

## **General Dental Practice Inspection (announced)**

**Aneurin Bevan University  
Health Board, Hilltop View  
Dental Practice**

13 January 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Hilltop View Dental Practice at 222 High Street, Blackwood within the area served by Aneurin Bevan University Health Board on 13 January 2015.

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

## 2. 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 HIW
- Interviews of staff including dentists and administrative staff
- 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

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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)

- 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 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.

### **3. Context**

Hilltop View Dental Practice provides services to NHS (NHS exempt adults and full NHS services for children) and private patients in the Blackwood area of Caerphilly County. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board. The practice employs a staff team which includes one principal dentist, one practice manager, one hygienist, one receptionist, and three dental nurses. A range of general dental services are provided, including hygienist services and cosmetic dentistry.

## 4. Summary

HIW explored how Hilltop View Dental Practice meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

All patients told us they were satisfied with the service they received from the dental practice. However, the practice did not have a method of gaining patient views and feedback, as a means of assessing the quality of the service provided.

Overall, we found care and treatment was planned and delivered safely to patients. However, we identified some improvements needed to patient records and the cleaning of dental instruments.

On the day of the inspection, we saw that the practice was being safely run, with some systems in place to ensure patient safety. We made a number of recommendations relating to improving the administrative processes at the practice.

We found the building was appropriately maintained and provided a safe environment for patients to receive treatment. We highlighted to the practice that one of the signs above a fire exit had fallen down.

## 5. Findings

### *Patient Experience*

**All patients told us they were satisfied with the service they received from the dental practice. However, the practice did not have a method of gaining patient views and feedback, as a means of assessing the quality of the service provided.**

Sixteen patient questionnaires were completed prior to the date of inspection. Patient feedback was positive. All patients said they were satisfied with the care they received at the practice and felt welcomed by staff. When asked if they were satisfied with the service, patients said “Yes, excellent” and “I feel very happy with the team here - I would not like to move”. The majority of patients told us they did not experience any delay in being seen by the dentist. Patients who said they had experienced delay said this was not very often, “sometimes – but then I’m late too on occasions – it doesn’t bother me particularly”.

The staff team were well established and had been working at the practice for many years. This means patients were familiar with the staff and had continuity of care because they were able to see the same dentist.

Patients had access to relevant information about the dental service and practice information leaflets were available in the patient waiting room. The practice also had a website which provided clear information and was easy to navigate. However, the website should be updated to comply with the latest guidance on advertising from the General Dental Council. For example, providing registration numbers for all clinical staff, details of how patients could make a complaint and the date the website was last updated.

### ***Recommendation***

***The practice should ensure its website is compliant with the General Dental Council’s advertising guidelines.***

The majority of patients said they knew how to access ‘out of hours’ dental services. There was a sign outside the practice with the opening times and emergency contact number for ‘out of hours’ services. Patients told us there was an emergency contact number provided on the practice’s answer phone message. We confirmed this was the case.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. This means patients could be seen quickly when required.



All patients told us they received enough information about their treatment and staff told us that treatment options were discussed with patients. However, this was not recorded consistently in patient records. We have made recommendations about patient records in the next section of this report (page 9).

We saw some health promotion leaflets in the patient waiting room informing patients on healthy eating and teeth care for children, but this was minimal and not easily visible.

### ***Recommendation***

***The practice should provide patients with relevant health promotion information.***

The practice did not have a system to regularly assess patients' views and act upon them, as a way of assessing the quality of their service. The practice manager said they hoped patients would feel comfortable to tell staff about their views.

### ***Recommendation***

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

We also suggested the practice consider how they could make information more accessible to a wider range of patients. For example, we noticed that many of the signs, notices and patient information around the practice did not make use of pictograms or larger font sizes and were not available in other languages, including Welsh.

The practice had a complaints policy and poster displayed in the waiting room. The majority of patients told us they knew how to make a complaint. Five patients said they were unsure how to complain. We found the complaints process generally complied with the NHS procedure known as 'Putting Things Right'<sup>2</sup>. However, the policy in the waiting room incorrectly referenced Caerphilly Local Health Board, rather than Aneurin Bevan University Health Board. The practice agreed to correct this. The complaints policy was also missing references to other relevant organisations. For private patients the

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<sup>2</sup> 'Putting Things Right' are the arrangements in place for handling and responding to concerns about care and treatment provided by the NHS in Wales.

policy must include the contact details of HIW. For NHS patients the policy should reference the Public Service Ombudsman for Wales.

