

**General Dental Practice  
Inspection [Announced]**  
Hywel Dda University Health  
Board,  
Hendy Gwyn Dental Centre

**22 October 2014**

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## Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Hendy Gwyn Dental Centre at Lomead House, St John Street, Whitland, Carmarthenshire, SA34 0AP within the area served by Hywel Dda University Health Board on 22 October 2014.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of standards for health services in Wales
- Management and leadership
- Quality of environment

## Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in *Doing Well, Doing Better: Standards for Health Services in Wales*<sup>1</sup>.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by Healthcare Inspectorate Wales (HIW)
- Interviews of staff including dentists and administrative staff
- Conversations with patients and nursing staff
- Examination of a sample of patient medical records
- Examination of practice policies and procedures;
- Equipment and premises

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

- Information within the practice information leaflet and website

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 will be 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.

## Context

Hendy Gwyn Dental Practice provides services to NHS and private patients in the Cymarthenshire and surrounding area. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board. The practice is being operated under Integrated Dental Holdings (IDH) and at the time of the inspection included a staff team of five dentists, six dental nurses, two receptionists and a practice manager.

A range of services are provided. These include:

- Examination, diagnosis and treatment planning (including X-rays)
- Preventative advice and treatment
- Treatment of gum disease (periodontal treatment)
- Fillings, root fillings, crowns and bridges
- Extractions (and other surgical treatments)
- Supply and repair of dental appliances (dentures and splints)
- Prescription and supply of dental medicines

## Summary

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

Overall, patients reported that they were satisfied with the service provided at the practice and felt they received sufficient information about their treatment. The practice did not have a formal system for obtaining patients' views and therefore this area needs to be developed and implemented.

A sample of patient comments (provided here with their agreement) included the following:

*"Reception staff are great, always polite"*

*"Efficient and pleasant staff"*

*"My dentist is great"*

*"Everything excellent"*

We found that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare and that the equipment and facilities at the surgery was generally good. We requested that immediate action be taken to sterilise ultrasonic scaler hand pieces and tips after each use. This practice was implemented immediately, as confirmed verbally by the practice manager on the day of this inspection and also in writing following the inspection. We recommended that disposable syringe tips be used.

The new practice manager commenced in post during August 2014 and staff commented that she was helpful and approachable, as was also found by the inspectors. Some of the improvements that we suggested with the practice manager included adopting a more 'inclusive' approach at the practice, for example improving the practice complaints procedure and providing information in accessible formats for a wider range of people in accordance with their specialist needs. Staff had ample opportunities for learning and development and the staff files we examined contained training certificates for their induction and subsequent courses and e-learning undertaken.

We saw that the dental surgeries, circulation and waiting areas were clean, tidy, warm and bright. Additionally clinical areas and dental surgeries were spacious and well equipped.

## Findings

### *Patient Experience*

**The majority of patients reported that they were satisfied with the service provided at the practice and felt they received sufficient information about their treatment. A formal system to obtain patients' views needs to be developed and implemented.**

Nineteen patient questionnaires were completed prior to the inspection. We spoke with an additional 13 patients and one carer on the day of inspection.

The majority of patients told us they were made to feel welcome by staff and were satisfied with the service they received from the dental practice. Three patients raised concerns about a particular dentist, commenting that the dentist was abrupt, could be “rough” and did not provide enough explanation about their treatment. All the other patients commented that they were happy with the care their dentist provided.

We observed reception staff talking with patients in a polite and helpful manner. Conversations with patients about appointments showed that they appreciated the text messaging service or phone call from the practice to remind them of their upcoming appointment.

Staff we spoke with informed us that patients could make both routine and emergency appointments, with patients being seen promptly for emergency care. The practice also participates in NHS access sessions<sup>2</sup> which are arranged through Hywel Dda University Health Board and run every Wednesday afternoon to provide emergency appointments for up to three patients.

Generally patients told us they were provided with sufficient information about their treatment. Three patients indicated that they would like more information to be provided. A few patients commented on the high turnover of staff which meant that they could not always see the same dentist. We discussed staff turnover with a dental nurse and practice manager who said that staff turnover

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<sup>2</sup> NHS access sessions (pilot scheme) aims to improve access to NHS dental services for patients who have an urgent dental need and who do not see a dentist for their on-going dental care. This service is currently only available within certain dental practices in the ABMU area. [www.wales.nhs.uk/sitesplus/863/opendoc/239189](http://www.wales.nhs.uk/sitesplus/863/opendoc/239189)

has decreased over the last couple of years and currently there is a stable staff team at the practice.

Not all patients were aware of how to access out-of-hours dental services. The remaining patients indicated they were aware of these services and one patient explained about the signs around the practice and information on the answer phone message when calling the practice out-of-hours.

Through our discussions with a group of patients, they told us they would like the opportunity to make comments and suggestions and highlighted the need for a 'comments box'. We found that feedback forms were in fact available in waiting areas but patients were obviously not aware of these and the practice manager confirmed that they were not routinely given out. The practice manager also told us that they did not conduct patient surveys to gain patient views.

When discussing patients' rights with the practice manager we were informed that a number of Polish speaking people attend the practice but written information is not provided to them in this language. Some of the staff in the practice speak Polish and we therefore suggested that consideration be given to a adopting a more 'inclusive' environment to cater for people whose first language is not English or Welsh.

### ***Recommendations***

***A formal system to obtain and act on patients' views should be developed.***

***Consideration to information being presented or made available in other languages.***

## *Delivery of Standards for Health Services in Wales*

### **Summary**

**Overall we found that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare and that the equipment and facilities at the surgery was good. We requested that immediate action be taken to sterilise ultrasonic scaler hand pieces and tips after each use. This practice was implemented immediately, as confirmed by the practice manager. We recommended that disposable syringe tips be used. Recommendations have also been made in relation to the recording and monitoring of information and equipment maintenance.**

Scrutiny of 11 dental records (made up of a sample of patients' records from each dentist) found that they were generally well documented and maintained. We suggested that computerised records could be better utilised in some instances, for example flagging up information regarding people who have additional needs (such as sensory impairment, disabilities or learning needs), flagging up when a concern/complaint has been received and recording the next recall (appointment) date.

Radiographic (x-ray) equipment, extra oral and resuscitation equipment and documentation were found to be satisfactory. Inspection certificates for radiographs and all x-ray machines expired in May 2014 and therefore must be arranged without further delay. Suitable arrangements were in place for the storage and security of drugs. We suggested that the current paper system to monitor drugs expiry dates could be improved if the expiry dates were recorded and monitored from the computer system. All the drugs that we checked were within their expiry date.

Ultrasonic scalers and syringe tips (that were not disposable) were not being sterilised in accordance with requirements<sup>3</sup>. This was raised as an urgent matter with the practice manager and was followed up by HIW via an immediate action letter. Prompt action was taken by the practice manager and this was followed up by written confirmation that demonstrated compliance with this requirement. Other decontamination procedures and the equipment for this

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<sup>3</sup> The Wales Health Technical Memorandum (WHTM) 01-05

purpose were found to be satisfactory. Clinical items and equipment were stored in the decontamination room until they were required by the dentist which was noted as good practice.

Effective procedures were in place for the handling, storage and disposal of hazardous and clinical waste. Hand washing facilities and disposable products were available to reduce the risk of cross infection.

### ***Recommendations***

***Ensure that inspections of radiographs and x-ray equipment are carried out every three years<sup>4</sup>.***

***Ensure bitewing radiographs (i.e. x-rays of top and bottom teeth) are taken at the recommended frequency.***

***All radiographs to be evaluated in the clinical notes in line with relevant regulations<sup>5</sup>.***

***The recommended recall intervals should be recorded in the clinical notes in line with the relevant guidance<sup>6</sup>.***

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<sup>4</sup> Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER)

<sup>5</sup> Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER)

<sup>6</sup> National Institute and Care Excellence (NICE) guidance.

## *Management and Leadership*

### **Summary**

**Staff told us that they felt supported by the new practice manager, who commenced in post during August 2014. They said that she was helpful and approachable, which we also found during the inspection. Staff had ample opportunities for learning and development and the staff files we examined contained training certificates for their induction and subsequent courses and e-learning undertaken.**

The practice manager was new in post and there was an indication that in some areas she had not yet established clear ownership of her roles and responsibilities. For example the inspectors were presented with a file of freshly printed out policies but some of these were not backed up with clear procedures for staff to follow at the practice. When this was highlighted, the practice manager explained that these policies had been provided by the organisation (IDH). There was no record of how two complaints (received within the last 12 months and before the practice manager started in post) had been dealt with and the practice manager said they must have been dealt with verbally.

We therefore suggested ways in promoting a more proactive approach and the practice manager, who was co-operative and open to our suggestions, agreed to follow up the two complaints to ensure that they had been satisfactorily resolved. We also recommended that the practice manager establish contact with relevant people and organisations, such as the Community Health Council, in order to improve her knowledge and professional network.

Further discussions with the receptionist and practice manager indicated a lack of a robust system when responding to a verbal or written complaint. Nine patients did not know how to make a complaint. Complaints policies were displayed on notice boards in the waiting rooms but the practice's complaint policy was in very small print, making it difficult to read. We saw that the IDH and practice's policies<sup>7</sup> referred to different response timescales which was confusing. None of these timescales were consistent with the NHS procedure for patients in Wales, known as 'Putting Things Right'. We also advised the practice manager that a distinction needed to be made between making a

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<sup>7</sup> IDH is the corporate body under which Hendy Gwyn Dental Practice operates

complaint for private and NHS patients, as patients' rights are different in this respect.

Internal audits were being undertaken by the practice manager and we saw a sample of these that included an audit on the quality of radiographs, clinical records and antimicrobial prescription usage. We did not see any infection control audits<sup>8</sup> and the practice manager was unable to show an example of these on the day of the inspection although, following the inspection, we were informed that these are carried out.

We viewed the last team meeting minutes, dated January 2014, which demonstrated good information sharing and included the actions that had been or were to be taken to develop and learn from experience. The practice manager intended to resume these team meetings on a monthly basis, starting in November 2014. She was also scheduled to attend performance review training in November 2014 and said she would commence the annual appraisals of staff members thereafter.

### ***Recommendations***

***Develop a robust complaints procedure which should be shared with staff and patients. Procedures and policies must be consistent with the NHS procedure 'Putting Things Right'.***

***To review all other policies and where necessary to develop relevant procedures for practice staff to follow. Particular attention must be taken to ensure these are reflective of guidance and policies in Wales.***

***The practice must be able to evidence that quarterly infection control audits are undertaken.***

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<sup>8</sup> Routine quarterly audits are recommended in line with the Welsh Health Technical Memorandum (WHTM) 01-05

## *Quality of Environment*

### **Summary**

**During a tour of the building we saw that the dental surgeries, circulation and waiting areas were clean, tidy, warm and bright. Additionally clinical areas and dental surgeries were spacious and well equipped.**

Opening times are between 8.30 a.m. to 5.00 p.m. Monday to Thursday with Friday's closing time recently being extended from 2.00 p.m. to 4.30 p.m. At the time of the inspection the practice's website and written information were yet to be updated with Friday's new closing time.

This was a busy practice and is located in the centre of the small town of Whitland, Carmarthenshire. There is on-street parking outside the practice and a public car park nearby. One of the staff car parking spaces at the back of the building could be made available to those who require this, as confirmed by the practice manager.

There are no steps to enter the building which makes it accessible to people who use a wheelchair or who have mobility difficulties. Two of the surgery rooms are situated on the ground floor and there are three surgeries on the first floor. Handrails were fitted on both sides of the stairs. We noticed that the waiting room upstairs was slightly cramped due to its small size and the number of chairs required in this room.

We observed that there were numerous signs and information in various parts of the building and some of these may have been out of date, dating back to 2005. The vast majority of these posters were in written format only, some with small printed text which made reading difficult from a distance. Two patients we spoke with commented that, as the notice boards were cluttered, the important patient information such as price lists for treatments did not stand out. We also observed that some of the same posters were displayed in several areas throughout the practice and the overall tone of these was quite negative, referring to penalties for non payment and 'zero tolerance to abuse'. There were no facilities or information to keep children occupied during waiting times.

Staff and patients had access to a male and female toilet on the first floor and to a ground floor toilet which was suitable for people with disabilities. The ground floor toilet was kept locked when not in use and, to preserve people's dignity, we suggested that patients have access to this without having to request the key from reception. Two of the handrails were loose in this toilet and the practice manager agreed to see to this immediately.

Not all rooms or areas used by staff were routinely being locked when not in use and this was recommended for security and safety reasons. We saw that confidential information was being stored in locked cupboards and cabinets.

Fire exits were signposted and we saw that there were fire extinguishers on both the ground and first floor.

### ***Recommendations***

***The practice should consider minimising the number of posters and signs. Consideration should be given to people who have additional communication needs, by for example providing pictorial and easy read versions of information and posters.***

***Rooms that are used by staff should be kept locked when not in use.***

## 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 Standards for Health Services in Wales, Management Leadership and Quality of Environment. 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 Hendy Gwyn Dental Centre will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

*Appendix A*

**General Dental Practice: Improvement Plan**

**Practice: Hendy Gwyn Dental Centre**

**Date of Inspection: 22 October 2014**

| Page Number | Recommendation   | Health Board Action | Responsible Officer | Timescale |
|-------------|--|---------------------|---------------------|-----------|
|             | <b>Patient Experience</b>  |                     |                     |           |
|             | A formal system to obtain and act on patients' views should be developed                                     |                     |                     |           |
|             | <b>Delivery of Standards for Health Services in Wales</b>  |                     |                     |           |
|             | Ensure that inspections of radiographs, OPG and intraoral/periapical equipment are carried every three years |                     |                     |           |
|             | Ensure bitewing radiographs are taken at the recommended frequency   |                     |                     |           |
|             | All radiographs to be evaluated in the clinical notes in line with relevant regulations                      |                     |                     |           |
|             | The recommended recall intervals should be   |                     |                     |           |

| Page Number                      | Recommendation   | Health Board Action | Responsible Officer | Timescale |
|----------------------------------|--|---------------------|---------------------|-----------|
|                                  | recorded in the clinical notes in line with the relevant guidance  |                     |                     |           |
| <b>Management and Leadership</b> |  |                     |                     |           |
|                                  | Develop a robust complaints procedure which should be shared with staff and patients. Procedures and policies must be consistent with the NHS procedure 'Putting Things Right' |                     |                     |           |
|                                  | The practice must be able to evidence that quarterly infection control audits are undertaken   |                     |                     |           |
| <b>Quality of Environment</b>    |  |                     |                     |           |
|                                  | Consideration should be given to people who have additional communication needs, by for example providing pictorial and easy read versions of information and posters          |                     |                     |           |
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**Practice Representative:**

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

**Title:** .....

**Signature:** .....

**Date:** .....

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

Overall, patients reported that they were satisfied with the service provided at the practice and felt they received sufficient information about their treatment. The practice did not have a formal system for obtaining patients' views and therefore this area needs to be developed and implemented.

A sample of patient comments (provided here with their agreement) included the following:

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## Findings

### *Patient Experience*

**The majority of patients reported that they were satisfied with the service provided at the practice and felt they received sufficient information about their treatment. A formal system to obtain patients' views needs to be developed and implemented.**

Nineteen patient questionnaires were completed prior to the inspection. We spoke with an additional 13 patients and one carer on the day of inspection.

The majority of patients told us they were made to feel welcome by staff and were satisfied with the service they received from the dental practice. Three patients raised concerns about a particular dentist, commenting that the dentist was abrupt, could be "rough" and did not provide enough explanation about their treatment. All the other patients commented that they were happy with the care their dentist provided.

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### ***Recommendations***

***A formal system to obtain and act on patients' views should be developed.***

***Consideration to information being presented or made available in other languages.***

## *Delivery of Standards for Health Services in Wales*

### **Summary**

**Overall we found that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare and that the equipment and facilities at the surgery was good. We requested that immediate action be taken to sterilise ultrasonic scaler hand pieces and tips after each use. This practice was implemented immediately, as confirmed by the practice manager. We recommended that disposable syringe tips be used. Recommendations have also been made in relation to the recording and monitoring of information and equipment maintenance.**

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Effective procedures were in place for the handling, storage and disposal of hazardous and clinical waste. Hand washing facilities and disposable products were available to reduce the risk of cross infection.

### ***Recommendations***

***Ensure that inspections of radiographs and x-ray equipment are carried out every three years<sup>4</sup>.***

***Ensure bitewing radiographs (i.e. x-rays of top and bottom teeth) are taken at the recommended frequency.***

***All radiographs to be evaluated in the clinical notes in line with relevant regulations<sup>5</sup>.***

***The recommended recall intervals should be recorded in the clinical notes in line with the relevant guidance<sup>6</sup>.***

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<sup>6</sup> National Institute and Care Excellence (NICE) guidance.

## *Management and Leadership*

### **Summary**

**Staff told us that they felt supported by the new practice manager, who commenced in post during August 2014. They said that she was helpful and approachable, which we also found during the inspection. Staff had ample opportunities for learning and development and the staff files we examined contained training certificates for their induction and subsequent courses and e-learning undertaken.**

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We therefore suggested ways in promoting a more proactive approach and the practice manager, who was co-operative and open to our suggestions, agreed to follow up the two complaints to ensure that they had been satisfactorily resolved. We also recommended that the practice manager establish contact with relevant people and organisations, such as the Community Health Council, in order to improve her knowledge and professional network.

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complaint for private and NHS patients, as patients' rights are different in this respect.

Internal audits were being undertaken by the practice manager and we saw a sample of these that included an audit on the quality of radiographs, clinical records and antimicrobial prescription usage. We did not see any infection control audits<sup>8</sup> and the practice manager was unable to show an example of these on the day of the inspection although, following the inspection, we were informed that these are carried out.

We viewed the last team meeting minutes, dated January 2014, which demonstrated good information sharing and included the actions that had been or were to be taken to develop and learn from experience. The practice manager intended to resume these team meetings on a monthly basis, starting in November 2014. She was also scheduled to attend performance review training in November 2014 and said she would commence the annual appraisals of staff members thereafter.

### ***Recommendations***

***Develop a robust complaints procedure which should be shared with staff and patients. Procedures and policies must be consistent with the NHS procedure 'Putting Things Right'.***

***To review all other policies and where necessary to develop relevant procedures for practice staff to follow. Particular attention must be taken to ensure these are reflective of guidance and policies in Wales.***

***The practice must be able to evidence that quarterly infection control audits are undertaken.***

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<sup>8</sup> Routine quarterly audits are recommended in line with the Welsh Health Technical Memorandum (WHTM) 01-05

## *Quality of Environment*

### **Summary**

**During a tour of the building we saw that the dental surgeries, circulation and waiting areas were clean, tidy, warm and bright. Additionally clinical areas and dental surgeries were spacious and well equipped.**

Opening times are between 8.30 a.m. to 5.00 p.m. Monday to Thursday with Friday's closing time recently being extended from 2.00 p.m. to 4.30 p.m. At the time of the inspection the practice's website and written information were yet to be updated with Friday's new closing time.

This was a busy practice and is located in the centre of the small town of Whitland, Carmarthenshire. There is on-street parking outside the practice and a public car park nearby. One of the staff car parking spaces at the back of the building could be made available to those who require this, as confirmed by the practice manager.

There are no steps to enter the building which makes it accessible to people who use a wheelchair or who have mobility difficulties. Two of the surgery rooms are situated on the ground floor and there are three surgeries on the first floor. Handrails were fitted on both sides of the stairs. We noticed that the waiting room upstairs was slightly cramped due to its small size and the number of chairs required in this room.

We observed that there were numerous signs and information in various parts of the building and some of these may have been out of date, dating back to 2005. The vast majority of these posters were in written format only, some with small printed text which made reading difficult from a distance. Two patients we spoke with commented that, as the notice boards were cluttered, the important patient information such as price lists for treatments did not stand out. We also observed that some of the same posters were displayed in several areas throughout the practice and the overall tone of these was quite negative, referring to penalties for non payment and 'zero tolerance to abuse'. There were no facilities or information to keep children occupied during waiting times.

Staff and patients had access to a male and female toilet on the first floor and to a ground floor toilet which was suitable for people with disabilities. The ground floor toilet was kept locked when not in use and, to preserve people's dignity, we suggested that patients have access to this without having to request the key from reception. Two of the handrails were loose in this toilet and the practice manager agreed to see to this immediately.

Not all rooms or areas used by staff were routinely being locked when not in use and this was recommended for security and safety reasons. We saw that confidential information was being stored in locked cupboards and cabinets.

Fire exits were signposted and we saw that there were fire extinguishers on both the ground and first floor.

### ***Recommendations***

***The practice should consider minimising the number of posters and signs. Consideration should be given to people who have additional communication needs, by for example providing pictorial and easy read versions of information and posters.***

***Rooms that are used by staff should be kept locked when not in use.***

## 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 Standards for Health Services in Wales, Management Leadership and Quality of Environment. 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 Hendy Gwyn Dental Centre will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Hendy Gwyn Dental Centre**

**Date of Inspection: 22 October 2014**

| Page Number | Recommendation   | Practice Action | Responsible Officer | Timescale |
|-------------|--|-----------------|---------------------|-----------|
|             | <b>Patient Experience</b>  |                 |                     |           |
|             | A formal system to obtain and act on patients' views should be developed                                     |                 |                     |           |
|             | <b>Delivery of Standards for Health Services in Wales</b>  |                 |                     |           |
|             | Ensure that inspections of radiographs, OPG and intraoral/periapical equipment are carried every three years |                 |                     |           |
|             | Ensure bitewing radiographs are taken at the recommended frequency   |                 |                     |           |
|             | All radiographs to be evaluated in the clinical notes in line with relevant regulations                      |                 |                     |           |
|             | The recommended recall intervals should be   |                 |                     |           |

| Page Number                      | Recommendation   | Practice Action | Responsible Officer | Timescale |
|----------------------------------|--|-----------------|---------------------|-----------|
|                                  | recorded in the clinical notes in line with the relevant guidance  |                 |                     |           |
| <b>Management and Leadership</b> |  |                 |                     |           |
|                                  | Develop a robust complaints procedure which should be shared with staff and patients. Procedures and policies must be consistent with the NHS procedure 'Putting Things Right' |                 |                     |           |
|                                  | The practice must be able to evidence that quarterly infection control audits are undertaken   |                 |                     |           |
| <b>Quality of Environment</b>    |  |                 |                     |           |
|                                  | Consideration should be given to people who have additional communication needs, by for example providing pictorial and easy read versions of information and posters          |                 |                     |           |
|                                  | Rooms that are used by staff should be kept locked when not in use   |                 |                     |           |

**Practice Representative:**

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

**Title:** .....

**Signature:** .....

**Date:** .....