

# General Dental Practice Inspection Report (Announced)

Amlwch dental practice, Betsi  
Cadwaladr University Health Board

Inspection date: 6 November 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.



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# 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 Amlwch dental practice, Betsi Cadwaladr University Health Board on 6 November 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 12 questionnaires were completed by patients or their carers and 6 were completed by staff. 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 that the staff at Amlwch dental practice were committed to providing a positive experience for their patients.

We observed staff treating patients in a polite, friendly and professional manner. A good range of information was provided to patients about the service and treatments provided.

All respondents to the HIW questionnaire rated the service as 'very good' or 'good'.

This is what we recommend the service can improve:

- Show that patient feedback is acted upon, with a 'you said, we did' poster
- Ensure complaints are logged in such a way that recurring themes could be identified.

This is what the service did well:

- Pleasant, well-maintained environment
- Arrangements in place to maintain patient privacy and dignity
- Adjustments made to assist wheelchair users and patients with mobility difficulties
- Good provision of Welsh language services.

### Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well maintained and organised. Dental surgeries were well equipped and fit for purpose.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we consider to be good practice.

All areas were seen to be clean, tidy and free from any visible hazards.

This is what we recommend the service can improve:

- Ensure all seating in the reception area can be effectively cleaned

- Block off the overflow from the handwashing sink in the decontamination room.

This is what the service did well:

- Clinical areas were clean, well equipped and fit for purpose
- Appropriate arrangements were in place to deal with medical emergencies
- Good arrangements were in place for the decontamination and sterilisation of equipment
- Policies and procedures were in place to support safe and effective care.

## Quality of Management and Leadership

Overall summary:

Amlwch dental practice had good leadership and clear lines of accountability. We found that the practice administrator and principal dentist demonstrated a clear commitment to providing a high standard of care.

Staff records were well maintained, with evidence of up-to-date training in line with regulatory requirements. We also saw evidence of regular staff meetings and performance management.

There was a comprehensive range of policies and procedures in place. These were regularly reviewed and updated.

This is what the service did well:

- Good compliance with staff training requirements
- Comprehensive range of policies and procedures in place
- Robust processes in place for the recruitment and induction of staff.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

Overall, responses to the HIW questionnaire were positive. All respondents who answered agreed the service provided was ‘very good’ or ‘good’ All respondents said it was ‘very easy’ or ‘fairly easy’ to get an appointment when they need. However, less than half of respondents said they knew how to access the out of hours dental service if they had an urgent dental problem.

Patient comments included:

*“Staff kind and friendly, always helping and understanding. If they ever need to cancel your appointment plenty of time given and always another appointment available. Always fit you in around your needs.”*

*“Now the practice has a new waiting room brilliant access, a lot better than the old entrance.”*

#### Person-centred

##### Health promotion and patient information

We saw a good range of leaflets and posters in the reception area, which included information about the service and treatments provided and some health advice such as smoking cessation. There was a comprehensive patient information leaflet, available in both English and Welsh.

Staff told us they planned to make further information, including oral and general health matters, available to patients in the waiting area, using the television screen installed as part of a recent refurbishment.

‘No smoking’ signs were clearly displayed, showing that the practice complied with the smoke-free premises legislation.

All but one respondent to the HIW questionnaire who provided an opinion said that staff explained their oral health clearly and provided aftercare instructions on how to maintain good oral health.

##### Dignified and respectful care



Surgery doors were kept closed during treatment and music was played in the waiting area, to preserve patient privacy and dignity. External windows in clinical areas were fitted with blinds to promote patient privacy.

Treatment prices were made clearly available to patients on posters in the reception area.

The nine principles of the General Dental Council (GDC) code of standards were displayed on posters in the waiting area, in both English and Welsh. An up-to-date certificate of Employer's Liability Insurance was also on display.

The names and GDC registration numbers of the dentists and therapist were displayed outside the practice and in the reception area. We noted that the names of the dental nurses were available in the patient information leaflet but not their GDC numbers. This was addressed during the inspection, with the patient information leaflet being updated to ensure that the names and GDC numbers of all clinical staff were available to patients.

