

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

Talbot Road Dental Practice,  
Abertawe Bro Morgannwg  
University Health Board

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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 Talbot Road Dental Practice at 116 Talbot Road, Port Talbot, SA13 1LB, within Abertawe Bro Morgannwg University Health Board on the 22 March 2018.

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 the staff at Talbot Road Dental Practice provided safe and effective care to its patients.

The practice was patient focussed and during the inspection we observed staff being friendly and professional towards patients.

We saw evidence of strong leadership and the practice had the necessary policies and procedures in place to support the practice, patients and staff.

The practice needs to ensure that patient records are maintained in accordance with professional standards for record keeping.

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 three principal dentists
- The practice had a good range of policies and procedures in place
- Appropriate arrangements were in place for the safe use of X-rays.

This is what we recommend the service could improve:

- Patient records are to be maintained in accordance with professional standards for record keeping, namely the Private Dentistry (Wales) Regulations 2008 and the General Dental Council Guidance
- The practice must ensure that patient confidentiality and privacy is protected at all times.

## 3. What we found

### **Background of the service**

Talbot Road Dental Practice provides services to patients in the Port Talbot area. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice has a staff team which includes three dentists, one hygienist, seven dental nurses and two reception staff.

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 was committed to providing a positive experience for their patients and we observed staff being professional and courteous to patients.

The practice actively sought patient feedback by undertaking annual patient surveys and inviting patients to provide suggestions in the boxes provided in the waiting areas. The practice also provided feedback to patients on the outcome of any suggestions and surveys.

Patients that completed the HIW questionnaires indicated that they were satisfied with the care and treatment they had received.

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 20 questionnaires were completed. Patient comments included the following:

*Have always received really good service. All staff very helpful and polite. Would recommend. Thank you*

*The standard of care is excellent and all members of the team are always helpful and professional*

*I've been a patient at the practice for several years and would never consider moving to any other practice. All staff are friendly, kind and helpful*

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

*No issues to improve upon except send appointment reminders by text not letter*

*The dental practice I attend suits all my needs. No obvious need for improvements*



## **Staying healthy**

In the waiting areas on the ground and first floor we saw a selection of health promotion information leaflets available. These included leaflets about treatments and preventative advice. In addition, the practice had prepared additional information on the sugar content of some foods and drinks and on child oral health.

All patients 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**

All the patients that completed a questionnaire told us that they had been treated with respect when they visited the practice.

During the inspection we observed staff being polite and courteous when speaking to patients visiting the practice and when speaking to patients on the telephone.

If there was a need to hold a private conversation with a patient, staff told us they would use the staff room or a surgery if free. Telephone calls could also be made from the staff room or staff would wait until the lunch hour when the practice was closed and reception would be free affording the patient privacy.

## **Patient information**

All of the patients that completed a questionnaire told us that they felt as involved (as much as they wanted to be) in any decisions made about their treatment and that when they need treatment the dental team helps them to understand all available options.

The majority of patients that completed a questionnaire said that the cost of any treatment was made clear to them before they received any treatment and told us that they understood how the cost of their treatment was calculated.

We saw price lists displaying NHS dental treatment and private dental treatment costs in both the ground floor and first floor waiting areas.

The practising dentists' details and their respective opening hours were displayed at the main entrance to the practice.

## Communicating effectively

Patients were asked in the questionnaires whether they considered themselves to be a Welsh speaker. Three patients said that they considered themselves to be Welsh speakers. Each patient that completed a questionnaire (which included Welsh speaking and non-Welsh speaking patients) told us that they were always able to speak to staff in their preferred language.

## Timely care

All but one of the patients that 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 on the front window of the practice, in the reception area and in the practice information leaflet. This information was also provided on the practice's answerphone message.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay.

## Individual care

### Planning care to promote independence

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

### People's rights

We found access to the practice to be good. There was a small step leading into the main entrance from the street and staff used a portable ramp to enable patients in wheelchairs to access the practice. The reception, waiting area and one surgery were on the ground floor and all could be accessed by people with mobility difficulties. There was an additional waiting area and two further surgeries on the first floor.

There was a patient toilet on the ground floor (accessed through the staff room) which provided facilities for patients with mobility difficulties and had good access and hand rails providing support for patients that require it. We would advise the practice consider installing an alarm in the toilet. There was a second toilet on the first floor.

## Listening and learning from feedback

The majority of the patients that completed a questionnaire said they would know how to raise a concern or complaint about the services they received at the dental practice.

The practice had a complaints policy for both NHS and private dental treatment. Where relevant the policy was aligned to the NHS complaints process "Putting Things Right"<sup>1</sup> and with regard to private dental treatment to the Private Dentistry Wales 2008 Regulations<sup>2</sup>. The policy was displayed in the reception area and "Putting Things Right" posters were displayed in both waiting areas.

The practice maintained a folder containing records of complaints received and the outcomes.

The practice also recorded verbal concerns and feedback in a notebook that is kept in the reception area. These are also monitored regularly to identify recurring themes.

We saw that the practice had Suggestion Boxes in the waiting areas. We were told that all suggestions received were reviewed regularly and discussed at staff meetings to identify if any could be implemented. The practice also displayed in the waiting areas feedback on the suggestions submitted and its patient surveys that are conducted annually.

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<sup>1</sup> "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

<sup>2</sup> [www.dentalprotection.org.uk/help-advice/regulations/wales/private-dentistry-\(wales\)-regulations-2008](http://www.dentalprotection.org.uk/help-advice/regulations/wales/private-dentistry-(wales)-regulations-2008)

## 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. We noted that clinical facilities were visibly clean and well equipped.

There were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. The practice needs to ensure they are kept securely.

The practice needs to ensure patient medical records are completed in keeping with professional standards for record keeping at each visit

### Safe care

#### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and wellbeing of patients visiting and staff working at the practice. There were no concerns given by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean.

Externally, the building appeared to be well maintained. Overall the surgeries were clean with instruments and equipment stored appropriately. We would recommend the practice fit locks to the cupboard on the first floor in which all practice and staff related paperwork is kept and to the decontamination area under the stairs on the ground floor to ensure practice confidentiality and patient safety respectively.

Regular testing of portable appliances (PAT) is to undertaken to help ensure the safe use of small electrical appliances within the practice. The practice last undertook PAT testing in 2015. PAT testing should be conducted regularly and we would advise the practice to arrange for testing to be undertaken. We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out with the last twelve months to ensure that the equipment worked properly.

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

At the time of our visit there were facilities to dispose of feminine hygiene products in the toilet on the first floor but not in the disabled toilet on the ground floor. When we advised the practice of current regulations action was taken immediately and an additional disposal unit was ordered.

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 that the health and safety poster, with relevant information was on display.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. The practice had a 'Control of Substances Hazardous to Health' (COSHH) controls policy and data sheets providing limited information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice. The Health and Safety Executive guidance<sup>3</sup> advises that safety data sheets describe the hazards the chemical presents, and give information on handling, storage and emergency measures in case of accident. We also advise that additional information is given on the effects that could be experienced if handled incorrectly.

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<sup>3</sup> <http://www.hse.gov.uk/coshh/basics/datasheets.htm>

### Improvement needed

To ensure patient confidentiality and safety, the practice should fit locks to the cupboard on the first floor in which paperwork is kept and to the door to the ground floor decontamination area.

The COSHH file to be amended so that the safety data sheets include emergency measures to be taken in case of accident.

### Infection prevention and control

The practice had facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>4</sup>.

On the day of the inspection the ground floor surgery had a decontamination area situated under the stairs and the first floor surgeries utilised the current decontamination facilities situated on the first floor. Manual cleaning was undertaken in the surgeries prior to moving the instruments to the decontaminations areas for sterilisation. We noted during the inspection that the work surfaces around the sink area in the ground floor surgery were cluttered and would advise that this area is kept clear to ensure it does not impact on manual cleaning. We were told that within the next 6 months the practice will be refurbishing the room on the first floor to turn it into a dedicated decontamination room for all three surgeries.

We recommend the practice procure thermometers for each surgery to ensure the water used during the hand washing process is at the correct temperature and that this is maintained.

Sterilisation equipment underwent maintenance checks in accordance with manufacturer guidance and we saw evidence that the log books for checking the sterilisation equipment were maintained. The practice had an infection control policy in place.

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<sup>4</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

Staff had access to and used personal protective equipment (PPE) when working in the decontamination room.

We saw evidence that all clinical staff had certificates on file to confirm their infection control training was up to date.

The practice undertakes regular infection control audits as recommended by WHTM 01-05 guidelines

#### Improvement needed

The practice procure thermometers for each surgery to aid the hand washing and decontamination procedure.

#### Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy that was displayed in each surgery.

We saw evidence that, with the exception of one member of non-clinical staff, 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 an appointed first aider.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>5</sup>. We noted that the door to the staff room, where the kit and drugs were stored, was broken and could be accessed by a patient. We recommend that these are stored securely and in a location that is easily accessible by staff. We noted that the practice had a system in place to check that emergency drugs and equipment were in date and ready for use.

We noted that prescription pads were kept securely.

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<sup>5</sup> 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 to ensure its emergency kit and emergency drugs are stored securely

### 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 safeguarding agencies.

All staff had completed training in one or both aspects of training, i.e. protection of children and protection of vulnerable adults.

There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in the practice.

### Medical devices, equipment and diagnostic systems

We saw that the surgeries were visibly clean and contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and contained all the essential information.

In accordance with the requirements of the General Dental Council<sup>6</sup> and Ionising Radiation (Medical Exposure) Regulations<sup>7</sup> (IR(ME)R) 2000 all clinical staff had completed the required training.

### Effective care

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<sup>6</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>7</sup> [http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf)



## Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service it provides. We saw evidence that the practice had in place a programme of audits in respect of infection control, radiographs and record keeping. We also noted the practice's clinical governance policy.

