



General Dental Practice Inspection (Announced)

Forest Dental Surgery/Aneurin
Bevan 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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Forest Dental Surgery at Bryn Surgery, Bryn Road, Cefn Forest, Blackwood NP12 3NA, within Aneurin Bevan University Health Board on the 27 January 2020.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) 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 Forest Dental Surgery was providing safe and effective patient centred care.

Feedback received from HIW questionnaires confirmed that the majority of patients rated the service provided at the practice as excellent.

Since recently taking over the practice we saw that the registered manager was making every effort to meet the required regulations and standards. However we needed to make some recommendations to ensure the practice was meeting all of its responsibilities.

This is what we found the service did well:

- Staff were polite and professional to patients and visitors
- Patient records were maintained to a high standard
- The practice had a number of comprehensive policies and procedures in place
- Suitable infection prevention and control procedures were maintained
- Risk assessments were in place to ensure the premises and clinical facilities were fit for purpose.

This is what we recommend the service could improve:

- The registered manager needs to ensure no smoking signs are displayed within the practice
- The practice needs to provide health promotional information in the patient waiting area
- The toilet needs to be opened and made available to patients as well as staff
- The registered manager needs to expand the policy on the acceptance of new patients

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

3. What we found

Background of the service

Forest Dental Surgery provides services to patients in the Cefn Fforest area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes one dentist, two dental nurses including one trainee nurse, one hygienist and a receptionist.

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.

Overall, Forest Dental Surgery had suitable processes in place to ensure patients received a positive experience while at the practice.

The practice was situated on the ground floor and accessible for everyone, including those with mobility issues.

Patients' privacy and dignity was protected when receiving treatments.

Patients told us that they were able to get an appointment when they needed it.

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 23 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice more than two years.

Overall, patient feedback was positive; the vast majority of patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent'. Patient comments included:

"Penrose Surgery is a lovely practice all go out of their way to help. Very approachable"

"All employees extremely helpful, professional and friendly"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients were very happy with the service provided; there were no comments provided.

Staying healthy

Health promotion protection and improvement

All but one of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

However, we would recommend that written information on maintaining good oral hygiene for both children and adults is made available within the waiting area for patients to read and take away. This should include information on smoking cessation and preventative advice. A patient information folder was available in the waiting area containing a copy of the statement of purpose¹ and complaints policy.

Improvement needed

The practice must provide patients with a selection of written information on how children and adults can best maintain good oral hygiene, including leaflets about treatments and preventative advice.

Dignified care

Every patient who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. We observed staff speaking to patients in a friendly but respectful and professional manner.

We saw that doors to the dental surgeries remained closed during treatments. A comprehensive privacy and dignity policy was in place to make staff aware of their responsibilities for protecting patients' privacy. We noted the reception desk and waiting area were close together, but staff confirmed that private conversations with patients would take place within one of the dental surgeries or in the office behind the reception desk.

The 9 Principles² developed by the General Dental Council (GDC) were on display within the waiting area to ensure patients were aware of the standards of care they should receive from dental professionals.

¹ Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used.

² The GDC Nine principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

Patient information

Where applicable, all of the patients who 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. They also said the cost was always made clear to them before they received any treatment.

We saw that the practice's opening hours were displayed on the front door of the practice and the names and relevant qualifications of the dental team were displayed in the waiting area in accordance with professional guidelines.

Communicating effectively

There were no Welsh speaking staff at the practice however staff told us that they would use a translation service if necessary. We saw that patient information was available in English and Welsh, including information on the eligibility criteria for patients to receive free NHS dental treatment. Price lists were displayed for patients on the practice reception desk.

Staff told us that appropriate care and time would be provided to patients whose first language wasn't English to understand their needs. All of the patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

In the patient records we reviewed we saw evidence of written treatment plans that included notes of the costs and of treatment options discussed during appointments. This was in line with best practice and meant that patients were provided with information to make informed choices about their treatment.

Timely care

All of the patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it.

During the inspection we observed patients being treated in a timely manner. Staff told us that patients are informed about any delays to their appointment times on arrival, or as soon as possible.

We were told that any patients requiring emergency care during working hours are accommodated on the same day. Patients requiring emergency care out of hours are directed to dental services provided by Aneurin Bevan University Health Board; we saw that information on how patients can access treatment out of hours was displayed on the main entrance door and contained within the

patient information leaflet. 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.

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were of a high standard and supported the practice to deliver quality patient care.

Where applicable, each patient who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. We saw evidence to confirm that these were being recorded appropriately in patient records as required by professional guidelines.

The treatments and services offered by the practice were in accordance with their statement of purpose; the practice offered a mix of NHS and private treatments. We saw a policy that briefly outlined the acceptance of new patients, however this needed to be expanded to include details on how the practice ensures equal access to services. This should include both physical access and the acceptance of new patients.

Improvement needed

The registered manager needs to expand the acceptance of new patients' policy to include details on how the practice ensures equal access to services. This should include both physical access and the acceptance of new patients.

People's rights

The practice had a small car park that was shared with a neighbouring GP practice. The practice was accessible from the street for people with mobility difficulties. The reception, waiting area and dental surgery were all based on the ground floor and accessible to all. However, the toilet in the reception area had been closed to patients for refurbishments. We recommended opening this as soon as possible.

We noted that the practice had an equality policy in place, which demonstrates a commitment to ensure that everyone has access to the same opportunities and to the same fair treatment.

Improvement needed

The practice needs to make the toilet in the waiting area available for patients to use.

Listening and learning from feedback

The registered manager informed us of his plans to obtain patient feedback. They plan to distribute questionnaires to a selection of patients every six months for patients to provide positive comments about their experience or to make suggestions on how the practice could improve the service it provides. We were told that patient comments will be monitored and discussed in the team meetings.

Information on the procedure for patients to raise a complaint or concern was contained within the patient information leaflet and also displayed for patients in the waiting area. The complaints procedure was outlined for staff in a complaints policy and we found it was compliant with Putting Things Right³ guidance and the Private Dentistry (Wales) Regulations 2017.

³ Putting Things Right is the process for managing patient concerns about care and treatment in NHS 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 being provided with safe and effective dental care.

Clinical facilities were in good condition, well equipped, and arrangements were in place for the safe use of X-ray equipment.

Patients received focussed individualised care documented in accurate and comprehensive patient records.

Emergency drugs and resuscitation equipment were available and kept in line with national guidance.

The practice had appropriate arrangements in place for the prevention and control of infection.

Safe care

Managing risk and promoting health and safety

The practice is situated in a one story building in a residential area. The building is modern and well maintained both internally and externally. The practice is on street level and all surgeries and reception/waiting areas are on the ground floor.

Overall, we found arrangements were in place to protect the safety and wellbeing of staff and visitors to the practice. The practice had various policies, procedures and risk assessments in place to ensure the premises were safe and fit for purpose.

The reception and waiting area was welcoming and bright and we saw that all areas of the practice were clean, tidy and free from obvious hazards. There were no concerns given by patients over the cleanliness of the dental practice; the vast majority of patients who completed a questionnaire felt that, in their opinion, the dental practice was 'very clean'.

We saw appropriate fire extinguishers were available at various locations around the building and noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. A comprehensive fire risk

assessment had recently been undertaken. Arrangements for all aspects of fire safety were detailed in a comprehensive fire policy. The registered manager was the appointed fire safety officer and had received relevant fire safety training.

Emergency exits were signposted. We noted that no smoking signs were not displayed. We recommend that these are displayed in line with the legislation that reminds staff and patients of the smoke free premises legislation⁴. A Health and Safety poster telling staff what they need to do to ensure their health and safety in the workplace was displayed within the practice.

Staff could change in the staff toilet which had a lockable doors to protect their privacy and dignity. Facilities were also available for staff to securely store their personal possessions as required by the regulations.

We saw that a number of Control of Substances Hazardous to Health⁵ (COSHH) assessments had been undertaken but we advise that the relevant hazardous active ingredient should be clearly stated and that safety sheets are attached to each assessment.

A comprehensive business continuity policy and disaster recovery strategy was in place which included the emergency contact details of all staff and essential business contractors.

Improvement needed

The registered manager needs to display no smoking signs in the practice in line with legislation.

Infection prevention and control

Overall, we found evidence that suitable infection prevention and control measures were in place which were documented in an appropriate infection

⁴ The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

⁵ COSHH Regulations provide a framework to protect people at work against health risks that may arise from work activities that expose them to hazardous substances.

control policy. The registered manager was the dedicated infection control lead for the practice.

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁶.

The decontamination room was small but visibly clean and tidy and staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections.

We saw suitable hand hygiene facilities in place including posters on correct hand washing technique. These arrangements were detailed in a hand hygiene policy that staff can refer to when required.

The environment was in a good state of repair. Clinical areas were modern, well maintained and uncluttered and floors were sealed in order to enable effective cleaning.

We saw that hazardous (clinical) waste was being stored securely and saw evidence that a contract was in place for the safe transfer and disposal of hazardous waste.

We looked at records evidencing acceptable Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Medicines management

The practice had emergency drugs and emergency resuscitation equipment available that were in line with the Resuscitation Council (UK) standards⁷. All

⁶ 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.

⁷ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

items were situated in the office near the dental surgeries and easily accessible to staff in an emergency situation such as a patient collapse.

We saw evidence that regular documented checks were being undertaken on the drugs and equipment to ensure they remained in date and safe to use. We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

The practice had a policy in place for resuscitation and managing medical emergencies. Two members of staff had been trained in first aid to ensure that any persons at the practice that require first aid can be treated appropriately.

Staff were aware of the need to report any adverse reactions with medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme⁸ to help ensure healthcare products are acceptably safe for patients and those that use them.

We also noted that prescription pads were kept securely in a locked cabinet to reduce the risk of unlawful obtaining and misuse of prescription drugs.

Safeguarding children and adults at risk

The practice had a safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. The policy included contact details for staff to report any concerns to the relevant local safeguarding agencies.

Staff told us that they would initially discuss any safeguarding concerns with the nominated safeguarding lead at the practice. All staff were trained to level 2 in the Safeguarding of Children and Vulnerable Adults.

Staff were aware of the All Wales Child Protection Procedures 2008, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales.

⁸ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

The registered manager told us about the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included obtaining references from previous employers and undertaking Disclosure and Barring Service (DBS) checks to ensure the person is fit to work in a dental practice in accordance with the regulations.

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the practice and found that the dental equipment in both dental surgeries had been well maintained and was in good condition.

We looked at the arrangements in place for the safe use of radiographic (X-ray) equipment and were assured that the practice was meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. This is because:

- the dental team had received up to date ionising radiation training
- a comprehensive radiation policy was in place and local rules⁹ were displayed by the X-ray equipment to set out the working procedures that ensure radiation exposure to staff is restricted
- the X-ray equipment had been regularly serviced
- a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment.

We noted that the name of the radiation protection advisor was not contained in the radiation protection file and recommended that this is added in.

Improvement needed

The registered manager needs to include the name of the radiation protection advisor to the radiation protection file.

⁹ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

Effective care

Safe and clinically effective care

The registered manager had a schedule of regular audits that are planned to take place to analyse the quality of dental care and service provided. We saw that the arrangements for clinical audit activities were described in a policy as required by the regulations. These included but are not limited to hand hygiene, antimicrobial delivery, record keeping and infection control.

We noted that an audit on compliance with the Welsh Health Technical Memorandum (WHTM) 01-05 decontamination best practice guidelines had taken place.

The registered manager informed us that improvements have been made as a result of audit activity.

Information governance and communications technology

The practice had a General Data Protection Policy (GDPR) in place that set out procedures to protect patient information and safely manage patient records. We saw that all staff members had undertaken training in the protection of information.

Patient records were electronic and stored on a cloud based system which we were told was regularly backed up off site to protect patient records if something should happen to the practice or system and staff could no longer access them.

We saw that old paper patient records were being kept in line with relevant retention guidelines and securely stored to prevent unauthorised access.

Record keeping

The sample of patient records we reviewed were of a high standard and supported the practice to deliver quality patient care. This is because the patient records we reviewed:

- were clear, legible and documented discussions held with patients about the costs, risks and benefits associated with available treatment options
- contained evidence that consent to treatment was obtained from each patient

- contained comprehensive radiography documentation that followed Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) guidelines
- contained clearly documented justification for the reasons why X-rays were or were not being taken.

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 that the registered manager has been committed to improving the care provided to patients since taking over the practice two months prior to the inspection.

Staff worked well together and had received the necessary training for their roles and responsibilities.

The practice manager had developed and implemented a wide range of policies and procedures to support the provision of safe and effective care to patients.

Governance, leadership and accountability

Forest Dental Surgery is owned by the principal dentist, who is both the responsible individual¹⁰ and registered manager¹¹. They are supported by a small team of clinical and non-clinical staff.

We found the practice to have good leadership and clear lines of accountability. We observed staff working well together, evidenced by their interaction with

¹⁰ A responsible individual means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry (Wales) Regulations 2017).

¹¹ A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

patients and their co-operation and demeanour throughout the inspection process.

We found that a wide range of policies and procedures had recently been put in place to ensure the safety of both staff and patients. We recommend putting a system in place where staff have to sign to evidence that they had read and understood each policy.

The principal dentist confirmed that they were aware of their duties as registered manager regarding notifications that must be sent to HIW under the regulations such as in the event of serious injury to patients.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The practice had a current public liability insurance certificate on display as well as certificates showing the practice is registered with HIW to provide private dental services.

Improvement needed

The registered manager needs to put a system in place where staff sign to evidence they have read and understood each policy.

Staff and resources

Workforce

We found suitable governance arrangements in place at the practice. Staff had a contract of employment and a job description setting out their roles and responsibilities and these were retained on staff files. New members of staff are given an induction training programme that is set out in a recruitment and induction policy.

All staff had access to training opportunities and we saw certificates for staff that evidenced they had attended training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements.

The registered manager told us that appraisals with all members of staff will take place later in the year to provide feedback to staff about their performance and to review any CPD opportunities.

The registered manager told us that since taking over the practice two months prior to the inspection they have held one staff meeting. We were told that practice meetings are planned to be held once a month to allow staff to identify

lessons learned and provide an opportunity for staff to raise any issues they may have. Minutes of each meeting will be taken and sent to all staff to ensure any absent members of staff are aware of what was discussed.

The regulations require that at the time of registration, 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 checks had been carried out for both clinical and non-clinical staff to help ensure the safety of patients and staff.

1. We were told that the practice manages to maintain an appropriate number of qualified staff working at the practice at all times without having to employ temporary locum dental nurses. A recruitment policy was in place that set out the process to follow to recruit potential new members of staff and included appropriate pre-employment checks the practice would undertake to ensure new staff are suitably qualified and protected to work with patients.

4. What Next?

Where we have identified improvements and immediate non-compliance issues 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 issued a non-compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non-compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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, measurable, 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](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), 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: Forest Dental Surgery

Date of inspection: 27 January 2020

The table below includes any immediate non-compliance 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.

Description of non-compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non-compliance issues were identified at this inspection.				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Forest Dental Surgery

Date of inspection: 27 January 2020

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/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice must provide patients with a selection of written information on how children and adults can best maintain good oral hygiene, including leaflets about treatments and preventative advice.	Health and Care Standards 2015 Standards 1.1	Leaflets will be made available in the waiting room along with posters	Jamil Torofdar	1 Month
The registered manager needs to expand the acceptance of new patient's policy to include how the practice ensures equal access to services. This should include both physical access and the acceptance of new patients.	The Private Dentistry (Wales) Regulations 2017 Regulation 8(1)(a)	Existing policy will be expanded on	Jamil Torofdar	1 Month
The practice needs to make the toilet in the waiting area available for patients to use.	Unsure if this is advisory?	The toilet is now available for patients	Jamil Torofdar	Already Done

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The registered manager needs to display no smoking signs in the practice in line with legislation.	Health and Care Standards 2015 2.1 Managing risk and promoting health and safety	No Smoking signs have been put up	Jamil Torofdar	Already Done
The registered manager needs to include the name of the radiation protection advisor to the radiation protection file.	Health and Care Standards 2015 2.9 Medical devices, equipment and diagnostic systems	To contact RPA by the end of the month and assign	Jamil Torofdar	2 weeks
Quality of management and leadership				
The registered manager needs to put a system in place where staff sign to evidence they have read and understood each policy.	Health and Care Standards 2015 Governance, Leadership and Accountability	A signed sheet in front of all section of policies	Jamil Torofdar	2 weeks

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): Jamil Torofdar

Job role: Registered Manager

Date: 4/3/2020