Staff told us that patients wanting a confidential discussion could be taken to the practice administrator's office or an available empty surgery.

All respondents to the HIW questionnaire agreed that staff treated them with dignity and respect.

### **Individualised care**

We reviewed a sample of 10 patient records and confirmed that appropriate identifying information and medical histories were included.

All respondents to the HIW questionnaire said that staff gave them enough information to understand which treatment options were available and the risks and benefits of these.

## **Timely**

### **Timely care**

Staff told us that internal phone lines and an instant messaging system were in place at the practice. Typically, dental nurses would update reception staff about any delays. Patients would then be updated verbally and given the option to re-book their appointment if desired.

The practice opening hours were clearly displayed at the front door, in the patient information leaflet and on the practice website. Telephone numbers to use in an

emergency, outside of opening hours, were available both inside and outside the practice.

The practice did not use an online booking system. Staff told us that patients could book appointments in person or over the telephone. In addition, any requests received by email would be followed up with a telephone call to arrange an appointment.

Staff told us that time to accommodate emergency appointments was built into the daily schedule and that emergency appointments were prioritised based on patient symptoms and clinical need. The practice also had a weekly session for the treatment of emergency patients from outside the practice, using the NHS 111 service.

All respondents to the HIW questionnaire said that it was either 'very easy' or 'fairly easy' to get an appointment when they needed one.

## **Equitable**

### **Communication and language**

Staff told us that they had access to translation services, when required for non-English speaking patients.

An 'active offer' of Welsh language was seen to be provided at the practice. Several members of staff spoke Welsh and wore 'iaith gwaith' badges to indicate this. A range of information was provided in both English and Welsh, with a poster advising patients that Welsh language services were available.

The practice had a Language and Communication policy in place, which included guidance on using interpreters and translating documents, which was noteworthy good practice.

### **Rights and equality**

The practice had an Equality and Diversity policy for patients and an Equal Opportunities policy for staff, both being up to date and signed by staff. The policies were comprehensive, referenced appropriate legislation and described different types of protected characteristics and discrimination.

Staff told us that preferred names and/or pronouns would be recorded on patient records, to ensure transgender patients were treated with respect.

Provision had been made to accommodate wheelchair users and patients with mobility difficulties. The reception area and three surgeries were at ground level. As part of a recent refurbishment, access to the practice had been improved with a wider door and level access from the street. A mixed gender toilet was also available at ground level, which staff told us had been used by wheelchair users.

The seating available in the downstairs waiting area included chairs with high backs and armrests, to aid patients with mobility difficulties.

Closed circuit television (CCTV) cameras were seen in the reception area and outside the premises. Staff told us they were not fully installed and we were assured that appropriate steps were being taken to register with the appropriate authority and put a CCTV policy in place.

# Delivery of Safe and Effective Care

## Safe

### Risk management

The premises were visibly clean, well-maintained and free from obvious hazards.

The patient toilet was visibly clean, had suitable hand washing and drying facilities and a sanitary disposal unit.

The practice had an appropriate Health and Safety policy, supported by a comprehensive range of risk assessments. We noted that the Health and Safety policy did not include reference to the monthly checklists used to review the condition of the premises and equipment. This was resolved during the inspection with the policy being updated accordingly.

There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

There was an up-to-date Business Continuity policy in place, which included how to deal with different issues, contact details and emergency phone numbers.

Two members of staff were appointed first aiders, with appropriate and up-to-date training.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment along with records of regular checks and servicing of fire safety equipment. Escape routes were clearly signposted and we saw evidence of fire drills having taken place. Fire extinguishers were stored correctly and had been serviced regularly.

We saw evidence of up-to-date testing of portable appliances (PAT), gas appliances and an electrical installation report.

We reviewed the arrangements for the disposal of waste and found them to be satisfactory. We found that a clinical waste bin had not been locked, however this was addressed immediately during the inspection.

