

**General Dental Practice
Inspection (Announced)**
Powys Teaching Health
Board, Crickhowell Dental
Practice

12 May 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Crickhowell Dental Practice at War Memorial Health Centre, Beaufort Street, Crickhowell within the area served by Powys Teaching Health Board on 12 May 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards¹. Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. Where appropriate we consider how the practice meets these regulations, as well as any relevant professional standards and guidance.

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

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records

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

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

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

- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

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

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

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

3. Context

Crickhowell Dental Practice provides services to patients in the Crickhowell area of Powys. The practice forms part of dental services provided within the geographical area known as Powys Teaching Health Board.

Crickhowell Dental Practice provides mainly private dental services and some NHS treatments.

The practice's staff team includes two dentists (including the principal dentist/practice owner), one hygienist, three nurses and two receptionists.

A range of general dental services are provided. The practice also provides dental implants and sedation.

4. Summary

HIW explored how Crickhowell Dental Practice meets the standards of care set out in the Health and Care Standards (April 2015).

Patients told us they were satisfied with the service they received from the dental practice and they felt they were given enough information about their treatment. However, we recommended improvements to some of the information provided to patients, such as displaying emergency care arrangements at the practice and providing further health promotion information.

Overall, we found care and treatment was planned and delivered safely to patients. We found the surgeries to be clean and tidy. However, we made some recommendations regarding instrument storage. Generally, we found a good standard of recording in patient records, but we have recommended that any smoking cessation advice provided should be recorded.

The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients. Through the observations we made on the day of inspection, we concluded that the practice was being efficiently run. Updates were needed to the practice's complaints policies to make this compliant with the relevant regulations.

We found the practice was clean and adequately maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users. We found that the staff/patient toilet was in need of cleaning and improvement.

5. Findings

Patient Experience

Patients told us they were satisfied with the service they received from the dental practice and they felt they were given enough information about their treatment. However, we recommended improvements to some of the information provided to patients, such as displaying emergency care arrangements at the practice and providing further health promotion information.

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views on the dental services provided. Twenty one patient questionnaires were completed prior to the date of inspection. We also spoke to three patients on the day of inspection. The majority of patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. Most patients told us they did not experience any delay in being seen by the dentists or said the delay had been minimal.

A sample of patient comments included the following:

“Always had good service over the years.”

“Very satisfied in every respect – best practice I have ever attended.”

“I have always received excellent service here – very caring, knowledgeable and helpful staff, excellent treatment and good facilities.”

“This is a highly skilled practice, friendly and helpful.”

“Very satisfied, I am an extremely nervous patient but feel relaxed – confident in my dentist.”

Two patients who completed questionnaires made comments about appointments at the practice, one patient said that *“it is difficult at times to co-ordinate check-ups and hygienist appointments together”* and another patient said it was inconvenient to have to book appointments far in advance as they would often need to cancel. However, the patients we spoke to said they had not experienced any difficulties with appointments. One patient commented that they were unclear if the practice was still providing NHS treatment, but did not provide their name or details for us to follow this up further.

Nine patients said they did not know how to access out of hours dental services. We noticed there was no sign displayed in or outside the practice with the dental emergency contact number, but we confirmed there was a contact number provided on the practice's answer phone message and practice website.

Improvement needed

Given that some patients indicated they did not know how to access out of hours dental treatment, the practice should ensure that a sign with the emergency contact number is visible for patients at the surgery.

All patients said they received enough information about their treatment. Staff told us treatment options were discussed with patients and we found evidence of this recorded in patient notes.

Practice information was provided as a series of slides on TV screens in the patient waiting area, and a practice information leaflet was available for patients on request.

The practice also had a website which included relevant information for patients and was clear and easy to navigate. However, we noticed that the practice's website was not fully compliant with the General Dental Council (GDC) advertising guidelines, as the professional qualification and registration numbers were not included for all dental care professionals. The website was also missing the date the website was last updated. Although the practice's website included some details of complaints, it did not contain the full complaints procedure, or provide information on who patients could contact if they are not satisfied with the response (namely the Dental Complaints service for private patients and relevant NHS organisations for NHS patients).

Improvement needed

The practice website must fully comply with the General Dental Council Ethical Advertising guidelines.

The practice had some health promotion information available in the waiting areas and provided on the TV screen. However, we identified that some information was missing, such as smoking cessation advice and mouth cancer awareness.

