

**General Dental Practice
Inspection (Announced)**
Cardiff and Vale University
Health Board
Rhiwbina Dental Surgery

25 August 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Rhiwbina Dental Surgery at 25-27 Heol y Deri, Rhiwbina, Cardiff, CF14 6HB within the area served by Cardiff and Vale University Health Board on 25 August 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

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>

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

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

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

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

3. Context

Rhiwbina Dental Surgery provides services to patients in the Rhiwbina area of Cardiff. It is one of two practices within the Rhiwbina Dental group of practices.

The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board. It is a mixed practice providing both private and NHS dental services.

Rhiwbina Dental Surgery is a training practice for dentists with the Wales Deanery (School of Postgraduate Medical and Dental Education). At the time of this inspection, the practice had no dentist(s) undertaking a foundation year of dental training.

The practice staff team includes five dentists (including the practice owner and four associate dentists), three therapists, a head nurse, four dental nurses and two receptionists. The practice manager and assistant practice manager of the sister practice located nearby share their time between the two practices.

4. Summary

HIW explored how Rhiwbina Dental Surgery met the standards of care set out in the Health and Care Standards (April 2015).

Patients who returned completed questionnaires told us they were satisfied with the service provided at the practice. We found staff being polite and helpful to patients.

We have asked the practice owner to confirm the arrangements being made to update the practice website so that it complies with guidance issued by the General Dental Council.

Arrangements were in place for the safe use of X-ray equipment used at the practice. We have suggested that these arrangements be strengthened through displaying appropriate signage.

The practice had a separate decontamination room as recommended by the national policy and guidance document. Equipment for cleaning and sterilising dental instruments was in visibly good condition. We identified that improvement was needed in respect of recording checks on the sterilising equipment used. Clinical facilities were very clean and tidy and furnished to facilitate ease of cleaning.

We identified that improvement was needed in respect of patient dental records maintained by dentists working at the practice.

A head nurse was responsible for the day to day running of the practice. Senior managerial support was provided by a practice manager and assistant manager who had responsibility for Rhiwbina Dental Surgery and its sister practice located nearby. Staff told us communication within the practice was good.

A range of policies were in place with the intention of providing patients with safe care and treatment. The practice's complaint procedure needed revising to comply with *Putting Things Right*, the arrangements for managing complaints about NHS care and treatment in Wales.

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

5. Findings

Patient Experience

Patients who returned completed questionnaires told us they were satisfied with the service provided at the practice. We found staff being polite and helpful to patients.

We have asked the practice owner to confirm the arrangements being made to update the practice website so that it complies with guidance issued by the General Dental Council.

Prior to our inspection visit, we asked the practice to invite patients to complete HIW questionnaires. In total we received 18 completed questionnaires that had been completed both prior to and on the day of our inspection visit.

Through our questionnaires we invited patients to provide comments on their experience of using the practice. All patients who returned questionnaires told us they were satisfied with the service they had received from the dental practice. In addition all patients indicated that the practice team had made them feel welcome and that they had been provided with enough information about their treatment.

The emergency contact number was displayed at the practice and we were told it was obtainable via the practice's answerphone message. Of the patients who provided comments within questionnaires, 11 told us they were aware of how to contact out of hours dental services. Seven patients told us they did not know. In light of the responses we received, the practice owner may wish to consider how to further raise patients' awareness of the procedure to follow.

Staff described the process for informing patients should their dentist be running late or unexpectedly absent on the day of their appointment. Of those patients who completed HIW questionnaires, 12 told us they had not experienced any delays when waiting to be seen. Those who told us they had, (six patients) indicated that this had not caused them a problem.

Some patients made additional comments about their experience. These included:

'Friendly, informative staff who always give a warm welcome.'

'The [practice] operates an effective email service where queries about appointments are promptly responded to.'

'The receptionists/nurses are always extremely friendly.'

'...very happy with everything.'

We also had the opportunity to speak to one patient (visiting the practice on the day of our inspection) who also made positive comments about the service provided by the practice team.

Senior staff explained that the practice team received feedback from annual patient satisfaction surveys conducted on behalf of the dental payment plan provider. We were also told that a comments box was used to collect patients' views about the service on an annual basis. We were told comments received were considered and acted upon as necessary. This meant patients had the opportunity to provide comments on their experience so these could be considered by the practice team with a view to making service improvements as appropriate.