Staff had access to a lockable changing room where they could store personal belongings.

### **Infection, prevention and control (IPC) and decontamination**

There were arrangements in place to ensure a good standard of infection control. These included appropriate infection control policies and procedures and having a designated infection control lead. We found the practice to have an effective cleaning regime.

Cleaning equipment and materials were available and stored safely. However, we noted that due to lack of space some mopheads were in contact with each other, posing a cross-contamination risk. This was addressed during the inspection with items rearranged to remove the cross-contamination risk.

We found that two chairs in the patient waiting area were covered with material that was not wipe-clean and required specialist cleaning. This hampered effective infection control and we advised that either an appropriate cleaning regime be put in place or that the chairs be replaced. Alternative seating was available, with wipe-clean coverings.

**The registered manager must ensure that all chairs in the patient waiting area can be adequately and effectively cleaned.**

There was a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum (WHTM) 01-05. We found the procedures for processing, decontamination and sterilisation of dental instruments were appropriate and well understood and that regular checks on equipment were recorded. We noted that the handwashing sink in the decontamination room had an overflow and we advised that this should be blocked off.

**The registered manager must ensure that the overflow of the handwashing sink in the decontamination room is blocked off.**

All respondents to the HIW questionnaire who expressed an opinion felt the setting was 'very clean' and that infection prevention and control measures were evident.

### **Medicines management**

There was an appropriate medicines management policy in place. The practice did not dispense medications directly and prescription pads were stored securely.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory, with equipment being in-date and regular checks being carried out. Similarly, first aid kits were available and regularly checked. Emergency drugs were in date and stored appropriately.

Staff told us they had received training in the safe handling of oxygen cylinders as part of their training in dealing with medical emergencies. There was a comprehensive 'user guide' provided by the supplier and we recommended that all staff read the guide and sign that they had done so.

**The registered manager must ensure that all staff read the user guide for the safe use of oxygen cylinders and record that they have done so.**

We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and that two members of staff were trained first aiders.

### **Safeguarding of children and adults**

We found that comprehensive up-to-date safeguarding policies and procedures were in place, available to all staff which referenced the Wales Safeguarding Procedures. Quick-reference flowcharts were also available to staff.

We found that staff had up-to-date training in the safeguarding of children and vulnerable adults. Three members of staff were trained to level three which was noteworthy good practice.

### **Management of medical devices and equipment**

We found clinical equipment at the practice to be safe, in good condition and fit for purpose. We saw appropriate servicing records for equipment, including the compressor.

We saw that the practice had a well completed radiation protection file, with an inventory of X-ray equipment and records of maintenance. We reviewed staff training records and saw that staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. Information about the benefits and risks of X-ray exposures was readily available to patients.

Local Rules for the safe use of X-ray equipment were in place with the front sheet displayed in surgeries. We advised that a full copy of the Local Rules be included in the clinicians' folder in each surgery for ease of reference.

**The registered manager should ensure that a full copy of the Local Rules is readily available to clinical staff in each surgery.**

**Effective**

### **Effective care**

The practice had safe arrangements for the acceptance, assessment, diagnosis and treatment of patients. We saw evidence that staff would obtain and follow professional guidance and advice when necessary.

The practice made use of Local Safety Standards for Invasive Procedures (LocSSIPs) checklists, to minimise the risk of wrong site tooth extraction. We recommended that a copy be included in the clinicians' folder in each surgery for ease of reference.

**We recommend that a copy of the LocSSIPs checklists be readily available to clinical staff in each surgery.**

### **Patient records**

Patient records were held electronically and in line with an appropriate Records Management policy.

We reviewed a sample of 10 patient records and found them to be of a high standard, with generally very good and consistent recording of clinical information. Systems were in place to note the language preference of patients and this was being implemented.

We noted one example where antibiotics had been prescribed where the antibiotic was named and duration of course noted, however the dosage strength and frequency were not included. We advised that more detail be included when prescribing antibiotics.

**The registered manager must ensure that records relating to antibiotic prescription are detailed and complete.**

## **Efficient**

### **Efficient**

The premises and facilities were appropriate for the services being carried out. Staff told us that patients requiring urgent care were prioritised and accommodated where possible.

# Quality of Management and Leadership

## Staff feedback

Staff responses to the HIW questionnaire were positive. All respondents agreed that they had adequate training, equipment and time to provide good care to their patients. All respondents strongly agreed that care of patients was the top priority of the practice and would recommend the practice both as a place to work and to any friends or relatives that needed treatment.

Staff comments included:

*"...working well together is a great part of the practice culture. I would happily recommend the practice to my friends and family for their professionalism, quality of care and outstanding premises."*

## Leadership

### Governance and leadership

The practice had clear management structures, with the practice under the direction of the principal dentist, who was also the owner and a practice administrator. We saw a clear commitment to providing a high standard of service and a positive approach to making improvements.

We saw evidence of staff meetings taking place and minutes recorded. We were told that regular staff appraisals were carried out and saw evidence of this.

We found that a comprehensive range of policies and procedures were in place, signed by staff and reviewed regularly.

## Workforce

### Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. We saw policies and procedures detailing the recruitment process and checks made on prospective employees.

Checks included proof of identity, the right to work in the UK, vaccination status, qualifications and references. In addition, the practice carried out checks using the Disclosure and Barring Service (DBS). Induction checklists were used to ensure staff understood matters relating to the practice, premises and any specific to their role.



The practice administrator told us that temporary or agency staff were not used.

## Culture

### **People engagement, feedback and learning**

The practice had a box in the reception area, with paper slips, for patients to provide feedback or comments. Staff told us that they also sought patient feedback through emails and by handing out paper survey forms.

The practice did not have a mechanism to show that patient feedback was acted upon. We advised that this could be communicated to patients using a 'you said, we did' poster.

**The practice should communicate to patients where actions have been taken because of feedback, using a 'you said, we did' poster.**

There was a comprehensive complaints procedure in place, readily available to patients. The procedure included appropriate timescales for response and how to escalate the issue if required, including contact details for appropriate external bodies.

Staff told us that minor, verbal complaints were logged in patient records, and that formal complaints were logged using electronic systems. We advised that an over-arching log would help to identify any recurring themes.

**The registered manager must ensure that a system is put in place to identify any recurring issues or themes arising from patient complaints.**

Staff told us that any actions or lessons learnt from complaints and feedback were typically shared at staff meetings and at daily huddles.

## Information

### **Information governance and digital technology**

The practice used electronic systems to manage patient records. Policies and procedures were stored and maintained electronically, with paper copies also available. Staff records were held as a combination of electronic and paper records.

## Learning, improvement and research

### **Quality improvement activities**

The practice had appropriate systems in place to monitor and improve service quality. This included a program of clinical audits, annual Quality Assurance Self-assessment (QAS), patient satisfaction surveys and regular team meetings.

We saw evidence of a good range of audits being carried out, including infection control, radiographic quality, radiation equipment quality assurance, antibiotic prescribing, smoking cessation and clinical record keeping. Staff told us the practice used quality improvement training tools provided by Health Education and Improvement Wales (HEIW) and the British Dental Association (BDA).

### **Whole-systems approach**

#### **Partnership working and development**

Interaction with system partners was typically done by phone or email, and that referrals were submitted using an online system.

# 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 summarises 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
The names and GDC registration numbers of the dentists and therapist were displayed. The names of the dental nurses were available in the patient information leaflet but not their GDC numbers.	Patients were not fully informed of the details of the clinical staff involved in their care.	This was raised with the Practice Manager.	This was addressed during the inspection, with the patient information leaflet being updated to ensure that the names and GDC numbers of all clinical staff were available to patients.
The Health and Safety policy did not include reference to the monthly checklists used to review the condition of the premises and equipment.	The carrying out of monthly Health and Safety checks was not established as a practice requirement.	This was raised with the Practice Manager.	This was resolved during the inspection with the policy being updated accordingly.
We found that a clinical waste bin had not been locked.	This posed a risk that unauthorised persons could access clinical waste.	This was raised with the Practice Manager.	This was addressed immediately during the inspection.

<p>Cleaning equipment and materials were available and stored safely. However, we noted that due to lack of space some mopheads were in contact with each other.</p>	<p>This posed a cross-contamination risk.</p>	<p>This was raised with the Practice Manager and IPC lead.</p>	<p>This was addressed during the inspection with items rearranged to remove the cross-contamination risk.</p>
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# Appendix B - Immediate improvement plan

**Service:** Amlwch dental practice

**Date of inspection:** 6 November 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 non-compliance issues were identified during 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):** N/A

**Job role:** N/A

**Date:** N/A

## Appendix C - Improvement plan

**Service:** Amlwch dental practice

**Date of inspection:** 6 November 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. Two chairs in the patient waiting area were covered with material that was not wipe-clean and required specialist cleaning. This hampered effective infection control.	The registered manager must ensure that all chairs in the patient waiting area can be adequately and efficiently cleaned.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	Removed from the reception area, until the new wipeable chairs will arrive.	Practice manager	Done
2. The handwashing sink in the decontamination room had an overflow.	The registered manager must ensure that the overflow of the handwashing sink in the decontamination room is blocked off.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(3) and Welsh Health Technical Memorandum 01-05	Overflow blocked	Practice manager	Done

3.	Staff had some training in the use of oxygen cylinders through training to deal with medical emergencies. We recommended that staff have specific awareness of safe handling requirements.	The registered manager must ensure that all staff read the user guide for the safe use of oxygen cylinders and record that they have done so.	The Private Dentistry (Wales) Regulations 2017, Regulation 13 and Welsh Health Circular 2024-36	Recovery oxygen user guide training provided to all staff. Sign-in sheet signed and dated by all staff members.	Practice manager	Done
4.	Local Rules for the safe use of X-ray equipment were in place with the front sheet displayed in surgeries.	The registered manager should ensure that a full copy of the Local Rules is readily available to clinical staff in each surgery.	The Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 6	Separate surgery file for Clinicians that includes a copy of the local rules	Practice manager	Done
5.	The practice made use of Local Safety Standards for Invasive Procedures (LocSSIPs) checklists, to minimise the risk of wrong site tooth extraction. We recommended that a copy be included in the clinicians' folder	We recommend that a copy of the LocSSIPs checklists be readily available to clinical staff in each surgery.	The Private Dentistry (Wales) Regulations 2017, Regulation 13 (8)	Separate surgery file for Clinicians that includes a copy of the Local Safety Standards for Invasive Procedures (LocSSIPs) checklists .	Practice manager	Done



	in each surgery for ease of reference.					
6.	We found one patient record where antibiotics had been prescribed with the antibiotic named and duration of course noted, however the dosage strength and frequency were not included.	The registered manager must ensure that records relating to antibiotic prescription are detailed and complete.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	All Clinicians have been made aware of the findings and the Practice Manager will run an audit in 3 months' time .	Practice manager	Done
7.	The practice did not have a mechanism to show that patient feedback was acted upon.	The practice should communicate to patients where actions have been taken because of feedback, using a 'you said, we did' poster.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)	Implemented 'you said, we did' poster.	Practice manager	Done
8.	Complaints were logged in patient records and electronic systems. We advised that an over-arching log would help to identify any recurring themes.	The registered manager must ensure that a system is put in place to identify any recurring issues or themes arising from patient complaints.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2) and 21(5)	A separate complaints log implemented, to help identify if there are any recurring issues or themes.	Practice manager	Done

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):** J M Klevin Fernando / Laura Parvu  
**Job role:** Registered Manager / Practice manager  
**Date:** 11/12/2024