Improvement needed

The practice should review the health promotion information they currently have on offer and increase the range of topics / areas they provide for patients to read.

The practice had a system for regularly seeking patient views by providing patient questionnaires and a comments box in the waiting area. We saw examples of completed patient questionnaires and the practice told us that patient feedback was considered and discussed.

When asked about making complaints, the majority of patients told us they were unsure how to make a complaint. We saw that there was a small sign with information about how to make a complaint in the waiting/reception area, but this may be difficult for some patients to see easily. Given the comments from patients, the practice may want to consider making the complaints poster more visible to patients.

Delivery of Health and Care Standards

Overall, we found care and treatment was planned and delivered safely to patients. We found the surgeries to be clean and tidy. However, we made some recommendations regarding instrument storage. Generally, we found a good standard of recording in patient records, but we have recommended that any smoking cessation advice provided should be recorded.

Clinical facilities

We looked at the clinical facilities of both surgeries at the practice and found these contained relevant equipment for the safety of patients and staff. Both surgeries were visibly clean and tidy. Surfaces were free from clutter to enable effective cleaning. We saw evidence that the daily cleaning regimes carried out by the nurses were recorded.

We found that portable appliance testing (PAT), to check that small electrical appliances were fit for purpose and safe to use, was last conducted in 2012. While there is no regulatory requirement for how often PAT testing should be conducted, guidance recommends this be conducted regularly in line with a risk based regime. For some electrical items this may mean testing on an annual basis whilst other items could be left for longer. Following the inspection, the principal dentist confirmed that they have risk assessed their equipment and deemed that three yearly PAT testing is sufficient.

Decontamination of instruments

The practice had a small, newly re-furbished dedicated room for the cleaning and sterilisation of dental instruments, located between each surgery. We found there were processes in place to prevent patients from cross infection. We saw that daily checks were conducted on the steriliser for dental instruments to ensure it was working correctly and safe to use. The practice was using appropriate testing strips each day and these were recorded in a diary. The diary the practice used was small and would benefit from using a specifically designed logbook for recording daily checks (example logbook sheets are provided in WHTM 01-05 Appendix 3). Best practice would be to use an automated data logger /automated printer to record the parameters of each cleaning cycle and the practice should consider upgrading the steriliser to include these features when replacement is needed.

There were dedicated hand washing sinks available to help with infection control and personal protective equipment was available for staff to wear when

conducting decontamination. We saw evidence that staff had completed training on decontamination/infection control. The practice had conducted a recent infection control audit and had used the audit tool developed by Cardiff University, as recommended by the Wales specific WHTM 01-05 guidelines.

Instrument storage

We saw the practice had a system to ensure that the majority of instruments were used within the recommended storage period. However, we noticed that both surgeries had a draw with a range of unwrapped instruments which were not re-sterilised at the end of the day. It was unclear when these instruments were last cleaned. In accordance with WHTM 01-05 guidelines, instruments should be either wrapped following sterilisation or if unwrapped, should be re-sterilised at the end of each day.

We also found that some dental instruments (stored in covered trays in the surgeries) were wrapped but not dated, and some were unwrapped. The hygienist materials we found were mostly unwrapped, but it was unclear when they had last been sterilised. While instruments intended for use during a clinical session do not need to be wrapped (as long as they are covered) and re-cleaned at the end of the day, we were unclear about the system being used at the practice. Although the nurses may have been aware of when the instruments had last been sterilised, we advised the practice to develop a robust system for these instruments as there are risks within the current system for instruments to be used without recent sterilisation.

Improvement needed

Unwrapped instruments in each surgery should be either wrapped following sterilisation or re-sterilised at the end of each day.

We also advised the practice to re-locate the wrapped instruments which were stored in a plastic draw unit in one surgery, as the drawers were not fully sealed and the bottom drawers were at floor level. This meant there was the potential for dirt and contaminants to settle in the drawers. We advised the practice to use the new cupboards located in the clean area of the decontamination room for storing these instruments.

Waste disposal

We confirmed that waste was handled, stored and disposed of appropriately at the practice and a current waste disposal contract was in place.

Radiographic (x-ray) equipment

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. We saw evidence that the dentists had conducted appropriate training on ionising radiation. We saw that the radiation protection file, which includes details about the x-ray equipment and procedures for staff to follow, contained all relevant information. We saw the practice conducted on-going quality assurance audits for the quality of the x-ray image and the practice used digital x-rays, but we advised that this should be formalised. We also noticed that there were no radiation warning signs present at the practice, to inform patients and visitors of potential risks.