Information for patients was displayed within the practice on a television monitor. A combined website, for the practice and its sister practice nearby, provided contact details, information on treatments available and staff profiles. This required updating to reflect the current staff team and to include other information to fully meet guidance⁴ as set out by the General Dental Council (GDC). Senior staff explained that arrangements were being made to update the website and we have asked the practice owner to confirm the details of these to HIW.

Improvement needed

The practice owner needs to confirm to HIW the arrangements made to update the practice's website so that it complies with guidance issued by the General Dental Council.

Details of the NHS pricing bands for treatment were displayed together with information on the criteria for receiving free NHS treatment. Prices for private dental services were also available. This meant patients visiting the practice had easy access to information telling them how much they may have to pay for their dental treatment.

⁴ GDC Principles of Ethical Advertising: <http://www.gdc-uk.org/Dentalprofessionals/Standards/Pages/Ethical-advertising.aspx>

Delivery of Health and Care Standards

Arrangements were in place for the safe use of X-ray equipment used at the practice. We have suggested that these arrangements be strengthened through displaying appropriate signage.

The practice had a separate decontamination room as recommended by the national policy and guidance document. Equipment for cleaning and sterilising dental instruments was in visibly good condition. We identified that improvement was needed in respect of recording checks on the sterilising equipment used. Clinical facilities were very clean and tidy and furnished to facilitate ease of cleaning.

We identified that improvement was needed in respect of patient dental records maintained by dentists working at the practice.

Radiographic Equipment/Documentation

Overall, we found arrangements were in place for the safe use of radiographic equipment.

Whilst not all the relevant documentation and information on the safe use of X-ray equipment used at the practice was readily available at the time of the inspection, senior staff provided this within 24 hours of our inspection visit. Recent safety check certificates for each X-ray machine used at the practice were available. We saw training certificates that indicated relevant staff had attended training on the safe use of X-rays within the last five years, as recommended by standards set out by the General Dental Council.

Digital X-rays were used. We found that the image quality of these had been graded and recorded as part of the quality assurance process. The aim of this process was to identify recurring quality issues, with a view to maintaining quality by making any adjustments as necessary. Whilst audits had been conducted, a written analysis of the audit results and details of any action taken was not available. The practice owner should make arrangements to demonstrate that audit results have been analysed and what action has been taken as a result.

Local rules for the safe use of X-rays were clearly displayed. This meant that staff had easy access to the correct procedure to follow when using X-ray equipment. The practice owner may also wish to display radiation hazard warning signs and provide a visual prompt indicating the controlled area to alert patients and staff as a further safety measure.

Resuscitation and First Aid / Emergency Drugs

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. A series of flowcharts were available to guide staff on the appropriate steps to take should a patient emergency be identified. These were stored in plastic wallets, together with the drugs to be used to aid easy access in an emergency. Staff we spoke to were aware of their particular roles in the event of a patient emergency.

Senior staff confirmed that all staff had received training in the last 12 months on how to perform cardiopulmonary resuscitation (CPR). Training certificates we saw supported this.

A system was in place to identify and replace expired drugs and also to regularly check emergency equipment held at the practice. Written logs were available demonstrating this. We checked the current stock of emergency drugs held at the practice and found these to be within date.

Prescription pads were securely stored when not being used to prevent unauthorised persons accessing them.

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

Waste produced by the practice was being securely stored whilst waiting to be collected. Contract documentation for the transfer and disposal of hazardous waste was not readily available at the time of our inspection but senior staff provided this within 24 hours of our inspection visit. Domestic waste was collected and disposed via arrangements with the local council.

The practice had amalgam separators so that amalgam (containing mercury) 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.

The practice had introduced the use of safer sharps⁵ systems to reduce the risk of associated injuries from needles.

⁵ Safer sharp – medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury.

<http://gov.wales/topics/health/cmo/professionals/dental/publication/cdo-letters/sharp-instruments/?lang=en>

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

We found an appropriate process was 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)⁶. This, together with the use of appropriate control procedures should reduce the risk of cross contamination of instruments. Logbooks had been maintained to demonstrate daily checks had been conducted on the cleaning and sterilising equipment and the equipment being used was visibly in good condition. Whilst daily checks had been conducted on the autoclave⁷ (sterilising) equipment, the logbooks did not demonstrate that these checks included a validation of the sterilisation cycle. WHTM 01-05 recommends that where possible data recording/printout facilities should be used to provide an automated method of recording the sterilisation cycle. These should then be copied to a permanent record. If data recording/printout facilities are not used then validation of the sterilisation cycle should be done manually, using a stop watch, and recorded.

