

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

Warren Davies Dental Care /  
Hywel Dda University Health  
Board

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2017

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In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone: 0300 062 8163  
Email: [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

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**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 Warren Davies Dental Care at 13 Llwynhendy Road, Llwynhendy, Llanelli, Carmarthenshire SA14 9DP, within Hywel Dda University Health Board on the 21 November 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015), Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

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 identified that Warren Davies Dental Care provided safe and effective care to the patients. Staff demonstrated a dignified and courteous approach in delivering dental care and treatment.

The practice was well managed with clear lines of accountability. Feedback from patients' was very positive and complementary of the services provided at the practice. However, we found evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Provided safe and effective care
- Treated patients with respect and dignity
- Dental instruments were cleaned and sterilised appropriately
- Staff worked well as a team and enjoyed working at the practice

This is what we recommend the service could improve:

- Certain areas within the internal environment
- Documentation of oral cancer risks and justification for radiographs
- Security of patient records, emergency equipment and medication

## 3. What we found

### **Background of the service**

Warren Davies Dental Care provides services to patients in the Llwynhendy / Llanelli localities. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

The practice has a staff team which includes 4 dentists, two dental therapists, four dental nurses, three trainee dental nurses and a 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.*

Overall, we found evidence that this practice was working diligently to provide a good quality experience to their patients. We identified that the practice was committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was very positive.

Patients were happy with the levels of treatment and care provided at the practice.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 19 completed questionnaires; the majority of questionnaires received were from long term patients at the practice (those that had been a patient for more than two years). Overall, patient feedback provided in the questionnaires was very positive.

Patient comments included:

*"Absolutely first class"*

*"I believe this dental practice serves to be the best it can for patients and staff"*

*"I am more than happy with this practice. I am always welcomed and treated well when I come"*

## Staying healthy

Health promotion information was freely available in the practice, which encouraged patients to take responsibility for their own oral health and wellbeing. All of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.



No smoking signs were strategically located inside the building which demonstrated an emphasis was being placed on compliance with smoke free premises legislation.

We viewed evidence that patients' medical histories were reviewed and updated regularly.

## **Dignified care**

Without exception, all patients that completed a questionnaire felt that they had been treated with respect when visiting the practice. Patient comments about the staff included:

*"Always polite and very accommodating"*

*"The dental and reception staff are superb"*

Doors to the dental surgeries, where patients were receiving care and treatment, remained closed during their consultations in order to promote and ensure good levels of privacy and dignity.

There was space available for staff to have conversations with patients in a private area, away from other patients, if required, for the purpose of maintaining patient confidentiality. We observed patients being dealt with by staff in a kind and courteous manner. Staff knew their patients well, as many patients had been registered with the practice for some considerable time.

## **Patient information**

All patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment and they had received clear information about available treatment options. One patient commented in the questionnaires:

*"They have kept me well informed every step of the way through treatment and made me feel more confident about dentist visits again"*

Posters were strategically located around the practice, which contained information on prices of treatment. This information was also freely available on the practices website. The website provided information on the range of services that was provided at the practice. Details of the surgery opening hours were being displayed appropriately. The practice had its own patient information leaflet / booklet which patients were able to take away.

Patients that had received treatment at the practice told us in the questionnaires that the cost of their treatment was always made clear to them and they understood how the cost of their treatment was calculated.

### **Communicating effectively**

A good range of information available within the practice was bilingual. We were informed by staff that there are two Welsh speaking staff members employed at the practice.

Almost all of the patients that completed a questionnaire told us they were always able to speak to staff in their preferred language; this was true for all non-Welsh speaking patients and all but one Welsh speaking patient, who said they could only sometimes speak to staff in their preferred language.

### **Timely care**

We were informed by staff, they made every effort to ensure care and treatment was provided in a timely way. A poster was located in the waiting area reminding patients to approach and alert staff if they had been waiting 20 minutes. The practice telephone number was displayed within the practice and was detailed on the practice website.

The majority of patients who completed a questionnaire said, they would know how to access the out of hours dental service if they had an urgent dental problem. Out of hours emergency telephone contact numbers were located near to the front entrance and these were visible from outside the practice.

### **Individual care**

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

We saw evidence in records that patients' medical histories were reviewed and updated at each appointment.

Patients who completed the questionnaires confirmed this practice by stating that the dentists did enquire about their medical histories prior to undertaking any dental treatment. We saw evidence that patients were being promoted to care for their oral health after and between appointments.

There was one unisex disabled toilet for use by patients which was clearly signposted and hygienically clean. In addition, a poster was available in the toilet reminding people to washing their hands.

## People's rights

Two of the three surgeries were located downstairs. A patient toilet was also located on the ground floor. Wheelchair access was possible, however space was slightly limited as the building was a converted terrace house. A third surgery was located upstairs. This was accessed via a steep staircase; appropriate hand rails were present to assist patients. We were informed by the practice manager that people with reduced mobility or requiring assistance with mobility would not receive treatment upstairs on the first floor.

No designated parking was available; however on-street car parking was available within the vicinity.

The practice had equality and diversity policies in operation.

## Listening and learning from feedback

We saw the practice had a written complaints procedure in operation for both private and NHS treatment. Information for patients on how to raise a concern or complaint was displayed in the reception and on the practice's website. The practice also recorded all verbal concerns and we saw evidence these concerns were acted upon in a timely and comprehensive manner. The practice had not received a formal complaint in some considerable time. The practice manager identified that all concerns / complaints were taken very seriously and would be addressed in a swift and responsive manner. The majority of patients who completed a questionnaire said they would know how to raise a concern or complaint about the services they receive at the dental practice if they needed to.

Around three quarters of the patients that completed a questionnaire said they are asked for their views on the dental practice, for example, through patient questionnaires.

Patients were enabled to provide feedback on the practice in several ways. Either verbally, via complaints, satisfaction surveys, online or via a comments box located in the waiting area. We identified that any concerns / suggestions were acted upon in a timely manner. Records viewed identified that overall patients were very happy with the services provided at the practice.

## Delivery of safe and effective care

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

Overall, we found evidence patients were provided with safe and effective dental care. A comprehensive process was in operation in relation to the safe and effective cleaning and sterilising of dental instruments.

A range of emergency resuscitation equipment and drugs were available at the practice in the event of a patient becoming seriously ill.

Some remedial improvements were identified in relation to the physical environment of the surgeries. Infection control audits required improvement in order to evaluate working practises and the environment.

### Safe care

#### Managing risk and promoting health and safety

We found the practice had taken appropriate steps to help protect the health, safety and welfare of patients and staff. We saw evidence portable appliance testing (PAT) had been undertaken in line with the recommendations of the Health and Safety Executive<sup>1</sup> to help ensure the safe use of small electrical appliances within the practice.

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<sup>1</sup> <http://www.hse.gov.uk/pubns/books/hsg107.htm>

Fire safety equipment was available at various locations around the practice. We were informed by the practice manager that these are regularly reviewed in order to ensure they remain effective in the event of a fire.

Risk assessments on Control of Substances Hazardous to Health (COSHH) were being maintained.

Clinical waste was being segregated appropriately in a safe and effective manner. We identified that storage bins to the rear of the building would benefit from being secured robustly in order to prevent any possible theft.

There were no concerns given by patients over the cleanliness of the dental practice. Almost all patients who completed a questionnaire felt the dental practice was very clean.

On evaluation of the emergency trolley we identified pieces of equipment had past its used by date. We were informed staff were aware of one of these pieces of equipment past its expiry dates and that new products had been ordered but had not been received at the practice. In addition we identified that the emergency trolley, which included the emergency medicines, was not stored securely. The room in which it was stored was not locked. We recommend that this room is made secure when not in use in order to reduce the possibility of theft. Prescription pads were stored securely in order to reduce the possibility of theft.

#### Improvement needed

Clinical waste storage bins to be secured to permanent fixtures in order to prevent possible theft.

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

Security of emergency equipment and medication

#### Infection prevention and control

We evaluated the decontamination room and overall we identified safe and effective practice. We identified that the flow of instruments could be improved and the practice may wish to evaluate this in the future. The autoclaves in use within the practice were being checked both daily and weekly and these tests were documented accordingly. The manual cleaning process at present was not being documented and we recommend this be commenced. We viewed the three surgeries and identified some improvements were required in order to

prevent the possibility of cross infection. Sealant around worktops has started to perish and as a consequence some gaps were visible. In addition, in one of the surgeries the materials covering doors and drawers had been compromised and did not provide an effective barrier.

We also identified in one of the surgeries that handles to cupboards and drawers had started to perish. Floor surfaces within the three surgeries were easy to clean in order to reduce the likelihood of cross infection. However, we did note the flooring in two of the surgeries were not sealed around the edges. In surgery two the floor covering had broken and required remedial action.

Improvements were identified in regards to infection control auditing. We recommend the practice implement regular infection prevention and control auditing as identified within the Welsh Health Technical memorandum ([WHTM01-05<sup>2</sup>](#)) Decontamination in primary care dental practices and community dental services, Revision 1 - February 2014.

#### Improvement needed

Floor coverings in surgeries to be sealed around edges

Floor covering in surgery 2 to be repaired

Drawers in surgery one to be replaced / refurbished

Handles in surgery two to be replaced / refurbished

Implement timely infection control audits as advocated in WHTM01-05<sup>3</sup>

Manual cleaning checking to be documented

#### Medicines management

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<sup>2</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices

We reviewed the emergency trolley and overall it was well stocked and could be utilised in an emergency situation. Checks were undertaken on emergency equipment and medication on a regular basis.

Compressors used at the practice were regularly serviced and certificates were viewed.

The practice had two appointed first aiders in the team who had completed relevant training. All staff had recently received cardio pulmonary resuscitation (CPR) training and this was recorded in staff records.

The practice had mercury spillage kits available in the event of an incident concerning mercury.

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

The practice had a procedure in place to promote and protect the welfare of children and held a copy of the All Wales Child Protection Procedures. Vulnerable adults' policies and procedures were also available. During the inspection three members of staff were questioned in regards to adults safeguarding, and they all demonstrated a good understanding of the main principles of vulnerable safeguarding.

The practice manager confirmed all staff had completed appropriate training on child protection and adult safeguarding.

Records demonstrated all staff had received a Disclosure and Barring Service check. One of the dentists employed at the practice DBS checks were out of date and not compliant with the Private Dentistry Wales (2008) Regulations which stipulates that DBS checks should be undertaken every three years. The practice must ensure all dentists undertake DBS checks in a timely manner.

#### **Improvement needed**

All dentists to receive DBS checks as stipulated in The Private Dentistry (Wales) Regulations 2008.

### **Medical devices, equipment and diagnostic systems**

Overall we noted the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. There was a radiation protection file available at the practice which needed updating regarding the personnel register and

roles. A panoramic x-ray machine documentation and location was reviewed. It was identified as a controlled area and practice specific instructions in the local rules were not sufficient as there were 4 entrance points and a window located in very near vicinity of the machine. We recommend that these instructions be reviewed and amended in order to ensure safe operation of this x-ray equipment. In addition this area was used as a potential play area for children as toys were located within the area. We recommend this area not to be utilised as a play area.

We saw documentation to show X-ray machines had been regularly serviced to help ensure they were safe for use. We did identify some toys kept in a certain area within the practice should be moved to a more appropriate location away from x-ray equipment. We did identify that the practice had the required documentation and information available on the safe use of x-ray equipment.

#### Improvement needed

Radiation protection file to be updated and Instructions in relation to the panoramic x-ray machine to be reviewed and updated to take full account of all risks and how these can be safely managed during its operation

Toys to be relocated away from the panoramic x-ray machine area

### Effective care

#### Safe and clinically effective care

We were informed that the practice was continuously looking to improve the service provision provided. Staff informed us that regular team meetings took place which provided them with the opportunity to discuss any concerns.

The practice manager and lead dentist were eager to develop the service provision and provide patients with the best possible dental experience.

#### Quality improvement, research and innovation

We were informed regular peer reviewing was being undertaken at the practice. The principle dentist was constantly looking at methods of improving the services provision provided at the practice

#### Information governance and communications technology

Patient records were stored and maintained electronically and we found suitable processes in place to ensure security of information was maintained.



We did identify that older records were being stored in an office on the first floor. Unfortunately this office was not locked and kept secure when not in use. We recommend that appropriate measures are implemented in order to safeguard the security of patients written records.

#### Improvement needed

Patients records to be kept secure at all times

#### Record keeping

On reviewing a sample of patients' records, overall we found the quality of notes to be very good. We identified in records viewed that consent for treatment was obtained at every visit. In addition we noted discussions relating to alcohol intake and smoking were recorded as a matter of routine. However, we did identify from our sample that the recording of oral cancer risk assessment and justification for x-ray, was not recorded consistently in the patient's records.

#### Improvement needed

Documentation of oral cancer risk assessments

Justification for x-rays

## 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.*

Warren Davies Dental Care is a well established practice, owned and led by the sole dentist. Overall the practice was well managed, and promoted an ethos of openness. This was demonstrated during discussions with staff who noted that they felt able to raise any concerns with management.

The day to day management of the practice was delivered in collaboration between the principle dentist and practice manager.

We were able to confirm, members of the team were provided with the opportunity to undertake training, relevant to their work and development.

## Governance, leadership and accountability

Warren Davies Dental Care has been providing services in its current accommodation for twenty six years.

We saw evidence the practice had good leadership and clear lines of accountability. It was noted the staff worked well together and many had been employed at the practice for numerous years. During discussions with staff we were informed they were confident in raising any issues or concerns directly with the dentist, practice manager or appropriate body if necessary.

The dentists and staff all demonstrated a commitment to providing high standards of care and treatment for their patients and this was supported by a range of policies and procedures which were in operation. The practice was in the process of changing over to a whole new set of polices and procedures. We saw evidence demonstrating staff had signed the policies and procedures identifying they had read them and understood their responsibilities.

## Staff and resources

### Workforce

The practice manager had a clear understanding and commitment to the needs of staff. There was evidence of an induction programme. We saw that all staff had accessed a variety of training resources, which promoted their continuous professional development. We saw records which confirmed staff appraisals had been undertaken in a timely and responsive manner.

We were informed staff meetings were held every two weeks. We identified it was usual practice for staff not to be furnished with an agenda prior to the meeting. We recommend an agenda is circulated in order to enable staff to evaluate the agenda and allow them to prepare accordingly. Minutes of staff meetings were viewed. Information available in these minutes was limited and only in point format and there was minimal evidence of staff learning from these meetings. We appreciate the staffing team at the practice is relatively small, but to promote openness and transparency we recommend that these meetings are minuted in more detail. This would enable absent staff to review the minutes and obtain a rounded view of the subjects evaluated and the discussion which entailed.

We found dentists and nursing staff were registered with the General Dental Council to practice and had the necessary indemnity insurance cover in place. Records viewed demonstrated staff had received appropriate immunisation against Hepatitis B in order to safeguard patients and themselves against infection.

The dentists working at the practice provided private dental services and we saw their HIW registration certificates were prominently displayed as required by the regulations for private dentistry.

#### Improvement needed

Staff to be provided with an agenda prior to meetings and records of staff meetings to include greater detail of discussions that had taken place

## 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 on this inspection			

## Appendix B – Immediate improvement plan

**Service:** Warren Davies Dental Care

**Date of inspection:** 21 November 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 on 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:** Warren Davies Dental Care

**Date of inspection:** 21 November 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>				
<b>Delivery of safe and effective care</b>				
Clinical waste storage bins to be secured to permanent fixtures in order to prevent possible theft.	2.1 Managing risk and promoting health and safety  (Duty of Care) Regulations 1991 & Hazardous	Bins to be chained together and attached securely to the wall	Warren Davies	28 days

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice must ensure all equipment and single use perishable stocks are checked regularly to ensure expiry dates have not been exceeded.</p> <p>Emergency trolley to be stored securely</p>	<p>Waste (Wales) Regulations 2005</p> <p>Private Dentistry (Wales) Regulations 2008</p> <p>14 (1) (d)</p>	<p>All perishable stock dates to be checked on a weekly basis</p> <p>Trolley to be stored in secure room</p>	<p>Cynthia Carver</p> <p>Warren Davies</p>	<p>Immediately</p> <p>Immediately</p>
<p>Flooring in surgeries to be sealed around edges</p> <p>Floor covering in surgery 2 to be repaired</p> <p>Drawers in surgery one to be replaced / refurbished</p> <p>Handles in surgery two to be replaced / refurbished</p> <p>Implement timely infection control audits as advocated in WHTM01-05</p> <p>Manual cleaning checking to be documented</p>	<p>.4 Infection Prevention and Control (IPC) and Decontamination.</p> <p>Private Dentistry (Wales) Regulations 2008</p> <p>Regulation 14 (6)</p>	<p>Refurbishment to be undertaken</p> <p>Awaiting receipt of relevant document from Deanery</p> <p>Already implemented</p>	<p>Warren Davies</p> <p>Cynthia Carver</p> <p>Cynthia Carver</p>	<p>3 months</p> <p>On receipt of document</p> <p>Immediately</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
All dentists to receive DBS checks as stipulated in The Private Dentistry (Wales) Regulations 2008	2.7 Safeguarding children and adults at risk  Private Dentistry (Wales) Regulations 2008 13 (2)	All existing and new staff to be registered for Annual DBS update service as certificates become renewable	Louise Begg	Ongoing
Radiation protection file to be updated and instructions in relation to the panoramic x-ray machine to be reviewed and updated to take full account of all risks and how these can be safely managed during its operation  Toys to be relocated away from the panoramic x-ray machine area	2.9 medical Devices, Equipment and Diagnostic Systems  Private Dentistry (Wales) Regulations 2008 14 (1) (d)	Review and updating to take place  Evaluation of location of toys to be undertaken	Warren Davies  Warren Davies	3 months  1 month
All patients records to be kept secure at all	3.4 Information Governance	Code lock to be placed on office door in	Warren Davies	28 days

Improvement needed	Standard	Service action	Responsible officer	Timescale
times.	and Communicatio ns Technology	which records are kept		
Documentation of oral cancer risk assessments Justification for x-rays	3.5 Record keeping Private Dentistry (Wales) Regulations 2008 14(1)b GDC Standards 4	Education undertaken, documentation as per regulations all	Warren Davies	Immediately
Quality of management and leadership				
Staff to be provided with an agenda prior to meetings and records of staff meetings to include greater detail of discussions that had taken place.	7.1 Workforce	Agenda produced and developed prior to meeting , availability with meetings for AOB	Loiuse Begg	Immediately

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): Warren Davies**

**Job role: Principle Dentist**

**Date: 8th January 2018**