

General Dental Practice Inspection (Announced)

Jeremy Isaac and Associates,
Baglan Dental Practice, Abertawe
Bro Morgannwg University Health
Board

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2018

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Jeremy Isaac and Associates, Baglan Dental Practice at 80 Fairwood Drive, Port Talbot, SA12 8NU, within Abertawe Bro Morgannwg University Health Board on the 03 December 2018.

Our team, for the inspection comprised of two HIW inspectors 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 Baglan Dental Practice provided a friendly and professional service to their patients.

The practice was patient focussed. We saw evidence of strong leadership, and the practice had the required policies and procedures in place to support both patients and staff.

The practice was maintained to a high standard, as were staff files and practice information.

This is what we found the service did well:

- There was evidence of strong management and leadership from the registered manager and practice manager
- Patients provided positive feedback that they were happy with the service provided
- Appropriate arrangements were in place to ensure that equipment was maintained to a high standard.

This is what we recommend the service could improve:

- The practice must communicate the outcomes of feedback to patients.
- The practice must undertake some minor repairs to ensure that the surgeries are kept in line with current guidance.
- The practice must ensure that records are kept to agreed professional standards.

There were no areas of non-compliance identified at this inspection.

3. What we found

Background of the service

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

The practice has a staff team which includes one practice manager, three dentists, five dental nurses, three trainee dental nurses 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.

We found Baglan Dental Practice was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good. All patients also told us that they were treated with dignity and respect by staff at the dental practice.

The practice had a range of information available to support patients in making effective choices about good oral health and treatment options when necessary.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 40 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; the majority of patients that completed a questionnaire said that they would rate the service provided by the practice as either 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"The staff here are always helpful and friendly - nothing is too much trouble. I would have no hesitation in recommending this practice"

"All the staff are very helpful and polite - always great advice given. Actually enjoy coming to the dentist. Well done all"

"By far the best dentist for personal care. Staff always very happy to help and do their utmost to fit you in when emergencies arise. Always very clean and professional"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; comments provided by patients included:

“Yes, be more clear about costs. Should be up on boards or near the reception desks whether NHS or private costs”

Staying healthy

Health promotion protection and improvement

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

We saw a wide range of information available to patients within the waiting area, covering private and NHS treatments, as well as general information around oral health for both adults and children. This was a good example of the practice supporting patients to maintain their own oral health and hygiene.

Dignified care

All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. One patient told us:

“From entering the practice to leaving the professionalism from each member of staff is fantastic. Warm welcoming smiles in both reception and surgeries. Treatment is explained and made sure it is understood before completing. Keep up good work!”

Staff told us that if there was a need to hold a private conversation with a patient, they would take them to an empty surgery when available. We saw that the practice had a privacy, dignity and confidentiality policy in place.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We noted that the 9 Principles as set out by the General Dental Council (GDC)¹ was available to patients in the reception area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

¹ <https://standards.gdc-uk.org/>

Patient information

Where applicable, all patients that completed a questionnaire told us that they felt involved, as much as they wanted to be, in any decisions made about their treatment. All but one patient said that they had received clear information about available treatment options.

The majority of patients also said that the cost of any treatment was always made clear to them before they received any treatment.

We found the patient information leaflet was available to patients upon request, and gave comprehensive information about the practice. We saw posters displaying private treatment costs and NHS treatment fees displayed in the waiting area, as well as a number of leaflets about dental treatments to help patients to make informed decisions about their oral health and treatment options. Given the feedback provided on the patient questionnaires, the practice may want to consider highlighting the price lists to patients upon arrival, or moving the lists to a more prominent position.

Communicating effectively

All of the patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

Whilst written information was available this was predominantly presented in English only, and there were no known Welsh speakers. Given that the service operates in Wales, arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'².

Timely care

A quarter of the patients that completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice and provided on the practice's answerphone message.

² An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

The majority of patients that completed a questionnaire told us that it was “very easy” or “fairly easy” to get an appointment when they needed it.

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

Individual care

Planning care to promote independence

All but one of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

During the inspection we noted that treatment options had been recorded on all of the records we reviewed. This provided reassurance that patients were supported to make choices about their treatment options.

People’s rights

The practice was accessible for wheelchair users via the rear entrance, the surgeries and waiting area were located on the ground floor. The patient toilet was very narrow and as a result not wheelchair accessible.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy and equal opportunities policy.

Listening and learning from feedback

The practice had a score sheet where patients could score the service they had received and leave comments. The practice must ensure that any changes made as a result of the comments are communicated to patients.

We found there was a complaints policy in place that was compliant with NHS Putting Things Right³ and the Private Dentistry Regulations. The complaints log was comprehensive and showed a contemporaneous account of proceedings.

³http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf

Improvement needed

The practice must communicate outcomes from the questionnaires to patients.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we found evidence that patients were provided with safe and effective dental care.

The environment was maintained to a good standard.

We found that the clinical facilities were well equipped, and there were arrangements in place for the safe treatment of patients.

The practice must ensure that patient records are maintained in line with professional guidelines.

Safe care

Managing risk and promoting health and safety

There were no concerns given by patients over the cleanliness of the dental practice; all the patients that completed a questionnaire felt that, in their opinion, the dental practice was “very clean” or “fairly clean”.

Overall we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. The outside of the building appeared to be well maintained, and inside, the building was light, tidy and well cared for.

We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety policy and emergency contingency policy. Policies and risk assessments were readily available to all staff. There was an environmental risk assessment in place to help protect both staff and patients.

We saw that new policies were discussed at team meetings and then agreed to by staff. This meant that staff were kept up to date with policies and procedures in place to help support them in their roles.

We saw fire extinguishers were available at various locations around the building, and we saw that servicing had been carried out within the last twelve

months on all fire safety equipment. Two of the fire extinguishers were freestanding next to high traffic walkways in to the decontamination room. The practice should ensure these are appropriately secured in line with UK guidelines. The practice had a fire risk assessment in place as well as a fire policy meaning staff knew what to do in an emergency. There were also members of appropriately trained staff within the practice.

Contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. Clinical waste was stored appropriately.

Under the Control of Substances Hazardous to Health Regulations 2002⁴, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) protocol, a mercury handling policy and a mercury spillage kit.

Improvement needed

Infection prevention and control

The practice had a designated room for the cleaning and sterilisation (decontamination) of dental instruments within the surgery, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁵. The room was visibly clean and tidy. We saw that the autoclave⁶ had comprehensive records

⁴ http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/

⁵ 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.

⁶ Autoclaves are used in medical applications to perform sterilization of equipment.

of testing. The service and maintenance checks for the autoclave were up to date and demonstrated that it was effective and safe to use.

We saw that there was an infection control policy and a sharps safety policy for staff, meaning both staff and patients were being sufficiently protected from needle stick injuries and infection.

The surgeries were visibly clean and tidy and the practice had a daily cleaning schedule for staff to follow to ensure all were kept in line with the Welsh Health Technical Memorandum (WHTM) 01-05⁷. We saw there were small areas within the front surgery that needed repair, such as a small hole in a wall and a repair was needed to the seal between the wall and the worktop to prevent dust and debris and ensure effective cleaning can be carried out. The practice must ensure that these are repaired in line with WHTM 01-05.

Staff had access to, and used personal protective equipment (PPE) when undertaking decontamination activities, and there was a dedicated lead nurse for decontamination within the practice.

We saw evidence that all staff had up to date infection control training. We also saw evidence that the practice had carried out regular infection control audits in accordance with WHTM 01-05.

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

Improvement needed

The practice must undertake minor repairs to the front surgery to ensure it is maintained in accordance with WHTM 01-05.

Medicines management

⁷ www.wales.nhs.uk/sites3/documents/254/WHTM_01-05_Revision_1.pdf

The practice had in place procedures to deal with patient emergencies, including a resuscitation and medical emergency procedure. All staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

The practice had appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁸. However, the emergency kit was kept in a small locker at floor level, directly behind a door to the decontamination room. We advised that this could prohibit quick and effective access to the kit, and advised that this be moved to an area more easily accessible.

The practice's first aid kit was complete and in date. The practice had appointed first aiders, ensuring staff and patients had appropriate access to first aid care in the event of an accident or injury.

The practice had comprehensive policies and procedures in place which had been agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines. We were told that all drug-related adverse incidents are recorded via the MHRA Yellow Card⁹ scheme.

Safeguarding children and adults at risk

We saw that the practice had comprehensive policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies.

All staff had received appropriate training in safeguarding of both children and vulnerable adults. We suggested that the safeguarding lead for the practice consider attending a higher level of safeguarding training to ensure they have the appropriate skills and understanding of safeguarding issues to act as a lead.

⁸ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration might want to ad

⁹ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Medical devices, equipment and diagnostic systems

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

The radiological equipment (X-ray) was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We saw that the local rules¹⁰ were displayed in the surgeries.

In accordance with the requirements of the General Dental Council¹¹ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000¹² all clinical staff had completed the required training.

There was evidence of regular radiography audits to ensure appropriate and safe use of radiography equipment.

Effective care

Safe and clinically effective care

We saw evidence that the practice had a number of clinical audits in place to help support the provision of a safe and effective service.

The practice had arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

¹⁰ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

¹¹ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

¹² http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

We found evidence throughout the course of the day that professional, regulatory and statutory guidance, such as NICE guidelines¹³, were given due considerations and followed where appropriate.

Quality improvement, research and innovation

We were told that the dentists have a process for discussing clinical and practice issues with one another, for dentists to support and enhance their skills and share learning.