Improvement needed

The practice owner should make arrangements to ensure validation of the sterilisation cycle of each autoclave is recorded. Where possible, automated data recording/printout facilities on the autoclave equipment should be used to validate the cycle as recommended by WHTM 01-05.

Up to date safety inspection certificates for the autoclave equipment was available.

We saw that instruments were appropriately packaged to reduce the risk of contamination when stored. Stored instruments had the date they had been processed (cleaned) and the date by which they had to be used recorded on their packaging as recommended within the WHTM 01-05 guidance document.

⁶ [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.

⁷ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

Senior staff confirmed that staff were provided with opportunities to attend training on decontamination and cross infection. Decontamination training was provided in-house and formed part of the induction process. We were informed that a further training session for new staff on the prevention of cross infection was being scheduled for December 2015.

Clinical Facilities

We looked at each of the clinical facilities within the practice. We found these to be very clean and tidy and furnished to facilitate easy and effective cleaning.

Equipment and instruments were clean and appeared to be in good condition. Sufficient hand washing facilities and disposable protective equipment was available to reduce the risk of cross infection.

A safety inspection certificate was available for the compressor⁸ used at the practice.

The practice had special machines to make dental crowns and so needed to be registered with the Medicines and Healthcare products Regulatory Agency (MHRA). Whilst we were provided with a verbal assurance that the practice was registered, there was no documentation to support this. Therefore we have asked the practice owner to provide documentary evidence of the practice's current registration with the MHRA.

Improvement needed

The practice owner must provide HIW with documentary evidence of the practice's registration with the Medical and Healthcare products Regulatory Agency (MHRA).

Patient Records

We considered a sample of patient dental records, which included those completed by dentists and one of the hygienists working at the practice at the time of our inspection.

Overall, the sample of records (completed by dentists) we considered were found to contain sufficient detail regarding the treatment provided. However, we did identify improvement was needed. We found the following:

⁸ A compressor pressurises air for use in dental procedures.

- Patients' alcohol use had not always been noted.
- Initial (patient) medical histories had not always been countersigned by the dentist.
- More detail was required regarding the justification for taking X-rays.
- The rationale for referring patients to the hygienist was not always clearly noted.

Countersigning the medical history forms and recording the above would demonstrate that care and treatment had been planned to ensure patients' safety and wellbeing. We provided verbal feedback to the dentists working on the day of our inspection and to the assistant manager and head nurse so that they were aware of our findings and so that improvements could be made. We have also asked that the practice owner make suitable arrangements to ensure that patients' dental records are maintained in accordance with record keeping standards set out by relevant professional bodies. In addition we also found that FP17⁹ forms and updated medical history forms were not always present. Therefore arrangements must be made to ensure records are retained in accordance with national advice.

Improvement needed

The practice owner must make suitable arrangements to ensure patient dental records are maintained in accordance with professional standards for record keeping.

The practice owner must make suitable arrangements to ensure documents such as medical history and FP17 forms are retained in accordance with national advice.

The records completed by the hygienist were comprehensive and detailed.

⁹ An FP17 is a standard form for recording treatment activity in Wales. It must be completed for every course of NHS dental treatment within two months of the date of completion of treatment and be signed by the dentist and the patient.

Management and Leadership

A head nurse was responsible for the day to day running of the practice. Senior managerial support was provided by a practice manager and assistant manager who had responsibility for Rhiwbina Dental Surgery and its sister practice located nearby. Staff told us communication within the practice was good.

A range of policies were in place with the intention of providing patients with safe care and treatment. The practice's complaint procedure needed revising to comply with *Putting Things Right*, the arrangements for managing complaints about NHS care and treatment in Wales.

Staff

The management team consisted of a practice manager, an assistant manager and a head nurse. The practice manager and assistant manager had responsibility for both Rhiwbina Dental Surgery and its sister practice located nearby, the head nurse was based at the practice and was responsible for its day to day operation. The assistant manager explained that she had recently started to base herself at the practice on a part time basis each week to provide on site managerial support to the practice team.

