

General Dental Practice Inspection (Announced)

West Quay Dental Practice,
Cardiff and Vale University Health
Board

Inspection date: 11 December
2017

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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 West Quay Dental Practice at West Quay Medical Centre, Hood Road, Barry CF62 5QW, within Cardiff and Vale University Health Board on 11 December 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 evidence that West Quay Dental Practice was patient focussed, providing safe and effective care.

The practice had in place a good range of policies and procedures, with checks in place to ensure they were read by all staff.

We recommended the practice ensure all staff receive essential training.

This is what we found the service did well:

- The practice is committed to providing a positive experience for its patients
- There was evidence of good management and leadership from the practice manager, area manager and clinical advisor
- The practice had dedicated and appropriate facilities for the decontamination of dental instruments.

This is what we recommend the service could improve:

- All staff to receive training in cardiopulmonary resuscitation
- Ensure there is a range of health information leaflets available for patients
- Ensure patient records are completed to record the provision of advice on smoking and/or alcohol cessation.

3. What we found

Background of the service

West Quay Dental Practice, owned by the management company Rodericks Dental, provides services to patients in the Barry area. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes 6 dentists, 1 therapist, 6 dental nurses, 4 trainee dental nurses, 3 reception staff and 1 practice manager.

The practice provides a range of NHS and private general 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 found that the practice is committed to providing a positive experience for their patients.

We observed staff being courteous and professional when speaking to patients.

The practice needed to provide additional health promotion material for patients.

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 21 questionnaires were completed.

Overall, patient feedback provided in the questionnaires was positive. One patient provided the following comment in the questionnaires:

"I am a very happy patient of the dental practice. Always happy faces and always very clean. Can't recommend enough"

Patients were asked in the questionnaires how the dental practice could improve the service it provides. Patient comments included:

"Keep appointment times given"

"More things to entertain children"

Patient comments included the following:

Staying healthy

Of the 21 patients who completed a questionnaire, 16 told us the dental team had spoken to them about how to keep their mouth and teeth healthy. The practice only had a limited number of health promotion information leaflets available and in the main these were related to private dental treatments. We would recommend that the practice display a range of health promotion

information leaflets, including information on a range of both NHS and private dental treatments and how to maintain good oral health.

There were No Smoking signs in the waiting area confirming the emphasis being placed on complying with smoke free premises legislation. There were also cards for a smoking cessation advice helpline available for patients.

Improvement needed

We would recommend the practice display a range of health promotion information leaflets, including information on a range of dental treatments and how to maintain good oral health.

Dignified care

Of the 21 patients who completed a questionnaire, 20 told us that they had been treated with respect when visiting the practice; one patient did not answer that question.

Staff told us that if there was a need to have a private conversation with a patient this could be conducted in the practice manager's office. Telephone calls could also be made from that office, again providing the patient with privacy.

All except one of the surgeries had two doors. One faced out to the waiting area which was for patient use. The other led to a corridor which was restricted to staff use only. When a patient was receiving treatment the doors would be closed, affording them privacy and dignity.

Patient information

In all, 17 patients who completed a questionnaire told us they felt involved (as much as they wanted to be) in any discussions made about their dental treatment. Four patients did not answer this question.

Of those 17 patients, 15 said the cost of any treatment was always made clear to them before they received any treatment and 11 said they understood how the cost of their treatment was calculated. Four patients told us that they did not understand how the cost of their treatment was calculated.

In the waiting area there were a number of posters setting out the price lists for private dental treatment. There were two posters setting out the price list for NHS dental treatment in the reception area but one was too far away for the information to be read by a patient. When this was pointed out the practice

manager rectified this by placing additional posters next to the price lists for private dental treatment.

Communicating effectively

All 21 patients who completed a questionnaire said that they did not consider themselves to be Welsh speakers. The majority of patients indicated on the questionnaire that they were always able to speak to staff in their preferred language, with two patients not answering the question.

During the inspection we observed both clinical and non clinical staff being polite and courteous when speaking to patients in person and on the telephone.

Timely care

The majority of patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were displayed both inside and outside of the practice. This information was also provided on the practice's answerphone message.

Staff told us that they made efforts to ensure patients were seen in a timely manner. If a dentist was running late, staff in reception would be advised via a message on the computer and they would then advise any patient waiting of any delay and if appropriate offer another appointment.