***Recommendation***

***The complaints policy for private patients must include the contact details for HIW. The complaints policy for NHS patients should reference the Public Service Ombudsman for Wales. The complaints policy must have the correct health board name and contact details.***

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

**Overall, we found care and treatment was planned and delivered safely to patients. However, we identified some improvements needed to patient records and the cleaning of dental instruments.**

### **Patient records**

We looked in detail at a sample of five electronic patient records. In general, these records were satisfactory. However, we identified the following areas for improvement:

- Treatment options were not consistently recorded in patient notes
- Standard treatment plans were available for NHS patients but they were not provided for private patients
- The practice did not have a robust system for gaining informed consent from patients
- Medical history checks were conducted, but they were not consistently countersigned by the dentist and updates were not always recorded in patient records. Initial medical history forms were also missing the date completed and social history. This means that the dentist would not be aware of patients who smoke, or their alcohol intake, which are risk factors for some diseases such as mouth cancer
- Mouth cancer screening should be recorded in patient notes
- We found some evidence that treatment provided was not fully recorded. For example, in one patient record there was no pre-treatment radiograph (x-ray) or justification for the replacement of a molar crown

### ***Recommendation***

***The practice must ensure it has a suitable system for obtaining and recording informed consent, medical histories including social history, providing treatment plans and recording treatment options discussed with patients.***

We also found the practice experienced issues when trying to access two of the electronic patient records. Staff told us this was a problem they had seen before. If records cannot be accessed reliably at the practice, this means there may be difficulties in ensuring patient records are kept up-to-date.

### ***Recommendation***

***The practice should ensure patient records can be accessed reliably in order that they can be kept complete and up-to-date (contemporaneous).***

### **Radiographic equipment**

Overall, we found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available and up-to-date. We also saw evidence that the dentist had received appropriate training about the safe use of radiographic equipment. The practice used digital x-rays and the samples we saw were of good quality, meaning patient exposure to radiation from x-rays was minimised. However, we found that personal radiation dose badges (used to record the level of radiation to which an individual is exposed) were only worn by the dentist and not dental nurses. This means nurses did not have a method of recording their radiation exposure.

### ***Recommendation***

***The practice should have a robust system for ensuring the safety of all staff who may be exposed to radiation.***

### **Drug storage and emergency equipment**

Staff had access to appropriate resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. Staff had also received up-to-date training on how to deal with medical emergencies. We found there was a suitable system to replace expired medication and they were stored together and easily identifiable. This avoids any delay in treating patients in an emergency. However, we recommended the practice consider the ease of access to this equipment in an emergency. The emergency medication was located with the other resuscitation equipment in the staff room and we saw potential obstacles in this room, such as the desk and chair by the doorway. We noted the staff room was not often occupied and the door was left open during the day. This means there was the potential for unauthorised access to these drugs.

### ***Recommendation***

***The practice should consider arrangements for easy access to resuscitation equipment and the secure storage of emergency medication.***

## **Waste disposal**

A current clinical waste disposal contract was in place. This means waste was disposed of in an appropriate manner at the practice. However, we noticed a small amount of clinical waste in the hygienist surgery was not in an appropriate waste container and had not been disposed of in a timely manner.

### ***Recommendation***

***The practice should ensure all waste is stored in appropriate containers and disposed of in a timely manner.***

## **Clinical facilities**

We looked at the clinical facilities of the first floor surgery within the practice and these contained relevant equipment for the safety of patients and staff.

## **Decontamination of instruments and storage**

The practice used several areas for the cleaning and sterilising of dental instruments. The majority of instruments were cleaned in the first floor surgery, with a steriliser located in the adjacent storage room. We did not examine the decontamination process in the downstairs hygienist surgery on this inspection.

Appropriate hand washing facilities and disposable items were available to reduce the risk of cross infection. We looked at the arrangements for the decontamination of instruments and found they were generally satisfactory to protect patients from cross-infection. However, we have made the following recommendations regarding aspects of decontamination and instrument storage:

- 1) We found some issues with the maintenance of equipment used for cleaning and sterilising instruments at the practice, such as the need for maintenance logbooks.

### ***Recommendation***

***See Appendix A for recommendation regarding the maintenance of cleaning and sterilisation equipment.***

- 2) Staff told us that un-used instruments on covered trays were kept until the next day and not re-sterilised at the end of the clinical session in

accordance with Welsh Health Technical Memorandum (WHTM 01-05)<sup>3</sup> guidelines. We also found that some bagged instruments were being stored on an open work surface in the hygienist surgery, rather than kept covered to avoid any contamination.

***Recommendation***

***Any un-used instruments on trays at the end of the clinical session should be re-sterilised before further use. The practice should ensure all instruments are stored appropriately, including those in the hygienist surgery.***

3) Infection control audits were not currently conducted at the practice. The principal dentist told us they had planned to conduct these in future. In accordance with WHTM 01-05 guidelines, infection control audits should be conducted at least annually.

***Recommendation***

***The practice should conduct annual infection control audits.***

Although not compulsory, it is recommended that (where possible) the practice should have a dedicated, separate decontamination room for the sterilisation of instruments. We were told that the practice planned to create a dedicated decontamination room on the first floor. As there was an empty surgery on the ground floor at the time of our inspection, we suggested the practice could move all decontamination equipment to the empty surgery, which could then be used as a dedicated room straight away.

***Recommendation***

***The practice should consider separating the decontamination facilities from clinical treatment area by using the empty space available within the building, until a purposely designed room can be provided.***

We noticed that models (dental impressions of teeth) were stored in an open cardboard box underneath the steriliser. We suggested the practice consider more suitable method of storage that would avoid potential contamination or water damage to these items.

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<sup>3</sup> The Welsh Health Technical Memorandum 01-05 is a set of guidelines intended to raise the quality of decontamination (cleaning and sterilisation) work in primary care dental services

## ***Management and Leadership***

**On the day of the inspection, we saw that the practice was being safely run, with some systems in place to ensure patient safety. We made a number of recommendations relating to improving the administrative processes at the practice.**

The practice provides services to mainly NHS patients, with a small number of private patients. The practice was run by an experienced practice manager and there was a well established staff team who had all worked at the practice for many years. This meant that patients received care from familiar staff.

Staff told us they felt well supported in their roles by the principal dentist and practice manager and would be comfortable raising any concerns they may have. There was evidence of good team working and all staff had a clear understanding of what was expected of them. We saw staff talking to patients in a friendly and professional way.

All clinical staff were registered with the General Dental Council and had contracts of employment. A certificate confirming the dentist is registered with HIW to provide private dentistry was clearly visible in the reception area. However, we found not all clinical staff had insurance to cover them in the event that a patient suffered harm.

### ***Recommendation***

***The practice must ensure that all clinical staff have appropriate indemnity cover.***

We found the practice had a range of relevant policies, procedures and maintenance certificates. However, the practice did not have a clear system to ensure policies and procedures were current and for making staff aware of them. We found some policies did not have review dates. We also saw there was more than one version of the same policy, meaning it was not clear which version was correct.

### ***Recommendation***

***The practice should develop a robust system for ensuring all policies and procedures are current, easily accessible, and staff are aware of them.***

Staff told us they had been supported with training and continued professional development. We looked at a sample of staff training records which confirmed staff completed some training opportunities relevant to their role. However, it

was not clear from the training files that all training undertaken had been recorded. For example, there were written summaries of training undertaken but not all corresponding certificates were available. Records of training completed online were not printed consistently and stored in staff files.

***Recommendation***

***Continued professional development records for all staff should be complete (including documentary evidence) and up-to-date.***

Annual staff appraisals were not conducted at the practice. This means there was no formal monitoring of the quality and safety of the care staff provided.

***Recommendation***

***Annual appraisals should be conducted for all staff working at the practice.***

Staff meetings were conducted approximately every two to four months. Staff told us a range of topics were discussed. We were given an example of learning from these meetings. The practice previously experienced a high number of missed appointments, so it was decided to use a text messaging reminder service for patients. The practice manager told us this was very successful and this had reduced the number of missed appointments by over half.

We saw evidence of staff meeting minutes, but these were very brief and the outcomes and actions from meetings were not recorded. We suggested the practice should formalise their communication and improve the notes from staff meetings, so clear records of discussions could be seen.

The practice had an induction programme for new staff, although the last new staff member started over 10 years ago. The practice manager told us agency staff had not been used at the practice.

The practice had a safeguarding policy for children and we saw evidence that staff had completed training in child protection, with the exception of the hygienist. The practice manager told us the hygienist also worked at another practice and may have completed this training through that employer, but a certificate was not available. There was no policy or training completed by staff on the protection of vulnerable adults.



***Recommendation***

***The practice should ensure all staff are aware of the signs of abuse of both children and vulnerable adults and of the local procedures that should be followed if abuse is suspected.***

There was no identified person for first aid and health and safety at the practice.

***Recommendation***

***The practice should ensure there is an appointed first aider.***

All staff had evidence of their hepatitis B immunity records which stated they had sufficient immunity status. As these records dated back to 2005 for most staff members, we suggested that staff check whether there was a need to be re-tested to confirm their immunity status.

There was no formal agreement with the health board for any occupational health support for staff such as vaccinations, or sharps injuries. We saw records in the accident book that there had been seven sharps injuries in the last five years. Occupational health support should be in place to ensure that staff received appropriate checks after sharps injuries to prevent possible cross infection of patients. We also suggested the practice consider the way needles are handled to reduce the risk of injury.

***Recommendation***

***The practice should contact make appropriate arrangements for occupational health support for staff.***

We were told there were no outstanding complaints to date and the practice had not received a written complaint. As such, there were no complaints records at the practice. Staff told us any verbal complaints received were recorded in electronic patient records. We recommended that patient complaints should be recorded separately from patient records to maintain patient confidentiality.

***Recommendation***

***The practice should ensure any complaints received are recorded separately from patient records so that patients are not discouraged from making a complaint.***

## *Quality of Environment*

**We found the building was appropriately maintained and provided a safe environment for patients to receive treatment. We highlighted to the practice that one of the signs above a fire exit had fallen off.**

The practice is located in the centre of Blackwood close to the main shopping area. The practice has three surgeries (one surgery is not in use) with two surgeries on the ground floor and the main surgery on the first floor. The waiting area and reception are located on the ground floor. Parking is available in a pay and display car park opposite the practice.

Access to the building was via a narrow concrete path and a step to the front door. The practice had a wooden ramp that could be used for wheelchair users and those patients with mobility difficulties. The narrow path and standard doorways at the practice may pose difficulties for larger wheelchairs, but staff said they were not aware of significant problems for wheelchair users. Staff told us patients with mobility difficulties could have their appointments in the ground floor surgery.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally. The practice had a unisex staff toilet/bathroom on the first floor and unisex patient toilet on the ground floor. These were visibly clean and contained suitable hand washing facilities to prevent cross infection. The waiting area was a suitable size for the number of surgeries. The waiting room had a selection of children's toys available, but this included a soft toy and doll which would be difficult to clean to prevent cross-infection between patients.

### ***Recommendation***

***Any children's toys provided in the waiting room should be suitable for effective cleaning to prevent cross-infection.***

Fire exits were signposted and fire extinguishers recently inspected. However, a sign for the second fire exit to the rear of the building through the ground floor surgery was not located clearly above the door (it had fallen on the floor). We also found one small fire extinguisher in the staff room that was not secured to the wall or recently inspected. The practice manager confirmed this particular fire extinguisher was to be disposed of.

### ***Recommendation***

***The practice must ensure all fire exits are suitably signposted and any fire extinguishers not in use are removed from the practice.***

Appropriate security measures were in place to prevent unauthorised access to the building. Generally, we found there were suitable arrangements to ensure patient records were stored securely and electronic records were backed-up daily onto an external device. This means the practice has taken measures to ensure the safety and security of patients and their information. However, staff told us NHS patient treatment plans and staff files were kept in filing cabinets behind reception and were not locked.

***Recommendation***

***The practice must ensure the security of all patient and staff information, in particular by locking filing cabinets to prevent unauthorised access.***

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan following the recommendations 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 Hilltop View Dental Practice will be addressed, including timescales.

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

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Hilltop View Dental Practice**

**Date of Inspection: 13 January 2015**

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
6	The practice should ensure its website is compliant with the General Dental Council's advertising guidelines.	Consult with website designers to amend website	Rachel Phillips	2 Months
7	The practice should provide patients with relevant health promotion information.	More leaflets on health promotion to be made available	Simon Rice	Ongoing
7	The practice should develop a method of gaining patient views and feedback to regularly assess the quality of the service provided.	Suggestion box has been put in reception	Simon Rice	Done
8	The complaints policy for private patients must include the contact details for HIW. The complaints policy for NHS patients should reference the Public Service Ombudsman for	Contact details to be updated on both NHS and Private complaint policies	Simon Rice	Done

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	Wales. The complaints policy must have the correct health board name and contact details.			
<b>Delivery of Standards for Health Services in Wales</b>				
9	The practice must ensure it has a suitable system for obtaining and recording informed consent, medical histories including social history, providing treatment plans and recording treatment options discussed with patients.	Medical histories now include questions on social history and are signed by both patient and dentist. Both NHS and Private patients receive treatment plans and treatment options that are discussed with patients are recorded in notes	Simon Rice	Done
10	The practice should ensure patient records can be accessed reliably in order that they can be kept complete and up-to-date (contemporaneous).	Contact computer system company to discuss problems saving patient notes.	Rachel Phillips	Ongoing
10	The practice should have a robust system for ensuring the safety of all staff who may be exposed to radiation.	Radiation badges have been ordered for all dental nurses.	Simon Rice	Done
10	The practice should consider arrangements for easy access to resuscitation equipment and the secure storage of emergency medication.	“Staff only” sign on door where emergency medication is kept. Now stored on top of table so it can be accessed easily.	Simon Rice	Done
11	The practice should ensure all waste is stored in appropriate containers and disposed of in a	Clinical box now in place in downstairs surgery so waste can be disposed of appropriately	Simon Rice	Done

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	timely manner.			
11	The practice should ensure suitable arrangements for performing and recording of routine testing and maintenance on all cleaning and sterilisation equipment. This should include daily checks on equipment, separate log books for each piece of equipment and ensuring autoclave maintenance data is recorded effectively (i.e. backed-up from the data logger) in accordance with WHTM 01-05 guidelines.	Logs books ordered for each piece of equipment to be filled in daily. Visual checks carried out and recorded daily.	Dental Nurses	Done
12	Any un-used instruments on trays at the end of the clinical session should be re-sterilised before further use. The practice should ensure all instruments are stored appropriately, including those in the hygienist surgery.	All un-used instruments to be re-sterilised before further use and all instruments are now stored in a cupboard in the hygienist surgery	Dental Nurses	Done
12	The practice should conduct annual infection control audits.	Infection control audits will be conducted within the next 2 months	Simon Rice	2 Months
12	The practice should consider separating the decontamination facilities from clinical treatment area by using the empty space available within the building, until a purposely designed room can be provided.	Considering converting spare surgery into decontamination room.	Simon Rice	Ongoing

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	<b>Management and Leadership</b>			
13	The practice must ensure that all clinical staff have appropriate indemnity cover.	All clinical staff are covered by Simon Rice Indemnity cover with Dental Protection	Simon Rice	Done
13	The practice should develop a robust system for ensuring all policies and procedures are current, easily accessible, and staff are aware of them.	Policies to be reviewed every 3 months.	Rachel Phillips	Done
14	Continued professional development records for all staff should be complete (including documentary evidence) and up-to-date.	All staff to be made aware and to complete as necessary	Lisa White	Done
14	Annual appraisals should be conducted for all staff working at the practice.	Annual appraisals should be conducted for all staff	Simon Rice	3 Months
15	The practice should ensure all staff are aware of the signs of abuse of both children and vulnerable adults and of the local procedures that should be followed if abuse is suspected.	Child protection course has been completed. Looking into available courses for vulnerable adults that through Post Grad and also online courses as recommended by the LHB.	Simon Rice	Ongoing
15	The practice should ensure there is an appointed first aider.	Simon Rice attending a First AID COURSE TO REVALIDATE	Simon Rice	Done
15	The practice should make appropriate arrangements for occupational health support for staff.	All staff checking Hep B status and policy for procedure following needle stick injuries	Lisa White	Ongoing
15	The practice should ensure any complaints	All complaints received to be kept in separate file	Lisa White	Done



Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	received are recorded separately from patient records so that patients are not discouraged from making a complaint.			
<b>Quality of Environment</b>				
16	Any children's toys provided in the waiting room should be suitable for effective cleaning to prevent cross-infection.	All toys that can not be cleaned effectively to be removed	Lisa White	Done
16	The practice must ensure all fire exits are suitably signposted and any fire extinguishers not in use are removed from the practice.	All fire exits signposted and unused fire extinguishers disposed of	Lisa White	Done
17	The practice must ensure the security of all patient and staff information, in particular by locking filing cabinets to prevent unauthorised access.	All filing cabinets to be locked at the end of each day	Lisa White	Done

**Practice Representative:**

**Name (print):**        **SIMON RICE**.....

**Title:**                **DR**.....

**Signature:**        **[Submitted Electronically]**.....

**Date:**                **26/02/2015**.....