Improvement needed

The practice should place suitable radiation warning signs in controlled areas.

Medical emergency equipment and medication

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. The equipment at the practice was found to be safe for use and all emergency medication was in date. Although the practice checked the resuscitation equipment and emergency medication monthly to ensure it was safe to use, the Resuscitation Council UK guidelines recommend this is done on a weekly basis.

Improvement needed

The practice should conduct weekly checks on the resuscitation equipment and medication to ensure it was safe to use in the event of an emergency.

We saw evidence that staff at the practice had received up-to-date training on how to deal with medical emergencies. This meant that in the event of a patient collapsing, staff had the necessary skills and access to life saving equipment and drugs to respond promptly. As the practice was part of the health centre, we were told that they used the appointed first aiders on site. The practice had a brief policy on medical emergencies, but needed to be updated to ensure that all members of staff know their role if there is a medical emergency, such as by providing flow charts.

Improvement needed

The practice should update the resuscitation policy to ensure that all members of staff know their role if there is a medical emergency.

Patient records

We looked in detail at a sample of ten patient records. Overall, we found the record keeping was of a good standard. The practice also had a suitable system for obtaining patient medical histories.

Treatment procedures and options were explained to patients verbally and discussions were recorded in patient notes. The practice also had some written information leaflets to explain the risks and benefits of more complex treatments, such as implants and extractions. The dentist also showed us the patient education videos which he could use to help explain treatment and gum disease to patients. This meant that patients were given the appropriate information to consider their treatment options.

The dentist told us that they encouraged patients who smoked to consider giving up and explained the risks to their oral health and the increased risk of mouth cancer risk that smoking presents. However, in the records we saw, discussions around smoking cessation advice were not recorded.

Improvement needed

Improvements should be made to patient record keeping at the practice to ensure that any smoking cessation advice provided is recorded.

Management and Leadership

The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients. Through the observations we made on the day of inspection, we concluded that the practice was being efficiently run. Updates were needed to the practice's complaints policies to make this compliant with the relevant regulations.

Crickhowell Dental Practice is independently owned by the principal dentist. The day-to-day management was the responsibility of the principal dentist. We saw the practice was being run efficiently and staff worked effectively together as a team. Staff we spoke to on the day of inspection said they were happy in their roles.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place. We also saw that staff members had been made aware of policies and had signed to show that they had read and understood them relevant. However, the practice needed a clearer dating system to ensure that the policies were the latest version. For example, some policies we saw had a version date and review date, but the majority did not.

Improvement needed

The practice should develop a suitable system (i.e. including version and review dates) so that anyone looking at the practice's policies can be assured they are the latest version.

The practice had regular staff meetings every one to two weeks. We saw examples of recent meetings notes which briefly detailed discussions and actions from the meetings. Staff told us they were encouraged to raise any concerns during these meetings, but would also feel comfortable in raising concerns with the principal dentist at any time. Staff also said they had benefitted from having regular meetings to discuss their work.

Staff told us that annual appraisals had been conducted, and they were in the process of being conducted for 2015. Appraisals are important to ensure the competency of staff and to identify any training needs.

We looked at the clinical governance arrangements in place at the practice to help ensure the quality and safety of the care provided. There was evidence that some audits were conducted at the practice, such as decontamination. We were also told that informal clinical discussions were regularly held between the dentists and nurses and the dentists often saw each others work. This meant the practice had used informal communication to help ensure the quality of the care provided. However, we advised the practice to consider conducting further

peer review audits and using team development tools such as the Maturity Matrix Dentistry.

We looked at staff information at the practice. We confirmed that all clinical staff were registered with the General Dental Council. We saw indemnity insurance certificates for the dentists and hygienist and the principal dentist confirmed that the nurses were covered under his insurance. In accordance with the private dentistry regulations, both dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice. We noticed that the HIW address needed to be updated and we made arrangements for this following the inspection.

We saw examples of personal continued professional development (training) completed by staff at the practice, which showed that staff had access to training opportunities relevant to their role. This meant patients could be assured they are treated by staff who have appropriate skills and up-to-date training and who were confident and acquainted with their place of work.

At the time of our inspection, one of the dentists did not have a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations for private dentistry. We discussed this with principal dentist who agreed to ensure that the dentist updated their DBS check in order to comply with current regulations. It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. We discussed this with the practice and found the DBS checks had been conducted for new members of staff.

We looked at the arrangements for the recording of accidents and incidents. We noticed that completed accident records were not removed and stored securely. This meant that the confidentiality of staff and patient accident information was not protected. We also saw that the accident book used by the practice did not easily enable completed records to be removed and we advised the practice to use the latest book provided by the Health and Safety Executive.

Improvement needed

Completed accident records should be stored securely and separately to the accident book to ensure that staff and patient confidentiality is maintained.

We also noticed that there was an out of date Health and Safety Executive Poster on the door of the decontamination room and we advised the practice to remove this. The principal dentist confirmed that staff had been given leaflets with the up-to-date health and safety information.

There were arrangements for occupational health support through the local health board. We saw records which showed that clinical staff had received appropriate vaccinations to protect them against blood-borne viruses. However, the immunity records for two of the nurses were unclear regarding their immunity status and we advised the practice to check this.

The practice had not received any written complaints, but we were shown the arrangements for recording, responding and storing complaints if they should be received. We advised the practice to develop a summary sheet providing details of any complaints received, including verbal and informal complaints and the dates of actions taken. This would ensure that any themes emerging from complaints could be identified.

The practice provided mainly private dental services, but had separate complaints policies for patients receiving private and NHS treatment. We found the NHS complaints process generally complied with arrangements in the NHS patient complaints procedure known as 'Putting Things Right' and gave a list of relevant organisations for patients to contact in the event they had a complaint. However, the timescales for responding to complaints were not compliant (two days not three days to respond). The address of the Community Health Council also needed to be included, so that patients are aware of the availability of advocacy support. The private complaints procedure needed to be updated with the correct HIW address (Merthyr office not Caerphilly).

Improvement needed

The NHS complaints procedure should be updated with the correct timescale for acknowledging a complaint (two days) and the contact details of the Community Health Council should be added.

The private complaints procedure should be updated with the correct address of HIW (Merthyr not Caerphilly).

Given the number of recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Quality of Environment

We found the practice was clean and adequately maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users. We found that the staff/patient toilet was in need of cleaning and improvement.

The practice is located in the town centre of Crickhowell within the War Memorial Health Centre, which also houses a GP practice. The practice is on the ground floor and has two surgeries. The practice has dedicated car parking as part of the health centre and at the rear of the health centre there is dedicated disabled parking.

Access to the practice is suitable for wheelchair users and door frames throughout the ground floor of the practice were suitably wide to allow access for wheelchairs. The practice was clean, tidy and satisfactorily lit throughout and provided a pleasant environment for patients to receive treatment. The waiting and reception area were suitable sizes for the number of surgeries.

Patient/staff toilet facilities were available as part of the health centre, outside the entrance to the practice. We noticed that the toilet closest to the dental practice had a sign to indicate it was accessible, but we noticed that the toilet and sink were worn and were not designed for accessible use, as the toilet was a standard height and the sink was large and the taps were set back, which may make turning the taps difficult for some patients. The toilet also lacked suitable ventilation. At the time of our inspection, we noticed that this toilet and the other patient toilets in the health centre visibly needed cleaning.

Improvement needed

The practice should ensure that toilets are cleaned regularly.

Consideration should be given to improving the toilet assigned for accessible use closest to the dental practice, especially in terms of ventilation. Any toilet designated as accessible must provide appropriate facilities to enable patients to use it safely.

The names, qualifications and the General Dental Council registration numbers of staff members were displayed by the entrance to the health centre. Price lists were also displayed in the reception area. The opening hours were displayed on the internal door to the practice, but not on the external door of the health centre. We advised the practice to include both the emergency contact number for out of hours treatment and opening hours by the entrance to the health centre, so it would be visible to patients when the health centre was closed.

The fire exits were signposted and we noticed that the fire extinguishers were due to be re-inspected by the end of the month. The principal dentist confirmed that arrangements had been made through the health centre for this. We also noticed there was a fire extinguisher which was located under a table in one of the surgeries and may not be easily reached in an emergency. We advised the practice to seek advice from the relevant fire authority regarding this extinguisher.

Improvement needed

The practice should seek the advice of the relevant fire authority regarding the fire extinguisher found under the table in one of the surgeries.

Detailed examination of other fire protection systems were not part of this inspection, however, it is the responsibility of the practice to ensure that suitable measures and systems are in place to protect staff and patients in the event of a fire.

We found patient records and information were stored securely and electronic records were backed-up daily onto an external server. This meant the practice has taken measures to ensure the safety and security of patients' information.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of improvement identified in this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Crickhowell 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: Crickhowell Dental Practice

Date of Inspection: 12 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
7	Given that some patients indicated they did not know how to access out of hours dental treatment, the practice should ensure that a sign with the emergency contact number is visible for patients at the surgery. [General Dental Council Standards 2.3.9]	A sign will be put on the front entrance to the Health Centre stating opening hours and emergency arrangements & telephone numbers.	James Jenkins	Already done
7	The practice website must fully comply with the General Dental Council Ethical Advertising guidelines. [General Dental Council Ethical Advertising guidelines]	This will be updates – GDC numbers for all professionals & the full complaints procedure will be added rather than a summary version.	James Jenkins	By end of June 2015
7	The practice should review the health	Need to obtain smoking cessation leaflets and	Nicola Welton-Wall	By end of

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>promotion information they currently have on offer and increase the range of topics / areas they provide for patients to read.</p> <p>[Health and Care Standards 1.1]</p>	update reception screen with Oral cancer awareness and smoking cessation advice		July 2015
Delivery of Health and Care Standards				
10	<p>Unwrapped instruments in each surgery should be either wrapped following sterilisation or re-sterilised at the end of each day.</p> <p>[WHTM 01-05 2.4J (ii)]</p>	We will stamp all wrapped instruments even if they will be used that session	James Jenkins	Instantly
11	<p>The practice should ensure to place suitable radiation warning signs in controlled areas.</p> <p>[Ionising Radiations Regulations 1999 - 18 (1) (a) and (ii).]</p>	To get door signs	James Jenkins	By End of July 2015
11	<p>The practice should conduct weekly checks on the resuscitation equipment and medication to ensure it was safe to use in the event of an emergency.</p> <p>[UK Resuscitation Council - Primary dental care - Quality standards for CPR and training]</p>	This has been amended & weekly checks are now happening	Lynne Alway	Instantly
11	The practice should update the resuscitation policy to ensure that all members of staff	To update this policy	Nicola Welton-Wall	By end of June

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	know their role if there is a medical emergency. [General Dental Council Standards 6.6.6]			
12	Improvements should be made to patient record keeping at the practice to ensure that any smoking cessation advice provided is recorded. [Faculty of General Dental Practice (UK) Clinical Examination & record keeping (2009) section 3.4.3]	To commence being more thorough in this regard.	James Jenkins	Instantly
Management and Leadership				
13	The practice should develop a suitable system (i.e. including version and review dates) so that anyone looking at the practice's policies can be assured they are the latest version. [Health and Care Standards 7.1]	To add policy and review dates to all practice policies	Nicola Welton-Wall	By end of July 2015
14	Completed accident records should be stored securely and separately to the accident book to ensure that staff and patient confidentiality is maintained. [Data Protection Act 1998]	We are going to obtain the new version of the RIDDOR book	Nicola Welton-Wall	By end of July

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
15	<p>The NHS complaints procedure should be updated with the correct timescale for acknowledging a complaint (two days) and the contact details of the Community Health Council should be added.</p> <p>The private complaints procedure should be updated with the correct address of HIW (Merthyr not Caerphilly).</p> <p>[Private Dentistry (Amendment) Regulations 2011 section 15(4a); General Dental Council Standards 5.1.3]</p>	<p>This has been updated and the new address of the HIW has also been updated. We also now have new HIW certificates with the updated address on them.</p>	Nicola Welton-Wall	Already done
Quality of Environment				
16	<p>The practice should ensure that toilets are cleaned regularly.</p> <p>Consideration should be given to improving the toilet assigned for accessible use closest to the dental practice, especially in terms of ventilation. Any toilet designated as accessible must provide appropriate facilities to enable patients to use it safely.</p> <p>[Health and Care Standards 2.1]</p>	<p>The toilets are cleaned every day. They just need to be renovated & I have spoken with the health Centre practice manager about this already.</p>	Health Centre Practice Manager	Depends on landlord
17	<p>The practice should seek the advice of the relevant fire authority regarding the fire</p>	<p>To discuss with the company that maintains the health centre fire equipment.</p>	Nicola Welton-Wall	By End of July 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	extinguisher found under the table in one of the surgeries. [Health and Care Standards 2.1]			

Practice Representative:

Name (print): James Jenkins.....

Title: Mr.....

Date: 08/06/2015.....