## Information governance and communications technology

The practice held paper records and overall we noted that the storage of these was appropriate to ensure the safety and security of personal data. Current paper files were stored in a locked cupboard in the reception area. Legacy paper files were stored in locked filing cabinets in the ground and first floor waiting areas. However, we noted that patient records with patient identifiable information were being stored in wall mounted open drops, outside consultation/treatment rooms ahead of a patient seeing a dentist. This meant the risk of breaching patient confidentiality was extremely high and we recommend this practice is stopped and all patient identifiable information is stored securely.

The practice had a number of appropriate policies and procedures in place.

### Improvement needed

The practice must ensure that all patient identifiable information is stored securely in line with the Data Protection Act 1998. Specifically, patient identifiable information must not be stored in open drops outside the surgeries.

## Record keeping

We reviewed a sample of patients' records. Overall we found that there was some good quality record keeping and patient care. We did find omissions in some cases, namely there was no record of the following:

- Justification for the use of and grading of X-rays to be in accordance with current guidelines
- Bitewings to be undertaken in accordance with current guidelines
- Treatment plans to record treatment options and patients' consent to treatment
- Medical histories to be countersigned by the clinician.

### Improvement needed

In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record treatment plans and patient consent; X-rays and Bitewings to be undertaken in keeping with current guidelines and medical histories to be countersigned by the clinician.

## 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 of good leadership and lines of accountability.

We found that the practice had systems and processes in place to ensure the practice and staff are supported and committed to providing a high quality service to patients.

The practice had in place a comprehensive range of relevant policies and procedures and robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings

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

Talbot Road Dental Practice is owned by the three principal dentists who also provide the day to day management. We found the practice to have strong leadership and all staff understood their roles and responsibilities.

The practice was well organised with good record keeping in all areas. There was a wide range of policies and procedures in place to ensure the safety of both staff and patients. We saw evidence that the policies were reviewed annually by one of the principal dentists. We also noted evidence that they had been read and understood by staff,

We noted that a wide programme of risk assessments including fire safety, first aid, lone working, and pregnant and nursing mothers had been undertaken.

## Staff and resources

### Workforce

Staff told us that they enjoyed working in the practice and we observed a strong rapport between all practice staff. We noted that all staff had employment contracts and we saw evidence on staff files that the practice had an induction programme in place. The practice had a robust programme of staff appraisals that were conducted annually and completed forms kept on staff files.

We saw certificates that evidenced that all staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The practice holds monthly staff meetings. Following each meeting minutes are drafted and displayed on the staff noticeboard in the decontamination/stock room on the first floor. The minutes are signed by staff members when they have been read.

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 members of clinical and non-clinical staff. At the time of the inspection applications had been submitted in respect of two dental nurses and their certificates were provided before the completion of this report.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all members of clinical staff.

We saw evidence that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place. Private Dentistry (Wales) Regulations 2008 require original registration certificates to be displayed. We saw each dentist's HIW certificates clearly displayed in their respective surgeries.

## 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 summarizes 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:** Talbot Road Dental Practice

**Date of inspection:** 22 March 2018

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 assurances 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:** Talbot Road Dental Practice

**Date of inspection:** 22 March 2018

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>				
To ensure patient confidentiality and safety, the practice should fit locks to the cupboard on the first floor in which paperwork is kept and to the door to the ground floor decontamination area.	2.1 Managing risk and promoting health and safety	To fit locks to the landing cupboard and door to downstairs decontamination area.	Simon Gregson	End of May 2018
The COSHH file to be amended so that the safety data sheets include emergency measures to be taken in case of accident.		Upgrade COSHH File. To carry out as a team.	Janette Harrison	October 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice procure thermometers for each surgery to aid the hand washing and decontamination procedure.	2.4 Infection Prevention and Control (IPC) and Decontamination	Purchase water thermometers for each surgery. Review water temps for manual cleaning with team.	Ann-Marie Howells	May 2018
The practice to ensure its emergency kit and emergency drugs are stored securely	2.6 Medicines Management	Fix broken lock or fit new to staff kitchen door.	Simon Gregson	End of May 2018
The practice must ensure that all patient identifiable information is stored securely in line with the Data Protection Act 1998. Specifically, patient identifiable information must not be stored in open drops outside the surgeries.	3.4 Information Governance and Communications Technology	Review transfer of patient files to the surgeries with the team. Need new system that follows Data Protection Act 1998. Timescale reflects need to find system that works for patients, staff and is compliant with DPA.	Janette Harrison	August 2018
In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record treatment plans and patient consent; X-rays and Bitewings to be undertaken in keeping with current guidelines and medical histories to be countersigned by the clinician.	3.5 Record keeping	Record keeping audit, arrange record keeping training for the team.	Janette Harrison	October 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of management and leadership</b>				

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): Janette Harrison**

**Job role: Dentist/Partner/RM**

**Date: 16/05/2018**