

General Dental Practice Inspection Report (Announced)

Gwaun Cae Gurwen (GCG) Dental
Practice, Swansea Bay University
Health Board

Inspection date: 03 June 2025

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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 Gwaun Cae Gurwen (GCG) Dental practice, Swansea Bay University Health Board on 03 June 2025.

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

During the inspection we invited patients and staff to complete a questionnaire to tell us about their experience of using and working at the service. Unfortunately, we did not receive any completed questionnaires.

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found patients received respectful and dignified care throughout their patient journey at this setting. We saw evidence that the rights and equal treatment of individuals were actively supported, with staff encouraged to undertake training to protect the rights of patients.

Information to promote good oral health, including posters regarding healthy diets, smoking cessation and the signs of oral cancer were all on display for patients. The practice statement of purpose and patient information leaflet were both available for patients to review.

A suitable appointment management process was in place to utilise the time of practitioners appropriately. Staff confirmed the practice took part in the NHS 111 service to treat emergency NHS appointments in the health board area. We also saw multiple slots in the diary each day to accommodate emergency appointments for their own patients.

This is what the service did well:

- The health promotion documents for patients were clear and informative
- Patients were treated in a dignified and respectful manner
- The practice focused on the timely delivery of patient care.

Delivery of Safe and Effective Care

Overall summary:

We found a visibly tidy and organised practice which was in a satisfactory state of repair internally and externally. Fire safety and the health and safety arrangements for the practice were all appropriate and ensured patients received safe care in a secure and well-maintained setting.

We found the practice dental equipment was in good condition and the procedures to ensure the correct decontamination and sterilisation of reusable equipment within the practice decontamination room were robust.

Occupational health services were in place for all staff, but we did find areas to improve around the use of safer sharps devices.

All emergency equipment at the practice was present and within their expiry dates. All medicines were managed correctly and oxygen cylinders were serviced as required. All staff were trained in cardiopulmonary resuscitation and to operate oxygen safely.

Clinical records were maintained to a suitable standard, however, we did identify areas for improvement regarding the details kept within the records of patients.

This is what we recommend the service can improve:

- The registered manager must ensure complete patient records are kept at all times in line with professional requirements and guidance
- The registered manager must ensure suitable risk control measures are in place to prevent sharps injuries.

This is what the service did well:

- The environment was maintained to a good standard and kept clean
- Equipment was in good working order and decontamination procedures were robust
- Safeguarding measures were comprehensive and routinely reviewed.

Quality of Management and Leadership

Overall summary:

We observed knowledgeable and supportive staff working to deliver effective care for their patients. The staff we spoke with outlined the positive support they receive from the management team and staff knew who to contact if they needed help or support.

Induction procedures were managed in a supportive manner for new staff members, and we saw evidence that all appraisals took place annually. We found all staff members had completed their mandatory training and staff were given the time to complete courses during work hours.

The system in place for the collection and review of patient feedback was suitable. However, we didn't see a means for staff to communicate the changes they had made as a result of the feedback they had received.

We found a proactive approach to quality improvement with all mandatory improvement activities taking place. These included routine and comprehensive audits on patient records, antimicrobial prescribing, healthcare waste as well as infection prevention and control audits.

This is what we recommend the service can improve:

- The registered manager should implement a means to communicate how the practice has learned and improved on the feedback received from patients.

This is what the service did well:

- Clear management structures supported the effective running of the practice
- We observed good staff working relationships and noted a positive working environment at the practice
- All staff were compliant with their mandatory training requirements.

3. What we found

Quality of Patient Experience

Person-centred

Health promotion and patient information

We found information was available to patients to promote good oral health, including posters regarding healthy diets, smoking cessation and recognising the signs of oral cancer. The practice statement of purpose and patient information leaflet were both available for patients to review. We observed the fees for private and NHS services clearly displayed in the reception area. The names and General Dental Council (GDC) numbers for clinical staff were displayed where they could be easily seen. The opening hours and emergency contact details were clearly displayed at the front door.

Dignified and respectful care

We found patients were provided with dignified and respectful care throughout their patient journey. We noted the reception and patient waiting areas were joined; however, patients were given the option to speak with staff privately away from the reception area if needed. We were told that no personal information was repeated over the telephone to protect patient confidentiality. The practice had solid surgery doors, which were kept closed during appointments. Frosted glass was present on ground floor windows. These measures maintained the privacy of interactions between staff and patients.

A practice confidentiality policy was in place which was signed by all staff and outlined the practice expectation to ensure the privacy of patient information. We noted the nine core principles prepared by the GDC were on display at reception.

Timely

Timely care

A suitable appointment management process was in place to utilise the time of practitioners appropriately. Patients made appointments over the telephone or in person after their appointments. Staff informed us they rarely ran behind with appointments. However, where appointments extended beyond their scheduled time, clinicians contacted reception to inform patients of any delays and offered alternative appointments, where requested.

We saw how patients were triaged over the telephone to ensure those with the most urgent needs were prioritised. Staff confirmed the practice took part in the NHS 111 service to treat emergency NHS appointments in the health board area. We also saw multiple slots in the diary each day to accommodate emergency appointments for their own patients.

Staff told us each clinician had different wait times between appointments but generally no patient waited longer than six weeks between treatment appointments. Cancellation lists were kept enabling patients to see clinicians sooner should they wish to. Appointments were arranged in accordance with patient availability wherever possible. A system was in place for children to receive appointments at a time which best suited their educational needs. Staff told us the practice regularly held extended sessions on weekdays and weekends to treat patients at a time most convenient for them.

Equitable

Communication and language

We saw effective arrangements in place to enable communication between clinicians and patients. Language line was used, where needed, to communicate with patients whose first language was not English. Documents were available in different formats, such as easy read, with more specialised documents provided upon request by patients. The practice operated digital devices for patients to complete their medical histories which had zoom functions and multiple languages to choose from. We saw language skills would be recorded as advantageous during recruitment and workforce planning. Staff explained they had patients who were hard of hearing, and these patients emailed to confirm their appointments. A hearing loop was available for these patients when in practice.

We found strong evidence the practice promoted the use of the Welsh language. Documentation was available in both English and Welsh, where possible. Staff informed us the health board assisted them with the implementation of the Welsh 'Active Offer'. The practice manager did inform us they had requested some NHS documentation in Welsh but had been told these were not available in Welsh.

We saw treatments could be offered through the medium of Welsh, if required. We saw staff wearing 'laith Gwaith' badges to encourage patients to speak Welsh without having to ask for a Welsh speaker. During our inspection, we noted conversations between clinicians through the medium of Welsh and with patients. We did not see any evidence to indicate that the language preference of patients was being recorded within the sample of ten patient records we reviewed. However, staff informed us that the language preference field has recently been added to the patient details screen to be recorded in future. Capturing the

language preference of patients is important to support effective communication and ensure they receive appropriate care.

Rights and equality

We saw evidence that the rights and equal treatment of individuals were actively supported. The practice had appropriate policies in place to support the rights of patients and staff. Staff were encouraged to undertake training to help protect the rights of patients and prevent harassment or discrimination. A zero tolerance to harassment policy was also in place to safeguard staff from abusive behaviour.

Staff provided examples where changes had been made to the environment as a reasonable adjustment for patients and employees. These included patients with autism provided with the option to have appointments at quieter times in the day or to sit and wait outside and be called in to the practice when their clinician was ready. A member of staff had also been given a specialist chair as an adjustment for their condition.

We found the rights of patients were further upheld by allowing patients to choose their preferred pronouns, names and gender on their records.

Delivery of Safe and Effective Care

Safe

Risk management

We found a visibly tidy and organised practice which appeared to be in a satisfactory state of repair internally and externally. The practice was set over two floors, with suitably sized waiting areas for the number of patients. The practice had ramped access throughout the ground floor and downstairs surgeries to assist those with mobility difficulties. We heard telephone lines in working order and saw an instant messaging system was used for staff to communicate internally. Staff could change in a private area and had lockers to securely store their personal items. The practice staff room was a good size and allowed staff to take breaks together.

The practice had a patient toilet which was clean and suitably equipped. However, this was not suitable for those with mobility difficulties. Patients were signposted to nearby local public toilets as an alternative.

We found the practice dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We saw single use items were used where necessary.

Satisfactory policies and procedures were in place to support the health, safety and wellbeing of patients and staff. We saw risk assessments for fire safety and health and safety had been recently conducted and were comprehensive. Checks had taken place on gas and electrical safety by contractors. Records indicated Portable Appliance Testing having also recently taken place.

We found robust and comprehensive fire safety arrangements in place for the prevention and detection of fire. These included regular maintenance of fire safety equipment and clearly displayed fire exit and no smoking signs.

The practice Employer Liability Insurance certificate was on display in reception and the practice Health and Safety Executive poster was on display in the staff area.

Infection, prevention and control (IPC) and decontamination

We found appropriate infection prevention and control (IPC) policies and procedures in place to maintain a good level of cleanliness throughout the practice. We observed all equipment and the environment being maintained to a satisfactory level to enable effective cleaning and decontamination.

Occupational health services were available for all staff, and we saw risk assessments had taken place to monitor the risk of harm from sharps injuries. We noted that the risk assessment indicated safer sharps devices were being used to reduce the risk of accidental needlestick injuries. However, we saw that safer sharps devices were not currently being used by clinical staff and we were therefore not assured that the risk to individuals from sharps injuries was being correctly controlled. When this was raised with practice management, we were informed the setting will order and start using safer sharps devices to reduce the risk of needlestick injuries.

The registered manager must review the current arrangements in place for the safe handling, disposal, and storage of sharps in order to prevent needlestick injuries.

All other personal protective equipment was routinely available for staff. In addition, we saw hand hygiene procedures and signage to be appropriate.

Procedures to ensure the correct decontamination and sterilisation of reusable equipment within the practice decontamination room were suitable. We reviewed appropriate records of daily autoclave machine cycle checks and a routine schedule of maintenance in line with current guidance. The training records we reviewed confirmed all staff had satisfactory training in place for the correct decontamination of equipment.

We found the process for the Control of Substances Hazardous to Health (COSHH) was satisfactory. All practice waste was stored and disposed of correctly through a suitable waste disposal contract.

Medicines management

Arrangements for the safe handling, storage, use and disposal of medicines were appropriate. The fridge designated for the storage of medicines was correctly managed, with temperature checks suitably logged.

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

Oxygen cylinders were appropriately serviced, and staff had been trained in their use.

Safeguarding of children and adults

Comprehensive and up to date safeguarding procedures were in place to protect children and adults. The procedures incorporated the Wales Safeguarding Procedures, included contact details for local support services and identified a named safeguarding lead for the practice. Updates to safeguarding policies and procedures were communicated through the health board and through the practice membership of Denplan.

All staff were suitably trained in the safeguarding of children and adults. The staff we spoke with during the inspection were confident in identifying any safeguarding concerns, understood their safeguarding procedures and said they would feel supported if they were to raise a concern.

Management of medical devices and equipment

We saw the medical devices and clinical equipment were in good condition and fit for purpose, enabling safe care to be delivered to patients. Reusable dental equipment was used in a manner to promote safe and effective care. The staff we spoke with and observed during the inspection were confident in using the equipment. We found suitable arrangements in place for servicing and the prompt response to system failure for all equipment.

The practice radiation protection folder and copies of the local rules were readily available and fully complete. Clinicians outlined in patient records the discussions held regarding the risks and benefits of exposure to radiation. Staff training records confirmed all staff had received suitable training for their roles in radiation exposures.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patient needs. The patient records we reviewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance. The clinical staff we spoke with demonstrated a clear understanding of their responsibilities whilst being aware of when to seek relevant professional advice, where necessary.

We found suitable processes in place to record patient understanding and consent to surgical procedures. We saw appropriate use of clinical checklists to prevent wrong tooth site extractions.

Patient records

We reviewed a total of 10 patient records during our inspection. The records were being held in a secure digital system, in line with the General Data Protection Regulations. Retention periods for all records were appropriate, and referrals were correctly managed to ensure patients received the care they needed.

Each record had the initial medical history, and subsequent updates, recorded and signed by both patient and dentist. We saw evidence of full base charting, soft tissue, intraoral and extraoral examinations undertaken and recorded where appropriate. However, we noted several gaps and inconsistencies in the following areas which required improvement:

- Four patients did not have their previous dental history recorded
- Only one of the four applicable records we reviewed contained information regarding smoking cessation advice being offered
- Three records did not record reason for attendance
- Six records did not have updated charting at each course of treatment
- Seven records did not outline the informed consent to treatment of patients
- Two records did not include the justification for a radiograph
- A further two records did not record the clinical findings of the radiographs taken
- The one applicable record where antibiotics were prescribed did not contain robust justification for the prescription.

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

Efficient

Efficient

We found clinicians were committed to delivering a satisfactory service for the needs of their patients in a suitable premises. Patients progressed through internal and external treatment pathways efficiently. Urgent referrals were appropriately recorded and followed up in a timely manner by clinicians. We saw how these appointments were utilised effectively by an appropriate skill mix and a robust appointment and triage process.

Quality of Management and Leadership

Leadership

Governance and leadership

We found a clear management structure in place to support the effective running of the practice. The practice manager told us they felt supported to undertake their leadership role effectively and all the staff we spoke with outlined the positive support they receive from the management team. We saw staff meetings were held every month and attended by all staff. On review of staff meeting minutes, we noted suitable discussions around safeguarding, training and clinical governance. Management meetings occurred monthly, as well as clinician meetings.

The staff we spoke with were knowledgeable and supportive of one another. Staff told us they had confidence in managers and would know who to speak to if they needed help or support.

A suitable system was used to identify, record and manage risks, issues and any mitigating actions. The practice manager also worked with their lead nurse to communicate safety notices to staff and place relevant notices on display in the staff room.

Workforce

Skilled and enabled workforce

We observed good staff working relationships and noted a positive working environment at the practice.

We found an appropriate system in place to ensure a suitable number of qualified staff were working at any one time. We reviewed a total of 6 out of 17 staff records and found full compliance with all mandatory training requirements. A suitable system and robust support arrangements were in place to monitor compliance with staff training and enable staff to remain trained to an appropriate level for their roles. All staff were given the time to undertake their training, and we were told that dental clinicians were being supported to enrol on an implantology course.

We saw induction procedures were managed in a supportive manner for new staff members and appraisals for staff took place annually. The staff we spoke with during the inspection explained they would know what to do and who to speak to in the event of a concern over service delivery, treatment or management. A

whistleblowing policy was in place to provide guidance on how staff can raise concerns.

Overall, there were suitable procedures in place to ensure staff professional obligations were kept up to date and accurate. Enhanced Disclosure and Barring Service checks, health screening documentation and professional indemnity insurance were all recorded. We did not find any pre-employment reference checks stored on file for long-standing staff members. However, a suitable risk assessment was provided to HIW, outlining the measures taken to protect patients. We also noted all newer appointed staff had received pre-employment reference checks.

Culture

People engagement, feedback and learning

A suitable system for the collection and review of patient feedback was in place. Posters were on display around the practice allowing patients to complete online feedback and verbal patient feedback was also captured in a book at reception. Feedback was reviewed routinely by the practice manager and communicated to staff in meetings or through their system for internal communication. While the arrangements in place for the collection and review of feedback were robust, we did not see a mechanism currently in place to respond to what patients had told the practice. We discussed the use of a 'you said, we did' board' at reception to promote to patients what the practice was doing in response to feedback.

The registered manager should implement a means to communicate how the practice has learned and improved on the feedback received from patients.

The complaints policy was fully aligned with NHS Putting Things Right procedures and was advertised to patients in the waiting area. The complaints procedure provided a named contact for patients to contact. Any verbal complaints were logged and communicated to the practice manager in a timely manner for resolution. The means of escalating a complaint were outlined within the patient complaint leaflet, including contact details for HIW and the patient advocacy service, Llais. We saw complaints were a standing item for discussion in practice meetings and meetings of the senior management team.

The staff we spoke with demonstrated a clear understanding of their professional responsibilities regarding the Duty of Candour. Whilst there were no records of any recent complaints nor Duty of Candour incidents, we were assured the processes in place were robust.

Learning, improvement and research

Quality improvement activities

We found a proactive approach to quality improvement with all mandatory improvement activities taking place. These included routine and comprehensive audits on patient records, antimicrobial prescribing, healthcare waste as well as infection prevention and control audits. The practice also undertook the Maturity Matrix Dentistry to help drive continuous improvements. The practice also audited other non-mandatory areas to enable shared learning and improve the delivery of safe care to patients, including a routine number of quality improvement activities through Denplan.

Whole-systems approach

Partnership working and development

Staff explained how they maintained good working relationships with their local health board cluster group. This included other primary care services, including the local GP and pharmacy. We saw an appropriate process in place to monitor and maintain incoming and outgoing referrals.

4. 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
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Gwaun Cae Gurwen (GCG) Dental practice

Date of inspection: 03 June 2025

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

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

Appendix C - Improvement plan

Service: Gwaun Cae Gurwen (GCG) Dental practice

Date of inspection: 03 June 2025

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

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	We noted that the sharps risk assessment indicated safer sharps devices were being used to reduce the risk of accidental needlestick injuries. However, we saw that safer sharps devices were not currently being used by clinical staff and we were therefore not assured that the risk to individuals from sharps	The registered manager must review the current arrangements in place for the safe handling, disposal, and storage of sharps in order to prevent needlestick injuries.	Regulation 16 (1) (b) of the Private Dentistry (Wales) Regulations 2017	The current Risk Assessment for the safe handling, disposal and storage of sharps has been reviewed and updated. It now accurately reflects that the practice is not using safer sharps system, as clinicians found these systems to be impractical. Following a comprehensive review of our accident book, which confirmed that	Registered Manager	Completed

	<p>injuries was being correctly controlled. When this was raised with practice management, we were informed the setting will order and start using safer sharps devices to reduce the risk of needlestick injuries.</p>			<p>there have been no reported needlestick injuries over a prolonged period, it was determined that the continued use of the Jenker method remains a safe and effective option for our clinical setting. This decision has been risk assessed and documented in line with current health and Safety guidelines.</p>		
2.	<p>We noted several gaps and inconsistencies in patient records which required improvement:</p> <ul style="list-style-type: none"> • Four patients did not have their previous dental history recorded 	<p>The registered manager must ensure complete patient records are kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines.</p>	<p>Regulation 20 (1) of the Private Dentistry (Wales) Regulations 2017</p>	<p>The practice has reviewed 2 dental software solutions as part of our efforts to address the gaps identified in patient records. Both options are being evaluated for their ability to support and standardised record keeping practices in line with GDC</p>	<p>Registered Manager</p>	<p>3 Months</p>

- Only one of the four applicable records we reviewed contained information regarding smoking cessation advice being offered
- Three records did not record reason for attendance
- Six records did not have updated charting at each course of treatment
- Seven records did not outline the informed consent to treatment of patients
- Two records did not include the justification for a radiograph
- A further two records did not record

requirements. The implementation of an appropriate digital solution will form a key part of our ongoing commitment to improving clinical documentation and ensuring compliance with regulatory standards.

	<p>the clinical findings of the radiographs taken</p> <ul style="list-style-type: none">• The one applicable record where antibiotics were prescribed did not contain robust justification for the prescription.					
3.	<p>While the arrangements in place for the collection and review of feedback were robust, we did not see a mechanism currently in place to respond to what patients had told the practice. We discussed the use of a ‘you said, we did’ board’ at reception to promote to patients what the practice was doing in response to feedback.</p>	<p>The registered manager should implement a means to communicate how the practice has learned and improved on the feedback received from patients.</p>	<p>Regulation 16 (1) (a) of the Private Dentistry (Wales) Regulations 2017</p>	<p>In response to the recommendations regarding patient feedback, the practice will be introducing a structured approach to learning and service improvement based on the feedback received. as part of this initiative we will implement a “You Said, We Did” poster which will be prominently displayed in the waiting area. This will allow us to demonstrate to</p>	<p>Practice Manager</p>	<p>1 Month</p>

				patients how their comments have been acknowledged and acted upon, promoting transparency and continuous improvement in the quality of care and service delivery. This approach reinforces our commitment to patient engagement and ongoing development of the practice.		
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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): Mrs Rhian Clanfield

Job role: Practice Manager

Date: 23/07/2025