We were told that the practice had used the Welsh Deanery Maturity Matrix Dentistry practice development tool¹⁴. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

Information governance and communications technology

We found that patient information was stored in filing cabinets behind the reception desk, however these could not be locked. To ensure that personal and sensitive information was protected, information should be stored securely. The practice had a records management policy. Electronic records were regularly backed up to protect patient information and prevent loss.

Improvement needed

The practice must ensure patient records are kept securely.

Record keeping

1. ¹³ <https://www.nice.org.uk/.../oral-and-dental-health>

¹⁴ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

We reviewed a sample of patient records. We found that generally the records were of a good standard, however we found in a number of cases there were omissions in recording, namely in the following areas:

- Prescription details
- Referrals to hospital and secondary care, to enable the practice to keep a record and chase and provide support to patients.

Improvement needed

The practice must ensure patient records are completed in keeping with agreed professional standards for record keeping.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found evidence of good management and leadership in the practice.

The practice had a comprehensive range of relevant policies and procedures in place that were reviewed annually and we saw evidence that they had been read by all staff.

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

We found that all staff had received the necessary training for their roles and responsibilities.

Governance, leadership and accountability

Baglan Dental Practice is part of the Jeremy Isaac and Associates group of dental practices. The role of responsible individual¹⁵ is held by Jeremy Isaac.

The practice manager is the registered manager¹⁶ who also provides the day to day management of the practice. We found the practice to have good leadership and staff understood their roles and responsibilities.

¹⁵ “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;

We found there was a wide range of policies and procedures in place to ensure the safety of both staff and patients. The Statement of Purpose and Patient Information Leaflet contained all the relevant information required by the regulations.

The registered manager confirmed that she was aware of her duties regarding notifications, including serious injury to patients and absence or changes to the registered manager that must be sent to HIW¹⁷.

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We saw the practice's public liability insurance certificate was displayed in the reception area.

Staff and resources

Workforce

The practice had a number of human resources related policies and procedures in place including a recruitment policy. Staff also completed regular appraisals and all had personal development plans for the upcoming year.

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

¹⁶ “registered manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice

¹⁷ Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

We were told that the practice holds meetings regularly. We saw minutes relating to these meetings and staff unable to attend were updated by the practice manager.

The Regulations for Private Dentistry 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 clearance checks had been carried out for all staff.

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 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service:

Date of inspection:

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 areas of non-compliance 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):

Job role:

Date:

Appendix C – Improvement plan

Service: Baglan Dental Practice

Date of inspection: 03 December 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
	1.1 Health promotion, protection and improvement;			
	4.1 Dignified Care;			
	4.2 Patient Information,			
	3.2 Communicating			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	effectively;			
	5.1 Timely access;			
	6.1 Planning Care to promote independence;			
	6.2 Peoples rights;			
The practice must communicate outcomes from the questionnaires to patients	6.3 Listening and Learning from feedback, Private Dentistry Regulations 2017 Section 16	The practice gathers feedback from questionnaires in the waiting area, social media and google. We will communicate the outcomes via a 'you said, we did' slide on our power point on a quarterly basis.	Sarah Phillips	Feb 19
Delivery of safe and effective care				
	2.1 Managing risk and promoting health and safety;			
The practice must ensure that the surgeries are	2.4 Infection	Re-silicone a small area where the work surface	Sarah Phillips	Feb19

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
kept in accordance with WHTM 01-05.	Prevention and Control (IPC) and Decontamination, WHTM 01-05	meets the wall. Small hole under cabinetry is a service access point for air/water line for a piece of dental equipment.		
	2.6 Medicines Management;			
	2.7 Safeguarding children and adults at risk;			
	2.9 Medical devices, equipment and diagnostic systems;			
	3.1 Safe and Clinically Effective care;			
	3.3 Quality Improvement, Research and			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must ensure patient records are kept securely.	Innovation; 3.4 Information Governance and Communications Technology; Private Dentistry Regulations 2017 Section 20	The filing drawers located behind reception need to have secure locks. Before deciding to have these locks fitted consideration and exploration will be giving to transferring to going paperless and therefore minimising storage of paper records	Sarah Phillips	Feb19
The practice must ensure patient records are completed in keeping with professional standards for record keeping.	3.5 Record keeping; Private Dentistry Regulations 2017 Section 20	Prescriptions: every prescription issued is recorded into patient notes. A spread sheet has been devised on computer desktop to summarise prescriptions issued including reference numbers. Referrals: New E-referral system is in the process of being introduced with the LHB. Once this system is implemented this will serve as an audit/checking procedure	Sarah Phillips/ All GDP's Sarah Phillips/ All GDP's	Completed LDC meeting advised this will be set up by March 2019
Quality of management and leadership				
	Governance, Leadership and			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Accountability;			
	7.1 Workforce;			

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 : Baglan Dental Practice/ Jeremy Isaac

Name (print): Sarah Phillips

Job role: Practice Manager

Date: 15/2/2019