

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Tonyrefail Dental Centre**

**Date of Inspection: 11 November 2014**

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
	None			
	<b>Delivery of Standards for Health Services in Wales</b>			
Page 10	The dental service provider is required to provide HIW with specific detail as to how, and when, improvements are to be made to the environmental arrangements in place regarding the cleaning, separation and	Refurbishment to take place 19 <sup>th</sup> Jan 2015 please see attached plan		To commence 19/1/2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	disinfection of instruments at the dental centre.			
<b>Management and Leadership</b>				
Page 11	The dental service provider is required to provide HIW with a full description of the on-going monitoring and quality assurance/clinical governance arrangements in place at the dental centre.	A new compliance self check has been put in place through IDH		ASAP
Page 12	The dental service provider is required to demonstrate how it will ensure that all staff are supervised and supported in the delivery of their role. This is in accordance with current Standards for Health Services in Wales.	Due to change of ADM no appraisal completed have discussed this with the new ADM		January 2015
Page 13	The dental service provider is required to demonstrate how it will ensure that staff implement a complaints procedure which is fully compatible with the NHS Wales 'Putting Things Right' arrangements in the future.	No complaints procedure poster displayed ordered one that day is now there. All correct documentation to be put in place and timescales met.		ASAP

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<b>Quality of Environment</b>			
Page 15	The dental service provider is required to provide HIW with detailed information regarding the proposed refurbishment plan for the dental centre. This is in order to demonstrate compliance with Standards for Health Services in Wales.	Please see action plan for question 10		19/1/2015

**Practice Representative:**

**Name (print):** SARA HAWORTH...(Mrs).....

**Title:** PRACTICE MANAGER.....

**Signature:** .....

**Date:** 18/12/2014.....