Individual care

Planning care to promote independence

The majority of patients who completed a questionnaire confirmed that their dentist asks them about their medical history before undertaking any treatment.

People's rights

The practice was situated on the first floor, above a medical centre. Access was by a staircase, or for those with mobility difficulties, via a lift that could be accessed in the medical centre.

Listening and learning from feedback

Of the 21 patients who completed a questionnaire, 11 said they would know how to raise a concern or complaint about the services they received at the dental practice.

The practice had a single complaints policy for both private and NHS dental treatment. The policy in respect of private dental treatment was compliant with the Private Dentistry Regulations but not fully compliant with the NHS complaints process "Putting Things Right¹". We recommended that the policy is updated with regard to NHS dental treatment, to include timescales as set out in Putting Things Right and contact details for Cardiff and Vale University Health Board. In respect of private dental treatment we asked that this was amended to include contact details for the Dental Complaints Service. The practice manager rectified the policy during the inspection and arranged for the changes to be reflected in the patient information leaflet.

The practice maintained a log of complaints received and details of action taken and outcomes. The practice recorded any verbal/informal concerns on the patient's notes. It is recommended that patients' feedback is kept separate from their medical notes and we advise that the practice maintain a notebook to record any verbal feedback. Together with the information in the complaints log, this would enable the practice to identify any recurring themes.

We noted the practice had questionnaires and a suggestion box in the waiting area for patients to complete.

Improvement needed

The practice to cease recording patients' informal feedback in patient records and to make alternative arrangements for recording such information.

¹ "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales.

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 that patients were provided with safe and effective dental care.

Clinical facilities were clean, tidy and well designed with a staff only corridor leading from the surgeries to the decontamination facilities.

The practice had in place appropriate safeguarding policies.

Dentists need to comply with guidelines regarding the taking of and justification of X-rays.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and wellbeing of practice staff and patients.

The practice moved to its current location in Spring 2017. The building was well maintained and we observed all areas to be well organised, clean and uncluttered.

There were no concerns given by patients over the cleanliness of the dental practice; every patient that completed a questionnaire felt that the dental practice was very clean.

We saw fire extinguishers were available at various locations around the practice. These had been installed within the last 12 months and therefore had yet to receive an annual service. We were told that this would also be the case for portable appliance testing (PAT), as the relevant equipment had been purchased when the practice moved.. Directions for the emergency exits were visible and there was an evacuation chair situated at the top of the stairs for those with mobility difficulties.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) waste, amalgam waste and non-hazardous (household)

waste. We advised that in each surgery the sharps containers, whilst situated close to the clinician, should ideally be wall mounted.

The practice had a Reporting of Injuries, Diseases and dangerous Occurrences Regulations (RIDDOR) book which included the Health and Safety Executive (HSE) contact details and protocols. There was a health and safety policy in place and we noted the health and safety poster in the staff room.

Infection prevention and control

The practice had dedicated and appropriate facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05². We noted that there was a clean room and a dirty room with instruments being transferred via a purpose built hatch.

We saw that staff cleaned (pre-sterilisation) instruments by hand. Cleaning and inspection are key parts of the instrument decontamination process and we were advised that, as recommended by WHTM 01-05, the Rodericks Group would be purchasing and installing ultrasonic baths in all practices.

We saw the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place. We also saw evidence that all clinical staff had certificates on file to confirm their infection control training was up to date.

Medicines management

The practice had in place procedures to deal with patient emergencies. With the exception of the therapist, 2 dental nurses and a receptionist, who will be attending a course in January 2018, all staff had received training within the last twelve months on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had three named, appointed first aiders who all held current first aid certificates.

² 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.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK)³ guidance. We also noted that in accordance with the guidance, the practice had in place a system to check that emergency drugs and equipment were in date and ready for use. We noted that the drug Glucagon was not stored in a refrigerator. In such a situation the expiry date of the drug needs to be halved, whilst this was the case on the data sheet the label on the container had not been changed. When we advised the practice of this action was taken immediately and the expiry date was amended.

Prescription pads were kept securely and signed in and out by the dentists at the start and end of the day.

Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant local safeguarding agencies. With the exception of one receptionist, all staff had completed training in the protection of children and vulnerable adults. The receptionist had not completed training in the protection of vulnerable adults. We recommend that all staff who come into contact with patients and potentially children and vulnerable adults receive appropriate training.

There were arrangements in place for staff to raise any concerns, and staff told us they felt able to do this in the practice. All staff held Disclosure and Barring Service (DBS) certificates and we saw evidence of pre-employment checks being undertaken on new members of staff before they started working at the practice.

³ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration

Improvement needed

The practice must ensure that staff have access to and completed the relevant safeguarding training

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental teams.

The surgeries and radiological equipment were visibly clean and in working order. Controlled areas had been identified.

The X-ray machines were newly installed when the practice was established in Spring 2017. We saw radiation equipment check certification for each machine. The radiation protection file was maintained and contained all essential information.

The purpose of quality assurance is to ensure consistently adequate diagnostic information, whilst radiation doses are controlled to be as low as reasonably practicable. We would advise the practice to consider attaching radiation dose badges to each X-ray machine to enable staff to ensure that safe radiation doses are not exceeded.

In accordance with the requirements of the General Dental Council⁴ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000⁵ all the clinical staff had completed the required training.

⁴ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁵ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence of the practice undertaking audits, including hand washing, prescribing and radiograph. The practice installed a new decontamination room when it moved to the new premises in Spring 2017 and will be undertaking an audit in accordance with WHTM 01-05 within its first year.

Quality improvement, research and innovation

All staff have attended the Roderick Group's national conference which provided both clinical and non-clinical staff the opportunity to meet peers and learn. We were told that clinicians would be attending a Group roadshow in early 2018, again for the purpose of peer review.

Information governance and communications technology

Patient records are electronic with paper documents, including medical histories, being scanned and the originals being destroyed appropriately following the patient's appointment. Files were backed up nightly.

The practice had a number of appropriate policies in place, including data protection policy and we noted the Freedom of Information Act compliance documentation.

Record keeping

We reviewed a sample of patients' records. Overall we found that there was a very good quality of record keeping, which supports the delivery of good patient care.

However, it is important that records are maintained in accordance with regulation 14 (1) (b) of the Private Dentistry (Wales) Regulations 2008 and the General Dental Council Guidance Standard 4 regarding ensuring that patient dental records completed by the dentists are maintained in accordance with professional standards for record keeping. We found instances where the provision of advice on smoking cessation and alcohol cessation had not been recorded on the patient record. Some patients had not had an X-ray taken for a significant period of time without justification, therefore not meeting recommended guidelines.

The practice also needs to ensure that the electronic medical histories are filed correctly and consistently.

We noted that an audit of medical records had been undertaken.

Improvement need

In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record the provision of advice on smoking cessation and alcohol cessation.

Dentists must comply with recommended guidelines regarding the taking of and justification of 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.

During the inspection we found evidence of good leadership and lines of accountability. The practice manager was responsible for the day to day management of the practice.

There were good management procedures in place for the benefit of staff, including staff appraisals and regular and minuted staff meetings.

The practice needs to ensure all training requirements are up to date.

Governance, leadership and accountability

West Quay Dental Practice is part of the Rodericks group of dental practices in England and Wales. Day to day management is provided by the practice manager who has the support of an area manager and a clinical advisor for Wales. We found the practice to have strong leadership with staff understanding their roles and responsibilities. Staff told us that they enjoyed their work and we observed a good rapport cross the practice.

The practice was well organised with good record keeping across most areas. There was a wide range of policies and procedures in place to ensure the safety of both staff and patients. We saw that policies were reviewed centrally and they were signed by all staff to confirm that they had been read, and to evidence knowledge and understanding. We also noted that a set of policies was kept in the staff room making them easily accessible.

All members of staff should be aware of their role if there was a medical emergency. We noted that the practice's resuscitation policy and procedure did not include information on roles and responsibilities of staff if an emergency arose. We would recommend that this is amended to include information on

roles and responsibilities of staff if there was a medical emergency at the practice.

All staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place, with the dental nurses being covered by the company indemnity insurance. The dentists provide private dental services and we noted that each of them displayed their registration certificates in their respective surgeries as required by the Private Dentistry (Wales) Regulations 2008.

Improvement needed

The practice should amend its medical emergency policy and procedures to ensure staff are aware of their roles if there is a medical emergency.

Staff and resources

Workforce

We saw certificates that evidenced staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. However, we noted that one member of staff did not have up to date training on protection of vulnerable adults. We recommend they arrange to attend a course as soon as possible.

The practice holds regular staff meetings that are supported by detailed minutes which are signed by all staff to show that they have been read.

We saw evidence on staff files that the practice had an induction programme in place. The practice manager also had in place a programme of staff appraisals.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection⁶. The practice was unable to provide proof of immunity with regard to the immunisation records for three nurses. The

⁶ Welsh Health Circular (2007) 086

practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.

The Regulations for Private Dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out on all clinical and non-clinical staff in the practice.

Improvement needed

We recommend the practice ensures that staff have access to and complete relevant training in order to fulfil their Continuing Professional Development (CPD) requirements.

The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.

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
<p>The complaints policy was not fully compliant with the NHS complaints process "Putting Things Right". We recommended that the policy is updated with regard to NHS dental treatment, to include timescales as set out in "Putting Things Right" and contact details for the health board. In respect of private dental treatment we asked that this was amended to include contact details for the dental complaints council.</p>	<p>Patients may not know of the process when submitting a complaint regarding NHS dental care or may not be able to refer a concern or complaint to the correct agency.</p>	<p>This was brought to the attention of the practice manager.</p>	<p>The practice manger rectified the policy during the inspection and arranged for the changes to be reflected in the patient information leaflet</p>
<p>In the waiting area there were a number of posters setting out the price lists for private dental treatment. There were two posters setting out the price list for</p>	<p>A practice must ensure price lists are displayed providing clear information on prices for both NHS and private dental</p>	<p>This was brought to the attention of the practice manager during the course of</p>	<p>The practice manager rectified this by adding additional posters and placed these next to the price</p>

NHS dental treatment in the reception area but one was too far away for the information to be read by a patient.	treatment.	the inspection	lists for private dental treatment
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Appendix B – Immediate improvement plan

Service: West Quay Dental Practice

Date of inspection: 11 December 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
There were no immediate assurance issues raised during the 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: West Quay Dental Practice

Date of inspection: 11 December 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
Quality of the patient experience				
We would recommend the practice display a range of health promotion information leaflets, including information on a range of dental treatments and how to maintain good oral health.	1.1 Health promotion, protection and improvement	These have been ordered and should be with us 1.3.18	Sara Ryan- Practice manager	1.3.18
The practice to cease recording patients' informal feedback in patient records and to make alternative arrangements for recording such information.	6.3 Listening and Learning from feedback	The practice will only record pertinent information to clinical needs of the patients and their discussions with clinical staff in the patient records. All other patient feedback such as patient questionnaires and comments	Sara Ryan – Practice manager	Actioned

Improvement needed	Standard	Service action	Responsible officer	Timescale
		slips will be kept by the practice manager in the feedback record.		
Delivery of safe and effective care				
The practice must ensure that staff have access to and completed the relevant safeguarding training	2.7 Safeguarding children and adults at risk	This has been completed. 12.12.17	Sara Ryan- Practice manager	Actioned
In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record the provision of advice on smoking cessation and alcohol cessation.	3.5 Record keeping	The dentists now have quick notes with this information on it so they can record on the patients notes that this has been given. 12.12.17. Regular audits will be undertaken on record keeping.	Sara Ryan- Practice manager	Actioned
Dentists must comply with recommended guidelines regarding the taking of and justification of X-rays.		Record templates have been modified to ensure conformance with IRMER regulations and appropriate justification of radiographs is recorded. 12.12.17	Sara Ryan- Practice manager	Actioned
Quality of management and leadership				
The practice should amend its medical emergency policy and procedures to ensure	Governance, Leadership and	Policy doc amended and appendix 10 created detailing all members of staffs	Sara Ryan- Practice manager	Actioned

Improvement needed	Standard	Service action	Responsible officer	Timescale
staff are aware of their roles if there is a medical emergency.	Accountability	responsibilities in the event of a medical emergency		
We recommend the practice ensures that staff have access to and complete relevant training in order to fulfil their Continuing Professional Development (CPD) requirements.	7.1 Workforce	Staff have now all had training. (9.1.18)	Sara Ryan- Practice manager	Actioned
The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.		All records are now up to date	Sara Ryan- Practice manager	Actioned

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): Sara Ryan
Job role: Practice Manager
Date: 12 February 2018