The head nurse confirmed that all clinical staff working at the practice were registered with the General Dental Council and had indemnity cover in place. The sample of records we saw supported this.

Dentists working at the practice and who provided private dental services had up to date registration certificates issued by HIW. Not all of these were prominently displayed as required by the relevant regulations for private dentistry.

Improvement needed

Dentists working at the practice and who provide private dental services must display their HIW registration certificates (originals not copies) in a prominent place at the practice.

Whilst all dentists who provided private dental services had Disclosure and Barring Service (DBS) certificates, not all were dated as being issued within the last three years. This is required by the regulations for private dentistry. We discussed this with the head nurse who assured us that steps were being taken so that all dental staff had an up to date DBS checks.

Improvement needed

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

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 assistant manager explained occupational health support and advice was available through arrangements with the local health board.

The head nurse explained that a number of meetings took place regularly amongst the different teams working across both the practice and its sister practice nearby. Staff also confirmed this and told us that they felt communication within the practice was good.

Staff explained they were able to access training relevant to their role and for their continuing professional development (CPD).

Safeguarding

The practice had a policy in place for safeguarding vulnerable adults and children. This would benefit from having details of local safeguarding teams included for ease of reference. In addition the practice owner may wish to incorporate a flowchart setting out the process to follow. The practice did not have a named Safeguarding Practice Lead and the practice owner should make arrangements to identify a suitable person as recommended within guidance¹⁰ issued by Public Health Wales.

We were told that training on child and adult protection had been arranged for September 2015.

¹⁰ Guidance for Safeguarding Children and Vulnerable Adults in General Dental Practice - <http://www.wales.nhs.uk/sitesplus/888/page/54347>

(Concerns) Complaints

The practice provided both private and NHS care and treatment and had a written procedure in place for patients to raise concerns (complaints). This met the arrangements for private care and treatment. However, to comply with *Putting Things Right*¹¹, the arrangements for handling complaints about NHS care in Wales, the procedure (and information provided to patients) needed to include that patients are able to refer their complaint to the Public Services Ombudsman for Wales and that advocacy can be sought from the local Community Health Council (CHC). Contact details of the Ombudsman and the CHC also needed to be included. The assistant manager agreed to revise the written procedure so that it includes this information.

Improvement needed

The practice owner must make suitable arrangements to revise the practice's complaint procedure so that it complies with Putting Things Right, the arrangements for handling complaints about NHS treatment in Wales.

The assistant manager had responsibility for handling concerns (complaints) received. Whilst records had been maintained, there was no formal log or system to audit concerns over time. Rather, this process relied on the knowledge of the assistant manager. Therefore the practice owner may wish to consider implementing a suitable system to strengthen the existing arrangements.

Information for patients on how to raise a concern (complaint) was displayed at the practice. However, 12 patients (out of 18) who completed HIW questionnaires told us they were not aware of the process to follow. Therefore the practice owner may wish to explore how patients' awareness of the procedure can be improved and take suitable action to achieve this.

Written Documents

The practice had a range of relevant policies and procedures with the intention of ensuring patient care and treatment was delivered safely. These included those in respect of data protection, patient confidentiality, concerns (complaints) safeguarding vulnerable adults and children, waste storage and disposal and infection control.

¹¹ *Putting Things Right* - <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

The assistant manager was receptive to our suggestion to date all policies to demonstrate that they were being kept under review and up to date.

We saw that the practice had a gas safety certificate issued within the last 12 months for gas fired appliances used at the premises. We also found arrangements in place to ensure fire equipment was regularly checked and maintained.

Quality of Environment

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

Rhiwbina Dental Surgery is located in the village of Rhiwbina, near the city of Cardiff.

The practice did not have its own designated car parking but (time) restricted was available along the main road directly outside the practice. Additional unrestricted parking was available in side streets in the vicinity.

The exterior of the building was visibly well maintained. The names and qualifications of four of the dentists working at the practice, together with the opening times and emergency contact number were clearly displayed near the main entrance. This meant that patients visiting the dental practice when it was closed were directed to a number to call should they require emergency dental treatment. The practice owner should make arrangements to display the name and qualification of the other dentist who also works at the practice.

