notes.

The practice had recently changed the system patient medical histories. Previously, medical histories were scanned onto the software system and appeared electronically in patient notes. However, after moving to a new software system, medical histories forms were adapted and kept as paper copies in a locked store room. While there is nothing wrong with this new system, it meant accessing the medical histories for patients who had not been

seen recently would be time consuming, as the dentist would need to retrieve the medical history from the old software system before checking with the patient if there were any changes. We discussed this with the dentist, who was well aware of this issue and said she retrieved the medical histories at the start of each day for the patients she was due to see. This issue would be resolved in time as patients were transferred onto the new system. However, we found there were some discrepancies between the medical history information recorded on paper and the electronic patient notes, which we highlighted to the dentist.

When reviewing the patient records, we noticed some errors relating to the automatic patient note completion of the electronic record software (which helps dentists to complete patient notes quickly). For example, we saw additional text was added by mistake to patient records which meant some aspects of records were unclear. When discussing this with the dentist, she explained this was due to her unfamiliarity with the new software.

We were told that all patients were given treatment plans and we saw that the different treatment options discussed with patients were recorded within patient notes. The practice also had a suitable method of obtaining valid consent from patients. The dentist told us that procedures such as root canal and teeth extractions were explained verbally to patients. We advised the practice to also consider providing patients with written information on treatment/procedures so that patients could consider this and make an informed decision.

We found that the justifications for why x-rays needed to be taken and the clinical findings (what the x-rays showed) were not always recorded in patient notes. We also found that although the quality of the x-ray image was recorded, this was done in patient notes, rather than a separate book or area within the electronic system, which meant it would be more difficult for the dentist to audit the quality of the images taken.

Improvement needed

Improvements should be made to patient record keeping, particularly regarding:

- ***The dentist should be mindful of using software auto-notes and the potential errors this can generate in patient records***
- ***The system for medical histories should be reviewed to ensure that information recorded on paper is consistent with information recorded in the electronic records***
- ***Justifications and clinical findings from x-rays should be recorded.***

Management and Leadership

We saw that the practice was being run safely by an experienced practice manager. The practice had been acquired by a new provider in July 2014 and new policies had been introduced. However, we found that these policies were generic and needed to be made specific for use at this practice. Staff needed to be made aware of the policies. We also made recommendation regarding staff appraisals and training.

The practice had been acquired by IDH, a corporate provider, in July 2014. As part of the acquisition, information at the practice was in the process of being re-branded and new policies had been introduced. An experienced practice manager was responsible for day-to-day running of the practice. Staff we spoke to were happy in the roles and had a clear understanding of their responsibilities.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place. These policies were updated and kept centrally at the provider head office. However, we found that the policies lacked a consistent date system to show they were the latest version. For example, some policies had version dates of 2012 and 2013 but did not have dates for review, while others had a review date in 2014 which had now lapsed. We also found that the policies needed to be adapted for local use at the practice, for example in some policies such as the adult and child safeguarding, the safeguarding contacts for the area had not been included. Some policies had recent staff signatures, but the majority did not. The practice manager told us they were in the process of asking staff to read and sign the new policies. Staff told us they were unsure about some of the new provider policies. We advised the practice to ensure that staff are aware of the policies that guide their day-to-day activities.

Improvement needed

The practice should have a robust system for ensuring all policies and procedures are current (i.e. using a consistent date system), adapted for local use and that staff are aware of them.

The practice manager told us that annual appraisals had not been conducted for staff in the last two years, but they would conduct these in future.

Recommendation

The practice should ensure that appraisals are conducted for all staff working at the practice.

The dentist told us that they conducted peer review audits with the dentists at the other IDH practice downstairs in the building and the dentists sometimes had clinical discussions together. The dentist told us her main clinical support was through a clinical director at IDH with whom she had a good relationship and felt able to discuss any issues. This meant there were arrangements at the practice to help ensure the quality and safety of the care provided.

We looked at a sample of staff files at the practice. We confirmed that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance. We were told that the nurses had basic indemnity cover through IDH, but had recently been asked to seek their own indemnity insurance.

We looked at a sample of personal continued professional development (training) files which showed that staff had access to training opportunities relevant to their role. Staff had conducted training in child protection, but not all staff had conducted recent adult protection training.

Improvement needed

The practice should ensure that all staff have appropriate training and awareness of both adult and child safeguarding.

We saw records to show that staff had received appropriate vaccinations to protect them against blood-borne viruses. There were also suitable arrangements for occupational health support for staff through the health board. The practice also had suitable arrangements for the recording of accidents and incidents.

Staff meetings were conducted approximately every month. A range of topics were discussed, including infection control. We saw notes from recent staff meetings which confirmed this was the case.

The practice manager told us that no written complaints had been received by the practice to date. There was an online system through IDH for the practice to record written, verbal and informal complaints. Written complaints would be scanned and uploaded onto this system. The practice manager told us that informal and verbal complaints were recorded within the patient files, but this was not logged onto the online system. We advised the practice to ensure there was a method by which verbal and information complaints could be summarised, so that any themes emerging could be identified.

We looked at the practice's complaints policy and found there were some updates needed in order to comply with the Private Dentistry Regulations for private patients. The timescale for responding to complaints was given as 20

days, rather than the 10 days required by the regulations. The complaints policy was also missing the details of HIW for patients to contact in the event of a complaint. As the practice provided services to private patients only, the references to NHS trust and Community Health Council should be removed as they are only applicable to NHS patients. We also saw that the complaints poster in the patient waiting room differed to that of the complaints policy. This poster was also missing the HIW contact details and referenced NHS bodies that are not applicable to private patients.

Improvement needed

The practice must ensure the complaints policy and poster displayed in patient waiting area complies with the Private Dentistry Regulations. Specifically, it must include the address of HIW and appropriate timescales for responding to complaints (10 days not 20 days). References to NHS bodies/organisations should be removed as they are not applicable to private patients.

At the time of our inspection, the dentist had a Disclosure and Barring Service (DBS) certificate dated within the last three years, in line with the regulations for private dentistry. We saw that whilst not mandatory, the nursing staff also had DBS checks completed within the last three years.

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

We found the practice was recently decorated and the building was appropriately maintained to provide a safe environment for patients to receive treatment.

The practice is located in the town centre of Llandrindod Wells in a converted listed building. The building is shared with another IDH dental practice and a funeral director. The practice has two surgeries (one was used by the hygienist and occasionally by one of the dentists from the other dental practice), a reception and patient waiting area on the first floor. Patient car parking is available in a public car park close to the practice.

Access to the ground floor of the building is limited for wheelchair users due to the small lip at the front door and standard width doorframes, which may not be suitable for larger wheelchairs. There was no ramp or handrails available by the front door. The only access to practice on the first floor was via a stair case. However, the practice manager explained they had an agreement with the other dental practice on the ground floor to use of one of the downstairs surgeries where necessary, so that patients with mobility difficulties and wheelchair users could be seen.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally. The interior of the practice had been recently redecorated and provided a pleasant environment for patients. The practice was clean, tidy and satisfactorily lit throughout. The waiting area was a suitable size for the number of surgeries.

In the main dental surgery, we saw that the dental chair directly faced the window and the blinds were not drawn. This meant that patients receiving treatment could potentially be seen by members of the public from outside, which would infringe the patient's privacy and confidentiality. We discussed this with the practice who agreed to ensure arrangements were made to cover the window when patients were seen.

Improvement needed

The practice should ensure suitable arrangements are made to ensure that the window in the main surgery is covered during patient treatment, so that patients cannot be seen and their confidentiality and privacy is protected.

There was a sign outside the practice with the opening hours. The name and General Dental Council registration number of the dentist working at the

practice was displayed. However, the names and registration numbers for the other dental care professionals working at the practice were not displayed in accordance with General Dental Council standards.

Improvement needed

The practice should ensure to display information and registration numbers for the members of the team, including dental nurses, in an area where it can be easily seen by patients.

In accordance with the private dentistry regulations, the dentist providing private treatment was registered with HIW and their registration certificate was displayed within the practice. As the practice was in the process of being re-branded, we reminded them that the dentist would need to update the HIW certificate once the practice name had been changed.

The building had a patient toilet on the ground floor which could also be used by patients of the first floor practice, but this was not an accessible toilet. There was a staff toilet on the first floor and there were suitable staff facilities for changing and resting. Both toilets were visibly clean and contained suitable hand washing facilities to prevent cross infection.

Fire exits were signposted and fire extinguishers had been appropriately inspected. Electronic patient records were stored securely at the practice and were backed-up daily onto a central offsite server. This means that patient records could be retrieved in the event of fire/damage at the practice.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the improvements identified in this report. 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 IDH Llandrindod Wells Dental Clinic 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.

This report does not include the provider improvement plan. This is because at the time of publication, HIW had not received an improvement plan from the provider.

HIW will ensure that the provider submits an improvement plan that addresses the areas for improvement identified in this report. This will be published on our website.

Appendix A

General Dental Practice: Improvement Plan

Practice: IDH Llandrindod Wells Dental Clinic

Date of Inspection: 29 April 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
7	The practice should ensure that patients are provided with clear information about arrangements for emergency care including the out of hours arrangements. [General Dental Council Standards 2.3.9]			
7	The practice should develop a robust method of gaining patient views and feedback to regularly assess the quality of the service provided. [Health and Care Standards 6.3]			
8	The practice should ensure that information provided on its website complies with the			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	General Dental Council guidelines for advertising. [General Dental Council: Ethical Advertising Guidelines]			
8	The practice should provide further health promotion information to patients. [Health and Care Standards 1.1]			
Delivery of Health and Care Standards				
9	The practice should ensure that instruments in the decontamination room are not stored on open work surfaces (mirror heads behind the sinks) and are protected from contamination. [WHTM 01-05 section 2.4j]			
10	The practice should re-consider the arrangements for processing instruments in the decontamination room so that a clear clean to dirty workflow of instruments can be maintained. [WHTM 01-05 section 5.4]			
10	The practice should ensure that suitable personal protective equipment should be			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>worn by all staff when conducting decontamination.</p> <p>[WHTM 01-05 section 6.15]</p>			
10	<p>The practice should ensure that instrument transport containers are capable of being closed securely and are labelled according to the practice's infection control policy.</p> <p>[WHTM 01-05 section 2.27]</p>			
11	<p>The practice should develop an improvement plan to address the issues highlighted by the infection control audit.</p> <p>[WHTM 01-05 guidelines section 1.8.]</p>			
12	<p>The practice should ensure the radiation protection file is completed with local details, specific to the practice and x-ray equipment.</p> <p>The practice should conduct quality assurance audits for radiographic equipment as required in the Ionising Radiation (Medical Exposure) Regulations.</p> <p>[Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000]</p>			
13	<p>Improvements should be made to patient</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>record keeping, particularly regarding:</p> <ul style="list-style-type: none"> • The dentist should be mindful of using software auto-notes and the potential errors this can generate in patient records • The system for medical histories should be reviewed to ensure that information recorded on paper is consistent with information recorded in the electronic records • Justifications and clinical findings from x-rays should be recorded. <p>[Health and Care Standards 3.5; General Dental Council Standards 4]</p>			
Management and Leadership				
14	<p>The practice should have a robust system for ensuring all policies and procedures are current (i.e. using a consistent date system), adapted for local use and that staff are aware of them.</p> <p>[General Dental Council Standards 6.6.9; Health and Care Standards 7.1]</p>			
14	The practice should ensure that appraisals			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>are conducted for all staff working at the practice.</p> <p>[Health and Care Standards 7.1]</p>			
15	<p>The practice should ensure that all staff have appropriate training and awareness of both adult and child safeguarding.</p> <p>[Health and Care Standards 2.7]</p>			
16	<p>The practice must ensure the complaints policy and poster displayed in patient waiting area complies with the Private Dentistry Regulations. Specifically, it must include the address of HIW and appropriate timescales for responding to complaints (10 days not 20 days). References to NHS bodies/organisations should be removed as they are not applicable to private patients.</p> <p>[Private Dentistry (Amendment) Regulations 2011 section 15(4a)]</p>			
Quality of Environment				
17	<p>The practice should ensure suitable arrangements are made to ensure that the window in the main surgery is covered during patient treatment, so that patients cannot be</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>seen and their confidentiality and privacy is protected.</p> <p>[Health and Care Standards 2.1 and 4.1]</p>			
18	<p>The practice should ensure to display information and registration numbers for the members of the team, including dental nurses, in an area where it can be easily seen by patients.</p> <p>[General Dental Council Standards 6.6.10]</p>			

Practice Representative:

Name (print):

Title:

Date: