

General Dental Practice Inspection Report (Announced)

Leighton Roberts & Associates, Cwm
Taf University Health Board

Inspection date: 20 June 2022

Publication date: 21 September 2022



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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 Leighton Roberts & Associates Dental Surgery, Cwm Taf University Health Board on 20 June 2022.

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

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

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Leighton Roberts and Associates was committed to providing a positive experience for their patients. The majority of the patients who completed a HIW questionnaire rated the service they had received as 'very good'.

We saw changes had been made to the service provision based on government guidance. These changes enabled patients to be treated as safely as possible, with procedures in place to minimise the spread of COVID-19.

This is what we recommend the service can improve:

- Have a system whereby verbal comments can be captured and used to help identify any themes that might arise.

This is what the service did well:

- We saw evidence that patients were provided with care in a dignified and respectful manner, and we heard staff speaking to patients in a friendly and professional way
- The practice was accessible for anyone with a mobility issue

Safe and Effective Care

Overall summary:

We found the practice was meeting the relevant regulations and standards associated with promoting the health, safety and welfare of staff and patients.

We observed the practice to be clean and free from any visible hazards. The surgeries were well equipped to carry out the services and treatments the practice was registered to provide.

We found that fire safety arrangements were appropriate to protect staff and visitors and that generally patient records were being kept to a good standard.

We made recommendations for the risk assessment templates to be reviewed to ensure they capture all potential and actual risks which are based on current and up to date guidance. We also recommended that some additional audits are undertaken which will help to further improve the services the practice provides.

This is what we recommend the service can improve:

- [Additional audits should be undertaken, specifically record keeping, smoking cessation and an antibiotic prescribing audit to assess compliance with current guidelines
- Patient notes should document that cancer screening has been undertaken and, where applicable, smoking cessation advice has been provided
- A review of the risk assessment templates used for fire safety and health and safety is required to ensure they are current and up to date
- The registered provider must submit a copy of the latest annual report prepared under Regulation 16(3). A copy needs to be sent to HIW.]]

This is what the service did well:

- [We saw there were appropriate arrangements in place to ensure high standards of infection control]

Quality of Management and Leadership

Overall summary:

We observed a staff group that worked well together and were committed to providing a high standard of care for their patients.

The practice had various policies and procedures in place, but some of these need to be updated to reflect recent staff changes.

Staff meetings had lapsed and these need to be re-introduced.

We found that staff files were being kept securely and that staff had completed a range of mandatory training to ensure their skills and knowledge was up to date.

We recommend that staff files are reviewed to ensure all relevant employment information is being kept. We were unable to locate any references for new staff. Job descriptions were not on files and one contract was not signed or dated by the employee or employer.

This is what we recommend the service can improve:

- [Full employment information must be obtained and kept on staff files
- Team meetings need to be re-introduced
- In line with recent staff changes, all policies and procedures need to be reviewed and updated accordingly.]

This is what the service did well:

- [Staff worked well together which was evidenced by their rapport and interaction with each other.]

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 22 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Some of the comments provided by patients on the questionnaires included:

"Happy with the services provided"

"They are very good dentists"

Patients were asked in the questionnaires how the setting could improve the service it provides. Some comments received included:

"Not to be cancelled so often"

"Make appointments more available"

"By not cancelling so much"

Staying Healthy

Health Protection and Improvement

We saw changes that had been made to the practice environment as a result of the pandemic. Personal Protective Equipment (PPE) for staff and patients was available as well as hand sanitising stations throughout the practice. Screens had been fitted to the reception desk to help protect staff and visitors.

To minimise the risk of COVID-19 transmission within the communal areas, social distancing measures were in place. We saw seating was spaced in the waiting area, with some chairs taped over to encourage social distancing.

Eighteen out of 22 patients who completed questionnaires felt it was very evident that the practice had Covid compliant procedures in place during their time at the practice.

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

We saw a no smoking sign was displayed, confirming the practice adhered to the smoke free premises legislation.]]

Dignified care

Communicating effectively

[All of the patients that completed a HIW questionnaire told us that English was their preferred language and that healthcare information was available to them in that language.

Staff told us they had access to translation services to assist anyone whose first language is not English to receive services and/or information in their preferred language. A hearing loop was available at the practice and this was clearly identified.

We saw evidence that patients were provided with care in a dignified and respectful manner and we heard staff speaking to patients in a friendly and professional way. Doors to surgeries were kept closed during treatments. All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. All the respondents said that they felt the dental team helped them to understand all the available options for treatment when they needed it.

We were told that staff would hold private conversations with patients within the dental surgeries away from the reception/waiting area.

We saw the General Dental Council's (GDC) 9 principles was displayed in the waiting area, therefore in line with the Private Dentistry (Wales) Regulations 2017.]]

Patient information

[We saw a notice board which displayed the practice's complaints procedure, the GDC's 9 principles, the names of the staff, opening hours, out of hours contact details, NHS price list plus some other practice specific policies and procedures.

A price list for some private treatments was displayed by the reception desk. Posters reminding patients about COVID-19 symptoms and wearing face masks were seen.

All the patients that completed a questionnaire told us they felt involved as much as they wanted to be in any decisions made about their treatment.]

Timely care

Timely access

We found that the practice worked hard to ensure that patients were treated in a timely manner. We were told the practice sent out appointment reminders and patients could book appointments via telephone.

Of the 22 respondents to the questionnaire, nine felt that it was 'very easy' to get an appointment when they needed it and nine said 'fairly easy'. Four respondents stated it was not very easy to get an appointment when they need it.

We were told that reception staff inform patients of any delays.

We were told the practice has a number of emergency appointments available each day. If these are full, patients are asked to telephone the next day for an appointment. Contact details for the out of hours service was displayed in the waiting area and staff said the details are also on the practice's answer machine message.

Of the patients that completed a questionnaire, 16 indicated that they knew how to access the out of hours emergency dental service should they require it for an urgent dental problem.]]

Individual care

Planning care to promote independence

We reviewed ten patient records and found there was evidence of treatment planning and options for those patients.

All the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. All the patient records we reviewed had updated medical histories documented in the notes.]]

People's rights

We noted that the practice had policies in place relating to equal opportunities, equality and diversity to ensure that patients and staff human rights were upheld.

All the patients that completed a questionnaire indicated that they felt they could access the right healthcare at the right time.

We saw that the practice had one surgery situated on the ground floor of the practice as well as a disabled toilet. The toilet was signposted and had grab rails to assist patients with accessibility difficulties.

The practice was easily accessible allowing anyone with mobility difficulties to enter the practice and treatment areas on the ground floor.]]

Listening and learning from feedback

[The practice displayed a copy of their complaints procedure on the notice board, in the waiting area, which had the appropriate contents relating to timescales and escalation of complaints.

We were provided with a complaints log that was kept up to date and within a dedicated folder. We saw evidence of the action and responses taken to resolve patient concerns.

We were informed that the suggestion box had been removed due to COVID-19. Staff said that any verbal feedback would be passed onto staff. There was no formal means of recording verbal comments and we recommend a method of recording this is introduced. This will enable the practice to review all feedback and identify any themes arising.]]

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

We found there were suitable arrangements in place to protect the safety and wellbeing of staff and visitors to the practice.

We found the building was well maintained both externally and internally. All the areas within the practice were visibly clean, tidy, and free from obvious hazards. The surgeries and decontamination room were in good condition. All the surgeries had the necessary equipment required to undertake the treatments and services offered by the practice.

We saw there were policies and procedures in place as well as a health and safety risk assessment to ensure the premises were safe and fit for purpose. We noted that the risk assessment documents were reviewed and the document signed and dated to confirm there had been no changes. However, the practice might want to consider developing a new assessment template to identify areas that were not included in version being used and dated 2014. Staff should ensure the risk assessment document used is current and up to date.

There were appropriate arrangements in place to protect staff and people visiting the practice in the event of a fire. Fire extinguishers had been serviced throughout the practice in August 2021 and a fire risk assessment had been reviewed in May 2022. We suggest the practice ensure the fire risk assessment template is current and up to date because the version being used was dated 2013. Therefore, we recommend staff ensure the fire risk assessment document used is current and up to date.

We saw a fire training matrix in place which evidenced that staff had received training. Fire exit signs were displayed, and a log was being completed to evidence when fire alarms and drills were taking place.

A health and safety poster was displayed and the practice had one staff trained in first aid. We recommended that the practice consider having an additional first aider to ensure there was someone trained when the other staff member was on leave. As required by the regulations, we saw the practice had in place a business continuity policy. We saw the policy contained contact numbers for staff, but recommend that the list is expanded to include contact details of other essential services that might need to be contacted in the event of an emergency.]]

Infection prevention and control (IPC)

We saw the practice had an infection and control policy in place, which included all the areas required by the regulations.

We saw there were appropriate arrangements in place to ensure high standards of infection prevention and control. This is because the practice had cleaning schedules in place which were being followed. There was a dedicated member of staff who was the infection control lead. We saw PPE was available and being used and that the environment was in a good state of repair to enable effective cleaning of all areas.

We were told that the practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries.

We observed that the designated decontamination room was fit for purpose. We saw that the log books for checking the sterilisation equipment were being completed. We saw that a WHTM 01-05 audit had been completed.

We saw certificates to evidence that all clinical staff had undertaken infection control training.

We found there were appropriate arrangements in place for the handling and disposal of waste. A contract with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste was in place. The clinical waste was being stored securely and separate from non-hazardous waste.

We noted there were appropriate arrangements in place for the handling of substances subject to COSHH.

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Medicines management

We found the practice had appropriate procedures in place to deal with emergencies. A medical emergencies policy was in place and resuscitation equipment was available for use.

We saw the emergency drugs were being stored in a location that could be accessed easily by staff.

There were systems in place to evidence checks on emergency drugs were being carried out in accordance with national guidance. We noted that the emergency drugs and equipment were all within their expiry date.

The practice had one member of staff who was the first aider. A first aid kit was available and all contents in date and checked regularly.

Staff told us of the correct procedures they would take if there was an emergency or had to report an untoward drug related incident.]]

Safeguarding children and safeguarding adults at risk

[We saw that all clinical staff had up to date training in adult and child safeguarding at level 2. The principal dentist was the safeguard lead and staff told us any concerns would be reported to him.

The practice had a safeguarding policy in place. The document included details of the local safeguarding team and had a flow chart for quick reference of the course of action that staff may be required to take.

We saw that all staff had a DBS check on file which was undertaken prior to their employment.]]

Medical devices, equipment and diagnostic systems

[We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. We were told that staff were adequately trained to use the equipment.

We found the dental instruments were in good condition and sufficient in number. There were adequate arrangements in place to deal with any device or system failure.

We reviewed the arrangements in place for the safe use of radiographic equipment and found the required documentation and information was available. Due to recent staff changes, the name of the radiation protection supervisor needs to be updated. The local rules did not include the identification of controlled areas or a contingency plan.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training. We were told that continued online training is used as a means of assessing competency following training.

There was evidence that quality assurance monitoring activities were taking place in respect of a radiation risk assessment.]

Effective care

Safe and clinically effective care

[We saw that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. This is because details were documented in their statement of purpose and in policies and procedures.]

Quality improvement, research and innovation

[We noted that the practice had completed some audits, including WHTM 01-05 and radiology. We recommend that the practice complete additional audits to include record keeping, smoking cessation and antibiotic prescribing. These will ensure the practice continuously strives to improve the service provided to patients.

The quality assurance QAS policy needs to be updated to clearly define the arrangements of clinical audits at the practice.

There was no peer review taking place at the time of the visit due to there only being one dentist.

We were told the practice does not undertake any research.

A copy of the latest annual report prepared under Regulation 16(3) is required at the earliest opportunity. A copy of the report produced should be submitted to HIW.]

Information governance and communications technology

[The practice had various data protection policies in place including a data security policy and information security policy in place. We found patient records were being stored electronically and securely in line with GDPR requirements.]]

Record keeping

[We reviewed ten sets of patient records and concluded that these were generally being kept to a good standard. The notes were clear, legible, and generally good quality.

Of the records we reviewed, we saw they had sufficient information of each patient's dental history, reason for attendance, treatment information, consent and recall information.

However, of the records we did review we found some areas where improvement is required. We found no cancer screening recorded or smoking cessation advice recorded. We therefore recommended that records are reviewed and improvements made specifically to the areas identified.]]

Quality of Management and Leadership

Governance, Leadership and Accountability

[The principal dentist (the practice owner) has overall responsibility for the management of the practice. He is supported by two dental nurses, two reception staff, a decontamination nurse and a hygienist. We saw that private dental care was being provided in accordance with their conditions of registration.

We saw the staff team working well together and this was evidenced by their rapport and interaction with each other and their patients on the day of the inspection.

We reviewed the statement of purpose and patient information leaflet which both contained all the areas required by the Private Dentistry (Wales) Regulations 2017.

We saw that the practice had a range of policies and procedures in place. Due to recent staff changes, some of these require updating to reflect the current arrangements and/or person/s responsible.

The principal dentist had overall responsibility for ensuring that any notifications, including any to HIW are submitted in the event of any serious injuries.

We were told that team meetings hadn't taken place for some time. We therefore recommend that these resume and minutes of the meetings recorded and kept on file.]]

Workforce

[We saw there were policies and procedures in place to support the recruitment and induction of new staff.

The staff files we reviewed contained evidence of GDC registration, DBS certificate and contract of employment. The contract for one dental nurse was not signed or dated by the employee or employer. A job description was seen in the staff handbook, but none on the staff files. There was no evidence that references had been obtained. Full employment information is required to be obtained and evidence of this kept on file.

Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with a staff member or an alternative appropriate body if required.

We saw that staff were receiving an appraisal and copies of these were seen in staff files.

We saw that a training log was in place but had not been populated with relevant training information. We saw evidence that training certificates were being kept for each member of staff and that staff had attended training on a range of topics relevant to their roles to meet their CPD requirements. Staff had recently completed CPR training but the certificates had not been issued at the time of the inspection. Therefore, we recommend that evidence of the CPR training certificate is shared with HIW.]

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to act, 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: Leighton Roberts & Associates

Date of inspection: 20 June 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Leighton Roberts & Associates

Date of inspection: 20 June 2022

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
A system to capture any verbal comments/feedback should be introduced. This will enable staff to identify any themes arising.	Health & Care Standards - 6.3 Listening & learning from feedback The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (2)(b)(ii) (c)	Record comments in patients records, with consent. Use complaints/compliments log in complaints/compliments file located in the office. All staff informed of this.	All staff.	Immediately
A review of the templates being used for fire safety and health and safety assessments is required to	Health & Care Standards - Governance,	Templates to be reviewed. New and updated templates to be done.	Leighton Roberts/ Teresa Gaspar	3 months

ensure they are current and up to date. These templates have been used since 2013 and 2014.	<p>leadership & accountability; 2.1 Managing risk & promoting health & safety</p> <p>The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1)(b) (8)</p>			
Consideration should be given to adding additional services/contacts to the business continuity plan to ensure this information is easily accessible in an emergency.	<p>Health & Care Standards - Governance, leadership & accountability</p> <p>The Private Dentistry (Wales) Regulations 2017 - Regulation 8(1)(o)</p>	Research all the contact information needed i.e. utility companies, radiation company, IT company, waste company and amend the business continuity plan accordingly.	Julia Barnes/ Angela Davies	2 months
Additional first aid trained staff is recommended to ensure there is sufficient cover when the only first	Health & Care Standards - 2.1 Managing risk &	Arrange for another member of staff to attend course	Leighton Roberts	3 months

aider is on annual leave/training etc.	<p>promoting health & safety</p> <p>The Private Dentistry (Wales) Regulations 2017 - Regulation 13(1)(b)</p>			
Documentation relating to the X-ray equipment needs updating to reflect the name of the radiation protection supervisor; identification of the controlled areas and contingency plan.	<p>Health & Care Standards - 2.9 Medical devices, equipment & diagnostic systems</p> <p>The Private Dentistry (Wales) Regulations 2017 - Regulation 13(1)(b) (2)(a)</p>	Amend name to L. Roberts on all policies and documentation relating to x-ray equipment.	Leighton Roberts	3 months
The quality assurance QAS policy needs to be updated to clearly define the arrangements of clinical audits at the practice.	<p>Health & Care Standards - Governance, leadership & accountability</p> <p>The Private Dentistry (Wales)</p>	Review and update policy and assess arrangements of clinical audits needed.	Leighton Roberts	4 months

	Regulations 2017 - Regulation (8)(1)(n)			
Additional audits should be completed and include record keeping, smoking cessation and antibiotic prescribing.	Health & Care Standards - 3.3 Quality improvement, research & innovation The Private Dentistry (Wales) Regulations 2017 - Regulation 16(1)(a)(b) (2)(d)(ii)	Complete new audits	Leighton Roberts	3-6 months
A copy of the latest annual report prepared under Regulation 16(3) is required and a copy to be submitted to HIW.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1)(a)(b) (2)(a)(b)(i)(ii)(iii)(iv) (c) (d)(i)(ii)(iii) (3) (4) (5)	Please elaborate.	Leighton Roberts	

<p>A review of patient records is required to ensure cancer screening and smoking cessation advice recorded.</p> <p>In addition, the patient's language preference/choice should also be recorded in their notes.</p>	<p>Health & Care Standards - 3.5 record keeping</p> <p>The Private Dentistry (Wales) Regulations 2017 - Regulation 20(1)(a)(i)(ii)</p>	<p>Advice to be given and recorded in notes by dentist</p> <p>Patient medical history/contact details form amended to include language preference.</p> <p>Contact software company to ask if there is any way there could be a section included in patient records for this, if not then preference to be recorded in patient notes by reception.</p>	<p>Leighton Roberts</p> <p>Reception staff, Teresa Gaspar and Julia Barnes.</p> <p>All staff informed.</p>	<p>Immediately</p> <p>Immediately</p>
<p>The policies and procedures need to be updated to reflect recent changes in staffing.</p>	<p>Health & Care Standards - Governance, leadership & accountability</p> <p>The Private Dentistry (Wales) Regulations 2017 - Regulation 8 (6)</p>	<p>Check all policies and procedures documents and amend accordingly</p>	<p>Leighton Roberts</p>	<p>3-4 months</p>

Team meetings need to resume and minutes recorded and kept on file.	Health & Care Standards - 7.1 workforce The Private Dentistry (Wales) Regulations 2017 - Regulation 16(2)(c)(d)(iii)	Arrange set dates for monthly staff meetings in advance and appoint a member of staff for each meeting to record minutes on a rotation basis.	All staff	1 month then regular set meetings tba for rest of year.
A review of the staff files is required to ensure full employment information is obtained and stored on their files.	Health & Care Standards - 7.1 workforce The Private Dentistry (Wales) Regulations 2017 - Regulation 17(3)(a)(b)(c)(d)(e)	Review files and update information required	Leighton Roberts	3 months
Evidence of the CPR training certificates is required.	Health & Care Standards - 7.1 workforce The Private Dentistry (Wales)	Certificates received	Angela Davies	completed

	Regulations 2017 - Regulation 17(3)(a)			
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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): Leighton Roberts

Job role: Principal/Owner

Date: 20/7/22