



# General Dental Practice Inspection (Announced)

Tywi Dental Practice

Hywel Dda University Health  
Board

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## Contents

1.	What we did .....	5
2.	Summary of our inspection .....	6
3.	What we found .....	7
	Quality of patient experience .....	8
	Delivery of safe and effective care .....	12
	Quality of management and leadership .....	18
4.	What next? .....	20
5.	How we inspect dental practices .....	21
	Appendix A – Summary of concerns resolved during the inspection .....	22
	Appendix B – Immediate improvement plan .....	23
	Appendix C – Improvement plan .....	24

**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Tywi Dental Practice at 22 Crescent Road, Llandeilo, within Hywel Dda University Health Board on the 13 June 2017.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that Tywi Dental Practice provided safe and effective care to the patients in a warm and friendly environment. Feedback received from patients' was very positive. Staff demonstrated a kind and dignified approach in delivering dental services.

Senior members of staff within the practice were very supportive in their approach and promoted staff to deliver the best possible services for their patients.

This is what we found the service did well:

- Patients were treated with respect and dignity
- We were informed by staff, they felt supported by management and worked well as a team
- Surgery facilities were well equipped, visibly clean and hygienic
- We found evidence that the practice was very well managed with good policies, procedures and guidance in operation
- Staff were confident in their roles and demonstrated a clear commitment to providing a high quality service for patients.

This is what we recommend the service could improve:

- Improve clinical waste storage facilities
- Ensure staff receive all mandatory training in a timely manner
- Ensure rigorous pre employment checks are undertaken
- Implement a formal mechanism of providing feedback on the views of patients
- More detail to be recorded in patients' notes with respect to treatment options, justification for x-rays and documenting oral cancer risks.

## 3. What we found

### **Background of the service**

Tywi Dental Practice provides services to patients in the Llandeilo area.

The practice employs a staff team which includes the principal dentist, an associate dentist, two dental hygienists, four dental nurses, a receptionist and practice manager.

The practice provides a range of NHS and Private dental services.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

We saw evidence that patients attending the practice were treated with dignity, compassion and respect by the entire practice team.

Overall, we identified that Tywi Dental Practice provided safe and effective care to patients in a pleasant and friendly atmosphere. The dentists, dental hygienist and dental nurse all worked well as a team and clearly knew the needs of their patients.

We found clear evidence that the practice was well managed and staff were fully aware of their roles and responsibilities.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided.

A total of 17 HIW questionnaires were completed, all of which indicated that patients were very satisfied with the service they had received from the dental practice. Patients were asked within the questionnaires how the dental practice could improve the service it provides, and the only comments received were:

“Cannot think of anything now”

“It is perfectly satisfactory now”

“I'm happy with the service

### **Staying healthy**

We saw sufficient dental health promotion / education material available in the waiting areas, which provided invaluable information for patients in caring for their own oral health.

The practice had developed their own website which provided valuable information in regards to booking an appointment, price lists, services provided and information on how to raise a concern / complaint. In addition, all this information was freely available within the waiting areas of the practice.



Every patient that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

## **Dignified care**

We observed during the entire inspection that staff were communicating with patients in a dignified and polite manner. There was, however, limited space for staff to have private conversations with patients apart from in the surgeries. All dental consultations were held behind closed doors to ensure the privacy, dignity and confidentiality of patients.

The practice provided NHS and private dental services / treatments. Information was readily available in the waiting areas providing patients with access to information about to the costs of their treatments.

Completed patient questionnaires clearly demonstrated that patients were very satisfied with the care and treatment provided. All completed questionnaires also identified that the practice team had made patients feel welcome and they were given sufficient information about their treatment.

Additionally every patient that completed a questionnaire felt that they had been treated with respect when visiting the practice.

## **Patient information**

As noted previously, the practice had developed their own practice leaflet and website. These resources provided patients with information relating to emergency dental contact details.

All patients that completed a questionnaire told us that they felt involved in decisions made about their treatment, and that the dental team helped them to understand all available options when they needed treatment. While the majority of patients that completed a questionnaire said that the cost of their treatment was always made clear to them before they received the treatment, a small number of patients said that the cost wasn't made clear to them. The practice is therefore advised to ensure that all patients / appropriate adults are kept fully informed of the cost of their treatment.

## **Communicating effectively**

The practice was providing information to patients bilingually, either within the practice via leaflets / posters or via their website. Staff were able to communicate bilingually and this was very important as there was a high number of Welsh speaking patients present on our inspection day.

Around a third of patients that completed a questionnaire considered themselves to be a Welsh speaking; and when asked how often they had been able to speak to staff in Welsh when they wanted to, half of those Welsh speaking patients said 'always', and the other half said 'sometimes'. All of the non-Welsh speaking patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

## **Timely care**

We identified that the practice made every effort to ensure patients were seen in a timely manner. During our day at the practice we did not observe patients having to wait a long time to be seen by their designated clinician. We were also informed that should there be a delay, staff would make sure patients were kept up dated and informed.

Around a third of patients that completed a questionnaire said that they wouldn't know how to access the out of hours' dental service if they had an urgent dental problem. However, out of hours' contact telephone numbers were available within the practice, on their recorded answer phone messages and via the practice website.

## **Individual care**

### **Planning care to promote independence**

We sampled ten patients records and identified medical histories were up dated accordingly if any changes had occurred. This was confirmed in responses received via questionnaires. All patients that completed a questionnaire confirmed that the dentist enquired about their medical history before undertaking any treatment.

Information returned via questionnaires identified that patients were happy with the amount of advice provided to them during their treatment / consultation.

### **People's rights**

Access to the practice would normally be gained via the front door. There were some steps present which could create potential difficulty for some patients with mobility restrictions. However, we were informed that patients would be advised of the need to utilise the rear entrance should they have mobility aids such as wheelchairs.

The practice had an equal opportunities policy in operation, which was valid and appropriate.

## Listening and learning from feedback

The practice had a valid policy and procedure for use in relation to complaints management. The complaints policy and procedure covered both NHS and private treatment. A large proportion of patients that completed a questionnaire told us that they wouldn't know how to raise a concern or complaint about the services they received at the dental practice. However, information was available in the practice and on the practices website which provided clear and simple to follow guidelines as to the process to follow. All information available in relation to complaints was aligned with the ['Putting Things Right'](#)<sup>1</sup> guidance. As part of our visit we viewed the folder which contained complaints and we identified that it had been completed in a rigorous and comprehensive manner, which clearly demonstrated that the practice had responded in a timely and appropriate manner.

Complaints received were treated by the staff and management as learning opportunities and were discussed during team meetings if appropriate.

The practice had a comments suggestions box available in the waiting area. It was pleasing to see that the practice placed an emphasis on this area of patients' experience. However, at present there were no formal systems in operation to provide patients of the practice with feedback in regards to comments / suggestions received. We therefore advised the practice to evaluate and develop systems to provide feedback to patients in order to promote openness and transparency and to demonstrate that the practice placed considerable importance to this area of practice management.

### Improvement needed

The practice is recommended to develop systems which enable feedback received at the practice to be fed back to all patients registered with the practice.

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<sup>1</sup> Putting Things Right - guidance on how to raise a concern / complaint within the Welsh NHS

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We identified that the practice provided patients with safe and effective care. We evaluated that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and wellbeing of both staff and patients.

The practice environment was clean, light and airy. The building was well maintained and provided a pleasant environment for patients to receive their dental care and treatment. However, we did identify some areas which required evaluation and improvement.

Arrangements were in place for the safe use of X-ray equipment.

## Safe care

### Managing risk and promoting health and safety

There were no concerns raised by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire stating that, in their opinion, the dental practice was very clean.

It was identified that portable appliance testing was undertaken in a timely and robust manner. Fire extinguishers were also strategically placed around the building and these were serviced regularly. There was one unisex toilet available for patients and one toilet for staff. The toilets were visibly clean neat and hygienic. The patients' toilet was clearly signposted.

The practice had systems in operation to manage waste. For example, contractual documentation was in place for hazardous (clinical) and non-hazardous (household) waste. There was also a valid health and safety policy in operation.

During our visit we identified that some dental needles had passed their expiry date. The Principal dentist was informed of this issue. The practice was

therefore recommended to introduce systems that would highlight when instruments / equipment is reaching its expiry date as a means of replacing those items in a timely way.

#### Improvement needed

The practice must ensure that all equipment and single use perishable stocks are checked regularly to ensure that expiry dates have not been exceeded.

#### Infection prevention and control

Overall the practice was viewed as being clean and hygienic. Equipment was stored appropriately and maintained to a high standard. Personal protective equipment (PPE) such as disposable gloves, aprons and eye protection were freely available for staff working at the practice.

During our visit we observed clinical waste being stored in a shower cubicle within the staff toilet. We advised the practice to review this method of storing clinical waste as it potentially posed a risk to staff utilising the toilet and did not promote staff dignity. The practice agreed to review this matter.

We identified that twice daily checks were being undertaken and documented accordingly in relation to each autoclave<sup>2</sup>.

Staff were fully aware of the decontamination process. Presently decontamination was undertaken in the surgeries and comprised of one sink and one bowl. There was no designated sink for hand washing. The practice manually cleaned dental instruments prior to processing through the autoclave machines. Manual cleaning is an acceptable method of cleaning dental instruments. The practice is carefully considering and planning the development of a dedicated decontamination room in order to comply with policy guidance

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<sup>2</sup> Autoclaves are utilised to sterilize equipment

noted within Welsh Health Technical Memorandum 01 -05 (WHTM 01 -05<sup>3</sup>). We recommended that an action plan be developed which clearly sets out the proposal of a dedicated decontamination room and includes timescales for the proposed development.

At present the practice was not utilising protein testing of instruments. Although not a requirement the practice is advised to consider its utilisation to validate the efficacy of their current decontamination processes.

Routine infection control audits were undertaken at the practice which were consistent with the policy guidance identified within WHTM 01 -05.

We identified that an endodontic rotatory head<sup>4</sup> was decontaminated, but not then stored in a bag. This potentially could create some confusion in relation to its hygienic status. The practice is recommended to bag the rotatory head following decontamination in order to reduce possible confusion in regards to its hygienic status and the possibility of inadvertent cross infection between patients.

#### Improvement needed

The practice is required to provide HIW with details on how it intends to improve the current storage of clinical waste.

The practice is required provide HIW with an action plan regarding the development of the proposed designated decontamination room and submit timescales for its potential completion.

The practice is recommended to store endodontic rotatory heads in a bag following decontamination.

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<sup>3</sup> <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

<sup>4</sup> Endodontic rotatory heads are utilised during certain dental procedures.



## **Medicines management**

The practice had processes and procedures in operation to respond to medical emergencies. Evidence was viewed, which identified that all staff had received training in relation to medical emergencies/Cardio Pulmonary Resuscitation (CPR). There were also two designated first aiders available at the practice.

We identified that there was adequate equipment available to deal with medical emergencies, such as portable oxygen, appropriate oxygen masks, first aid kits, portable suction and an automatic external defibrillator. Emergency drugs were also available at the practice. All medication was in date and checked regularly. Drugs were stored securely and adverse reactions to specific drugs were reported utilising a standardised approach.

## **Safeguarding children and adults at risk**

Relevant guidance policies and procedures were in operation at the practice in relation to safeguarding children and vulnerable adults. It was identified that all members of staff apart from one, had received the appropriate training in adult and child protection. The practice must ensure that all staff receive the required child and adult safeguarding training in order to be fully informed and up to date with current best practice.

We confirmed that all staff were registered with the General Dental Council. Pre-employment checks processes were evaluated and improvements identified. One member of staff did not have a Disclosure and Barring Check (DBS) in place and in addition no references were available. The practice had applied for a DBS check prior to our visit. The practice is recommended to ensure that all staff have valid DBS check undertaken in a timely manner prior to their commencement at the practice. In addition, all staff should have references in order to assist with the assessment of their integrity and appropriateness to work with potentially vulnerable individuals.