The building could be accessed via one of two entrances. One of the entrances had a permanent ramp installed to facilitate access for people who use wheel chairs or who found steps difficult and for those people visiting the practice with children in pushchairs. Whilst a ramp was in place, the practice owner should consider implementing a suitable system so that patients can alert staff in the practice of their presence and to request assistance if needed.

Facilities within the practice were organised over two floors, with surgeries being available on both the ground and first floor. Senior staff explained that dentists worked flexibly so that patients who could not manage stairs would be seen in a ground floor surgery.

There was one waiting room located on the ground floor. Observations on the day of our inspection indicated the size of the waiting room was appropriate for the number of patients attending. The interior of the building was decorated to a good standard. During a tour of the building, we found all areas were clean and tidy, adequately lit and ventilated.

Toilets for both patients and staff were located on the first floor only. The toilets were clean and hygienic and contained suitable hand washing and drying facilities to reduce cross infection.

Staff access to electronic records was password protected. This meant arrangements were in place to protect patients' personal information held at the

practice. Senior staff confirmed that electronic data was backed up regularly should local computers fail or be damaged.

Fire exits were clearly signposted and the instructions to follow in the event of a fire were displayed. Fire extinguishers were available at various points around the practice. Maintenance labels indicated these had been serviced within the previous 12 months. This meant that 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.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of 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 Rhiwbina Dental Surgery 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: Rhiwbina Dental Surgery

Date of Inspection: 25 August 2015

| Page Number | Improvement Needed | Practice Action | Responsible Officer | Timescale |
|-------------|---|-----------------|---------------------|-----------|
| | Patient Experience | | | |
| 7 | The practice owner needs to confirm to HIW the arrangements made to update the practice's website so that it complies with guidance issued by the General Dental Council. (Health and Care Standards, Standard 3.2; GDC Principles of Ethical Advertising) | | | |
| | Delivery of Health and Care Standards | | | |
| 10 | The practice owner should make arrangements to ensure validation of the sterilisation cycle of each autoclave is recorded. Where possible, automated data | | | |

| Page Number | Improvement Needed | Practice Action | Responsible Officer | Timescale |
|----------------------------------|---|-----------------|---------------------|-----------|
| | <p>recording/printout facilities on the autoclave equipment should be used to validate the cycle as recommended by WHTM 01-05.</p> <p>(Health and Care Standards, Standard 2.4; WHTM 01-05, Section 4)</p> | | | |
| 11 | <p>The practice owner must provide HIW with documentary evidence of the practice's registration with the Medical and Healthcare products Regulatory Agency (MHRA).</p> <p>(Health and Care Standards, Standard 2.9)</p> | | | |
| 12 | <p>The practice owner must make suitable arrangements to ensure patient dental records are maintained in accordance with professional standards for record keeping.</p> <p>The practice owner must make suitable arrangements to ensure documents such as medical history and FP17 forms are retained in accordance with national advice.</p> <p>(The Health and Care Standards, Standard 3.5; GDC Standards for the Dental Team, Standard 4.1)</p> | | | |
| Management and Leadership | | | | |
| 13 | Dentists working at the practice and who | | | |

| Page Number | Improvement Needed | Practice Action | Responsible Officer | Timescale |
|-------------------------------|--|-----------------|---------------------|-----------|
| | <p>provide private dental services must display their HIW registration certificates (originals not copies) in a prominent place at the practice.</p> <p>(The Private Dentistry (Wales) Regulations 2008, Regulation 4)</p> | | | |
| 14 | <p>Dentists providing private dental services at the practice and who do not have a DBS certificate issued within the last three years must make arrangements to forward a copy of their updated DBS certificate to HIW.</p> <p>(The Private Dentistry (Wales) Regulations 2008, Regulation 13, Schedule 2)</p> | | | |
| 15 | <p>The practice owner must make suitable arrangements to revise the practice's complaint procedure so that it complies with Putting Things Right, the arrangements for handling complaints about NHS treatment in Wales.</p> <p>(The Health and Care Standards, Standard 6.3; GDC Standards for the Dental Team, Standard 5.1)</p> | | | |
| Quality of Environment | | | | |

| Page Number | Improvement Needed | Practice Action | Responsible Officer | Timescale |
|-------------|--------------------|-----------------|---------------------|-----------|
| | None | | | |

Practice Representative:

Name (print):

Title:

Date: