

General Dental Practice Inspection Report (Announced)

Hay-on-Wye Dental Centre

Inspection date: 30 July 2024

Publication date: 30 October 2024



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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	13
• Quality of Management and Leadership	17
Next steps	20
Appendix A - Summary of concerns resolved during the inspection	21
Appendix B - Immediate improvement plan.....	22
Appendix C - Improvement plan	23

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Hay-on-Wye Dental Centre on 30 July 2024.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 25 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found patients received a good patient experience at Hay on Wye Dental Centre. Patients were treated by professional and friendly staff working to respect their dignity and uphold their rights. Patients told us they received the right amount of information about their care and were involved as much as they wanted to be in decisions about their oral health.

All patient feedback we received from the HIW questionnaire was positive, with all respondents rating the service as 'very good'. Patients told us they found it easy to find an appointment when they needed one and would know who to contact in the event of an emergency. The triage procedures to manage emergencies were robust and patients were seen in a timely manner.

This is what the service did well:

- Supportive arrangements were in place for patients requiring reasonable adjustments
- Additional support was in place for nervous patients
- All patient feedback was positive.

Delivery of Safe and Effective Care

Overall summary:

The practice was delivering safe and effective care in a clean, well-organised and tidy environment. The building and the dental equipment used by the practice were all in a good state of repair to enable effective decontamination. The recently refurbished reception area was appropriately designed and sized to meet the needs of patients.

We saw suitable policies and procedures in place to ensure the health, safety and wellbeing of staff and patients were upheld. Personal Protective Equipment was used frequently and appropriately when treating patients and the overall infection control procedures were suitable.

Safeguarding arrangements were appropriate to protect children and adults, with staff informing us they would feel confident raising any safeguarding concerns. Patient records generally presented a complete picture of the care provided, however, we did identify where some improvements must be made. The procedure

for managing patient referrals also required improvement to prevent patients missing out on the care they need.

This is what we recommend the service can improve:

- The registered manager must ensure complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines
- The registered manager must improve the system in place to monitor patient referrals.

This is what the service did well:

- The procedures for the management of health and safety were robust
- Medical devices were all clean, safe and staff were trained to decontaminate them correctly.

Quality of Management and Leadership

Overall summary:

Clear leadership and governance arrangements were in place to support the effective management of the practice. The practice manager explained they had the correct support and training to undertake their leadership roles effectively. Staff told us they had confidence in managers and would know who to speak to if they needed to.

The staff we saw and spoke with were friendly with their peers and acted professionally with patients. We found full compliance with mandatory training for staff and a good management system in place to monitor staff training. The professional obligations of staff were all managed appropriately, though we did find one employee who had not received an appraisal.

Patient feedback and complaints were managed in an appropriate manner and there was a proactive approach to quality improvement. However, we did find one audit was not aligned to the procedures in place in Wales.

This is what we recommend the service can improve:

- The registered manager must ensure all employed staff receive an annual appraisal
- The registered manager must ensure all infection control audits are aligned to the Welsh Health Technical Memorandum 01-05.

This is what the service did well:

- The arrangements for the collection of, and responses to, feedback were robust

- We observed strong working relationships between staff and noted a positive working environment at the practice.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care provided by Hay-on-Wye Dental Centre. In total, we received 25 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 25 responses.

Overall, the responses were positive. All respondents who answered agreed the service provide at Hay-on-Wye Dental Centre was 'very good'.

Patient comments included:

"Friendly, helpful, considerate and easy to use/contact."

"Always been very happy with this practice. Very polite and helpful and caring."

"Could not want better."

"I always feel well cared for at this practice. All staff are extremely friendly and helpful and I'm very happy with the service."

"I have been with this practice for over 35 years and had excellent service throughout."

Person-centred

Health promotion and patient information

Appropriate health promotion and patient information was evident at the practice. Information was displayed in the waiting area regarding ways to maintain a healthy smile as well as smoking cessation advice. A comprehensive set of documents were also available within the patient booklet at reception, which included a copy of the patient information leaflet and copies of relevant procedures for patients to review. A digital screen was also available at the reception area to communicate information to patients while they waited. Treatments fees were outlined within the patient booklet at reception, alongside the names and General Dental Council (GDC) numbers of clinicians. Additionally, the GDC number for each dentist was

noted outside of their surgery. The practice opening hours and emergency contact details were displayed on the front door.

All respondents to the HIW patient questionnaire stated their oral health was explained to them in a manner they could understand. All patients also agreed they were given clear aftercare instructions on how to maintain good oral health.

Dignified and respectful care

We found patients were provided with dignified and respectful care throughout their time at Hay-on-Wye Dental Centre. We saw how incoming telephone calls were answered away from the main reception area to prevent any confidential discussions being overheard. Any private conversations which needed to take place between patients and reception staff would be held away from the main desk in a side room.

Upon appointment, each staff member signed a confidentiality agreement which outlined how they would ensure the privacy of patient information. Solid doors which were kept closed during appointments ensured patient privacy inside the treatment rooms. Windows to treatment rooms either faced an open field with no means to be overlooked or were frosted to protect patient privacy. We noted the Nine-Principles prepared by the GDC were included in the patient information booklet at reception.

All of the patients who completed the HIW questionnaire said they felt listened to by staff during their appointment and that staff treated them with dignity and respect. Patient comments included:

“Friendly, helpful, considerate and easy to use/contact.”

“Friendly, helpful and caring.”

Individualised care

All respondents to the HIW questionnaire stated they were involved as much as they wanted to be in the decisions about their treatment. All patients also stated they were given enough information to understand the treatment options available, including information on the risks and benefits of those options. All patients also agreed they were given suitable information on what to do in the event of an infection or emergency and how the setting would resolve any post-treatment concerns.

We found the practice aimed to provide a relaxed setting for patients by removing the clinical smell of the waiting areas and surgeries to support nervous patients attending for treatments.

Patients who completed a HIW questionnaire told us:

“Friendly and make me feel at ease.”

“Staff are efficient, helpful and friendly. I am a nervous patient but feel totally comfortable and confident with the dentists I have seen at this practice. Great care is taken to ensure patient[s] are comfortable.”

“I have a long history of dental phobia and it took a great deal of encouragement to get [in] touch with this practice. I have been treated with the utmost care and attention - my fears are gone and my life is much improved. It was expensive but worth every penny.”

Timely

Timely care

We found robust arrangements in place to manage appointments and utilise the time of practitioners appropriately. Should delays to patient treatment occur, we were told that nurses would telephone reception or meet patients to explain the reasons for delay. Patients could make appointments over the telephone or in person.

We saw emergency appointments were planned into the practice schedule throughout the day. Any patient in need of urgent care was advised to phone and would be triaged over the telephone in consultation with a dentist, if necessary. We were told that no patient would wait over 24 hours to be seen in the event of an emergency.

Staff told us patient wait times depended upon the treatment and preferred clinicians, but that no patient usually waited longer than three weeks to be seen. Appointments were arranged in accordance with patient availability wherever possible, including arrangements to treat school-age children outside of school time.

The majority of patients (20/25) who responded to the HIW patient questionnaire said they would know how to access out of hours dental care if they had an urgent dental problem. Respondents also indicated they found it ‘very easy’ (17/25) or ‘fairly easy’ (8/25) to get an appointment when they needed one. Patients told us:

“Great flexibility with my appointment and the practice kindly asking another patient to change. This avoided a possible wasted space.”

“Long waits for appointments can be quite long, but fitted in quite quickly if there is a problem, but not with preferred dentist.”

Equitable

Communication and language

We found suitable arrangements in place to enable effective communication between clinicians and patients. Staff told us that documents would be made available in different formats through their corporate body. A poster at reception enabled staff to establish the preferred language of patients, with language line or online translation tools used, when necessary. Staff told us they recognised the importance of ensuring treatments were available in the preferred language of patients.

Rights and equality

We saw evidence that the equal treatment of both patients and staff were actively supported, and the rights of individuals were suitably upheld. An appropriate policy outlined the approach to supporting the rights of patients and staff. We saw staff undertook specific training to protect the rights of patients, as well as the prevention of harassment or discrimination.

Staff provided examples where changes had been made to procedures or the environment as a reasonable adjustment for both patients and staff. These included the purchase of a specialist chair to support patients with mobility difficulties, and the purchase of communal patient glasses for reading practice documentation. We saw desk-based assessments took place for staff to ensure they were seated appropriately and safely, including changes to seating made as a result.

We noted the practice had a hearing loop for those with hearing impairments and a thicker pen for use at reception by patients who had difficulties writing. The rights of patients were further upheld by allowing patients to choose their preferred pronouns and names on their records, with a note placed on file to ensure all staff were aware of these preferences.

A majority of patients (21/22) stated the building was accessible, with one patient saying they did not know. All of the patients who responded to the HIW questionnaire told us they had not faced any form of discrimination when accessing this service.

Delivery of Safe and Effective Care

Safe

Risk management

We found the practice was in a good state of repair both externally and internally, and was kept to a good standard to deliver safe and effective care to patients. The practice was set over the ground floor of a purpose-built building. There were four appropriately sized surgeries and a suitable waiting area for the number of patients. The practice had a separate entrance door for those with mobility difficulties and all areas inside the practice were accessible. We heard telephone lines in working order and saw suitable staff changing areas with lockers available for staff. We saw the toilets for staff and patients were clean and properly equipped, and the patient toilet provided a baby changing area and an emergency alarm.

We saw dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We also saw that single use items were used where appropriate.

Suitable policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Recent risk assessments for fire safety and health and safety had been conducted. We saw policies in place for ensuring the premises remained fit for purpose and for the management of risks. On review of the fire safety information and equipment, we found robust and comprehensive arrangements were in place in relation to fire safety. These included regular maintenance of fire safety equipment and clearly displayed fire safety and no smoking signs. We saw evidence that checks had taken place on both gas and electrical safety by contractors. Portable Appliance Testing had also recently taken place.

The practice employer liability insurance certificate was contained within the patient information book at reception and the Health and Safety Executive poster was on display in the staff room.

Infection, prevention and control (IPC) and decontamination

We found appropriate infection control policies and procedures in place to maintain a safe working environment, with good level of cleanliness. Suitable cleaning schedules were evident and promoted the regular and effective cleaning of the practice. Staff had sufficient access to Personal Protective Equipment to support the safe care provided to patients. Hand hygiene arrangements and signage were comprehensive. We observed all equipment and the environment

being maintained to a satisfactory level to enable effective cleaning and decontamination. All of the patients that responded to the HIW questionnaire said they felt the practice was very clean. All of the respondents also indicated that IPC measures were being appropriately followed.

We saw appropriate arrangements in place to ensure the correct decontamination and sterilisation of reusable equipment within the practice decontamination room. We reviewed records of daily autoclave machine cycle checks and a routine schedule of maintenance. The staff we spoke with were clear about their individual responsibilities in relation to infection control measures and confirmed they had received appropriate training in their roles. The training records we reviewed confirmed all staff had appropriate training in place for the correct decontamination of equipment.

Medicines management

We saw the arrangements in place for the management of medicines were appropriate. We saw medicines were not routinely dispensed by staff other than those used in an emergency. We noted a suitable policy for the safe handling, storage, use and disposal of medicines. We also saw the practice prescription pad was stored securely. The fridge designated for the storage of medicines was correctly managed, with temperature checks suitably logged.

We noted on the screen in the reception areas that patients were encouraged to speak to their clinicians about any changes in their medical history.

We found comprehensive arrangements in place to ensure medical emergencies were safely and effectively managed. Staff records evidenced suitable qualifications in cardiopulmonary resuscitation for all staff and there were two trained first aiders. On inspection of the emergency equipment, we found all items were present, easily accessible and within their expiry dates. We noted routine checks took place on all emergency equipment.

Safeguarding of children and adults

Suitable and up to date safeguarding procedures were in place to protect children and adults. The procedures included contact details for local support services, identified an appointed safeguarding lead and referenced the All-Wales Safeguarding Procedures.

Within the records we reviewed, we saw staff were suitably trained in the safeguarding of children and adults. The staff we spoke with demonstrated a satisfactory understanding of the safeguarding procedures and said they would know how to raise a concern and would feel supported to do so.

Management of medical devices and equipment

We saw the clinical equipment was in good condition and fit for purpose. Reusable dental equipment was used in a manner to promote the safe and effective care of patients. The staff we spoke with were confident in using the equipment and the training records we inspected confirmed they had received suitable training for their roles.

We saw the practice radiation protection folder was up to date and comprehensive. Clinicians indicated patients were informed of the risks and benefits of radiation and we noted the local rules were easily locatable in each surgery. Within the staff training records we reviewed, we saw all staff were trained to a suitable level in radiography.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patients. The patient records we reviewed evidenced treatments were being provided according to clinical need and following professional, regulatory and statutory guidance.

The clinical staff we spoke to demonstrated clear understanding of their responsibilities while being aware of where to seek relevant professional advice, where needed.

We found suitable processes in place to record patient understanding and consent to surgical procedures. However, we did not see the appropriate use of a checklist, such as the Local Safety Standard for Invasive Procedures (LocSSIPs), for wrong tooth site extraction.

The registered manager must implement a robust process to prevent wrong tooth extractions, such as the LocSSIP, as a matter of good practice.

Patient records

We reviewed a total of nine patient records during our inspection. Records were being held in line with the General Data Protection Regulations in a secure digital system. Overall, these records were a contemporaneous and complete record of the care provided to patients. However, there were some areas which required improvement, including:

- Radiographic treatments for three patients had not been correctly recorded, including recording of the justification to undergo treatment, the clinical findings of the radiographs and one record where the quality grading had not been recorded

- We found no evidence in any of the records reviewed that “Delivering Better Oral Health”: an evidence-based toolkit for prevention had been implemented
- The recording of patient language preference and any actions taken in response to this preference were not present in any record we reviewed.

The registered manager must ensure complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines.

The registered manager must ensure the language and communication needs of patients are recorded.

On review of the system used to record and monitor patient referrals to other parts of the health service, we found one referral was not recorded. We also found one referral was not followed up by the practice. Overall, the system in place was not a clear nor robust process which risked patients not receiving the care they required from other parts of the health service.

The registered manager must improve the system in place to monitor patient referrals.

Patients who responded to the HIW questionnaire confirmed their medical history was checked prior to any appointment taking place. All patients agreed they provided informed consent, and their treatments were explained in a manner which they could understand.

Quality of Management and Leadership

Leadership

Governance and leadership

We found a clear management structure in place to support the effective running of the practice. The practice was part of a larger corporate company who assisted staff, where needed. Staff meetings were held monthly and attended by all staff. On review of staff meeting minutes, we noted suitable discussions regarding health and safety, safeguarding, patient satisfaction surveys and complaints.

The staff we spoke to were polite, respectful and supportive of one another. Staff told us they had confidence in managers and would know who to speak to if they needed to. The practice manager explained they had the correct support and training to undertake their leadership roles effectively.

The practice had completed the Maturity Matrix Dentistry (MMD) through Health Education and Improvement Wales (HEIW) in 2020. The practice was planning team development activity within the next 12 months to remain compliant.

The registered manager should inform HIW of the team development activity undertaken within 12 months of this inspection.

Workforce

Skilled and enabled workforce

We observed strong working relationships between staff and noted a positive working environment at the practice. We also found an appropriate system in place to ensure a suitable number of qualified staff were working at any one time.

We found comprehensive and supportive arrangements in place enabling all staff to remain trained to an appropriate for their roles. We reviewed a total of 7 out of 15 staff records and found full compliance with all mandatory training requirements. A robust digital system was used to monitor compliance with staff training and maintain staff records appropriately.

During our examination of patient records and our discussions with staff, we found staff received support to undertake training and quieter days of the week were utilised to undertake training activities. Staff inductions were overseen by managers through an appropriate recruitment policy and a detailed induction checklist. We saw evidence that all staff appraisals took place annually and were

up to date for most staff. However, one employed clinician did not have an appraisal on file.

The registered manager must ensure all employed staff receive an annual appraisal.

The staff we spoke with explained they would know what to do and who to speak to in the event of a concern over service delivery, treatment or management. We saw the practice whistleblowing policy was also satisfactory.

Suitable arrangements were in place to monitor and maintain the professional obligations of those staff working at the practice from the commencement of their employment. All of the staff records we reviewed were fully complete, including up to date GDC registrations, Disclosure and Barring Service Enhanced checks and pre-employment reference checks. Where reference checks were missing for longer standing employees, a risk assessment was undertaken to ensure the safety of patients. A digital compliance system was used to ensure all staff records were kept up to date.

Culture

People engagement, feedback and learning

We saw a robust system in place for the collection and review of patient feedback. We saw feedback forms at reception and staff told us they were implementing a new system whereby patients would be sent customer service review forms to complete online post-treatment. Patient feedback was routinely reviewed by managers and the service responses to their feedback were publicised within the patient newsletter available in the reception area. We also saw that patient feedback was discussed during every team meeting to encourage shared learning and drive quality improvement.

The complaints procedure was outlined within the practice policy folder available to patients at reception. A clearly defined timescale for an acknowledgement and a response to a complaint were noted within the policy, along with information on the support services available. The details of HIW were included in the practice complaints leaflet for patients. Complaints were overseen by the practice manager and collated using a suitable online system. Verbal complaints were escalated to the practice manager and then recorded on the practice systems. Within the four complaints we reviewed, we saw no common themes emerging and found all were dealt with swiftly and professionally.

Learning, improvement and research

Quality improvement activities

We found a proactive approach to quality improvement with all mandatory improvement activities taking place. These included routine and comprehensive audits on patient records, antimicrobial prescribing, healthcare waste as well as infection prevention and control audits. However, the infection prevention and control audits were not aligned against the Welsh Health Technical Memorandum 01-05.

The registered manager must ensure all infection control audits are aligned to the Welsh Health Technical Memorandum 01-05.

Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

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: Hay-on-Wye Dental Centre

Date of inspection: 30 July 2024

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Hay-on-Wye Dental Centre

Date of inspection: 30 July 2024

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. We did not see the appropriate use of a checklist, such as the Local Safety Standard for Invasive Procedures (LocSSIPs), for wrong tooth site extraction.	The registered manager must implement a robust process to prevent wrong tooth extractions, such as the LocSSIP, as a matter of good practice.	Private Dentistry (Wales) Regulations, Section 13 (1) (b)	Pre xla checklists have been added to every surgery computer & discussed using them with clinicians & staff	Julia Cooper	16/09/24
2. Overall, patient records were a contemporaneous and complete record of the care provided to patients. However, there were some areas which required	The registered manager must ensure complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines.	Section 20	Discussed patient record requirements with clinicians & the radiographic & “Delivering Better Oral Health”: requirements & templates have been	Julia Cooper	16/09/24

<p>improvement, including:</p> <p>Radiographic treatments for three patients had not been correctly recorded, including recording of the justification to undergo treatment, the clinical findings of the radiographs and one record where the quality grading had not been recorded</p> <p>We found no evidence in any of the records reviewed that “Delivering Better Oral Health”: an evidence-based toolkit for prevention had been implemented.</p>			<p>amended to include these.</p>		
<p>3. The recording of patient language preference and any actions taken in</p>	<p>The registered manager must ensure the language and communication needs of patients are recorded.</p>	<p>Section 13</p>	<p>Discuss with the clinicians and have added it to the clinical templates</p>	<p>Julia Cooper</p>	<p>16/09/24</p>

	response to this preference were not present in any patient record we reviewed.					
4.	On review of the system used to record and monitor patient referrals to other parts of the health service, we found one referral was not recorded. We also found one referral was not followed up by the practice. Overall, the system in place was not a clear nor robust process which risked patients not receiving the care they required from other parts of the health service.	The registered manager must improve the system in place to monitor patient referrals.	Section 13 (1) (b)	A referral tracker has been added onto practice share for each surgery and have discussed with the team. It will be added onto the surgery checklist to be checked on a weekly basis.	Julia Cooper	16/09/24
5.	The practice had completed the Maturity Matrix Dentistry (MMD) through Health	The registered manager should inform HIW of the team development activity undertaken within 12 months of this inspection.	Section 16 (1) (A)	Will plan a team development afternoon in the new year	Julia Cooper	1/5/25

	Education and Improvement Wales (HEIW) in 2020. The practice was planning team development activity within the next 12 months to remain compliant.					
6.	We saw evidence that all staff appraisals took place annually and were up to date for most staff. However, one employed clinician did not have an appraisal on file.	The registered manager must ensure all employed staff receive an annual appraisal.	Section 17 (4)	The hygienist appraisal was completed on 31/7/24	Julia Cooper	16/09/24
7.	infection prevention and control audits were not aligned against the Welsh Health Technical Memorandum 01-05.	The registered manager must ensure all infection control audits are aligned to the Welsh Health Technical Memorandum 01-05.	Section 16	As a private practice we don't have access to the Welsh infection control audit. I have reached out to one of the other Welsh practices for a copy but haven't been able to source a copy yet.	Jula Cooper	31/10/24

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): Julia Cooper

Job role: Practice Manager

Date: 18/09/24