### Improvement needed

The practice must ensure that all staff receive child protection and adult safeguarding training in a timely manner.

The practice is to ensure that all pre-employment checks including DBS checks and references are fully completed prior to their work commencement.

### Medical devices, equipment and diagnostic systems

There were arrangements in place for the safe use of X-ray equipment. However, we identified that an evaluation of one of the X-ray sensors should be undertaken in order to assure it provides the best possible image quality to assist dentists in making clinical treatment decisions.

### Improvement needed

The practice is recommended to evaluate one of the X-ray sensors currently in operation in order to provide the best possible quality of radiographic imagery available to patients.

## Effective care

### Safe and clinically effective care

It was evident that the practice was continuously trying to improve the service provision delivered. Regular audits were undertaken by the practice. Audits relating to infection prevention and control were viewed.

### Quality improvement, research and innovation

Discussion with clinical staff identified that peer reviews were undertaken regularly. In addition, regular staff meetings were also held every 4 - 6 weeks which enabled staff to discuss new topics / features such as updated local and national guidance. Minutes of those meetings were documented accordingly.

### Information governance and communications technology



The practice had up to date data protection policies and procedures in operation. Patient information was stored safely and securely. Access to computer screens was secure and discreet. This meant that the practice had suitable systems in place to maintain patient confidentiality.

### Record keeping

Overall, the standard of record keeping was very good. In all, a sample of ten patients records were viewed, five for each dentist. Clinical records demonstrated that the care and treatment provided to patients was planned and delivered to a high standard. Records identified that the service provision promoted the oral health, safety and wellbeing of patients attending the practice. We identified that oral cancer risks and treatment options for patients were not always documented in records. We also identified that on occasions there were no recorded justifications for the need for an X-ray to be undertaken. The practice is recommended to review these areas of documentation in patients' records.

#### Improvement needed

Dentists are recommended to include treatment options, oral cancer risks and justification for X-rays to be documented in all appropriate patients records.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We found evidence that the practice was very well managed and good leadership was clearly visible. Staff were fully aware of their roles and responsibilities and clear lines of accountability was evident. Discussions with staff confirmed that they were committed to providing high quality care and treatment for patients.

### **Governance, leadership and accountability**

Tywi dental practice provided an dental service for the local population of Llandeilo and surrounding area. The practice had approximately 2,400 registered patients.

The staff we saw and spoke to during our inspection all stated that they were happy and well supported in their roles. We were told that training courses were accessible and that the practice management encouraged staff development. Annual staff appraisals were also being undertaken for staff which supported their continuing professional development.

As previously noted, there was a very good range of policies and procedures available which provided invaluable information for staff. All policies were valid and had revision dates incorporated.

### **Staff and resources**

#### **Workforce**

We were shown the process for ensuring new staff received a comprehensive induction. Induction booklets had been produced and the induction period enabled new staff to gain an understanding of the most important aspects of their new roles and key policies and procedures. However, we identified that the induction process did not fully demonstrate that new members of staff had read and understood key policies and procedures. We therefore recommended that

the person being inducted sign and date the document, to evidence that they have understood the main concepts of important policies and procedures in operation at the practice.

The dentists HIW certificate was on display as required by the Private Dentistry (Wales) Regulations 2008 and we evidenced that indemnity cover was present.

There were no records available regarding staff individual display screen equipment (DSE) assessments. This meant that we could not be assured that potential hazards had been identified and action had been taken to minimise health and safety risks. The practice is advised to undertake these assessments at timely intervals in order to promote the wellbeing of staff employed at the practice.

#### Improvement needed

We recommend that the induction process includes an opportunity for the person being inducted to sign and date the induction document, clearly identifying that they have read and understood key practice policies and procedures.

We recommend that all staff receive a DSE assessment at regular intervals as advocated by the Health and Safety Executive.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). 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 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No Immediate concerns were identified at this inspection			

## Appendix B – Immediate improvement plan

**Service:** Tywi Dental Practice

**Date of inspection:** 13 June 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No Immediate concerns were identified at this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Tywi Dental Practice

**Date of inspection:** 13 June 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The practice is recommended to develop systems which enable feedback received at the practice to be fed back to all patients registered with the practice.	6.3 Listening and Learning from feedback  GDC Standards 2.1	A feedback poster will be displayed in the reception area, which will be regularly updated with patient feedback.  Website will be updated to include opportunity to leave feedback/reviews which will be readily accessible to the public.	Emyr Daniels – practice owner	August 2017
<b>Delivery of safe and effective care</b>				
The practice must ensure that all equipment and single use perishable stocks are checked	2.1 Managing risk and	Expiry dates of perishable stocks will be checked on a regular basis to ensure	Emyr Daniels –	July 2017



Improvement needed	Standard	Service action	Responsible officer	Timescale
regularly to ensure that expiry dates have not been exceeded.	promoting health and safety  Private Dentistry (Wales) Regulations 2008  14 (1) (d)	that expiry dates are not exceeded.	practice owner	
The practice is required to provide HIW with details on how it intends to improve the current storage of clinical waste.	2.4 Infection Prevention and Control (IPC) and Decontamination.  (Duty of Care) Regulations 1991 & Hazardous Waste (Wales) Regulations 2005	Clinical waste to be stored in a lockable secure outdoor storage unit.	Emyr Daniels – practice owner	July 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice is required provide HIW with an action plan regarding the development of the proposed designated decontamination room and submit timescales for its potential completion.</p> <p>The practice is recommended to store endodontic rotatory heads in a bag following decontamination</p>	<p>GDC Guidance standard 1.5 WHTM 01-05</p> <p>Private Dentistry (Wales) Regulations 2008 14 (4)</p>	<p>Plans for the development of the proposed designated decontamination room have been prepared. Potential completion is likely to be between 3-5 years.</p> <p>Endodontic handpiece heads to be stored in an approved self-seal bag following decontamination.</p>	<p>Emyr Daniels – practice owner</p> <p>Emyr Daniels – practice owner</p>	<p>July 2017</p> <p>July 2017</p>
<p>The practice must ensure that all staff receive child protection and adult safeguarding training in a timely manner.</p>	<p>2.7 Safeguarding children and adults at risk</p> <p>GDC Standards 4.3.3 &amp; 8.5</p>	<p>Training has been arranged.</p>	<p>Emyr Daniels – practice owner</p>	<p>September 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice is to ensure that all pre-employment checks including DBS checks and references are fully completed prior to their work commencement.	Private Dentistry (Wales) Regulations 2008 Regulation 13 (2) GDC 6.1.6	Recruitment protocol has been reviewed and modified to include DBS and reference checks prior to commencement in their posts.	Emyr Daniels – practice owner	July 2017
The practice is recommended to evaluate one of the x-ray sensors currently in operation in order to provide the best possible quality of radiographic imagery available to patients.	Private Dentistry (Wales) Regulations 2008 Regulation 14 1(b)	X-ray sensor to be quality assessed and modified/replaced as necessary.	Emyr Daniels – practice owner	August 2017
Dentists are recommended to include treatment options, oral cancer risks and justification for x-rays to be documented in all appropriate patients records.	3.5 Record keeping Private Dentistry	All dentists to undertake refresher training in current record keeping practices.	Emyr Daniels – practice owner	August-September 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
	(Wales) Regulations 2008  14 1(b)  GDC Standards 4			
<b>Quality of management and leadership</b>				
We recommend that the induction process includes an opportunity for the person being inducted to sign and date the induction document, clearly identifying that they have read and understood key practice policies and procedures.	7.1 Workforce GDC Standards 6.6.1	Induction document to be modified to include signature of the person being inducted and document to be dated upon completion	Emyr Daniels – practice owner	August 2017
We recommend that all staff receive a DSE assessment at regular intervals as advocated by the Health and Safety Executive.	Health & Safety (Display Screen Equipment)	DSE assessment to be undertaken at regular intervals.	Emyr Daniels – practice owner	August/ September 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Regulations 1992 (amended 2002)			

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print): Emyr Daniels**

**Job role: Practice owner/Clinical lead for Tywi Dental Practice**

**Date: 29 July 2017**