Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

# General Dental Practice Inspection Report (Announced)

## Agincourt Dental, Monmouth

**Inspection date:** 27 April 2026

**Publication date:** 28 July 2026

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**Digital ISBN 978-1-80853-073-9**




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

## Our Purpose

We check the safety and quality of healthcare across Wales.

## Our Vision

A future where healthcare in Wales is safe, effective, and high-quality for everyone.

## 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 Priorities

**Putting People First** - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

**Learning and Working Together** - We will collaborate with partners to share learning and drive lasting improvements.

**Investing in Our People** - We will ensure our people feel supported, valued, and empowered.

**Taking Action That Matters** - We will take action to improve the quality and safety of healthcare for the future of Wales.

# Contents



# 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 Agincourt Dental, Monmouth, on 27 April 2026. Our team for the inspection comprised of a HIW healthcare inspector and a clinical peer reviewer.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 21 questionnaires were completed by patients and 4 were completed by staff. Feedback and some of the comments we received from patients appear throughout the report. Due to the low number of staff responses, these have not been included.

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

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

# 2. Summary of inspection

## Quality of Patient Experience

Overall summary:
All patients rated the service provided by Agincourt Dental as either ‘very good’ or ‘good’. The evidence we observed during the inspection matched the feedback we received from patients regarding the dignified care received throughout their patient journey. We saw measures in place to support privacy and confidentiality, including the use of surgeries for sensitive conversations.

We found the processes for managing appointments and triaging patients requiring urgent care were suitable. All patients told us they were able to get an appointment when they needed to, and they were given advice on what to do in the event of an infection or emergency.

Patients told us their oral health was explained clearly, and they received appropriate aftercare instructions. Health promotion materials were available, and we saw documentation was available in different formats where possible.

We saw evidence that the rights and equal treatment of individuals were actively supported and upheld by the practice, including providing period dignity products in toilets for patients.

This is what the service did well:

- Patient care was delivered in a timely manner, and additional steps were being taken to reduce waiting times
- Patients were offered complimentary toothbrushes to promote good oral health
- All patient feedback we received was positive, including several positive comments directly from patients.

## Delivery of Safe and Effective Care

Overall summary:
We found the practice was in a good state of repair and had been recently refurbished to a high standard. We saw the practice dental equipment was in good condition to enable effective decontamination. The procedures for decontaminating reusable equipment were robust and supported the delivery of safe care.

Most patients told us infection, prevention and control procedures were being followed by staff and said the practice was 'very clean'. We found some improvements to the fire safety arrangements at the practice which the practice resolved during the inspection. General health and safety arrangements at the practice were appropriate, helping to ensure patients received care in a secure and well-maintained environment.

Overall, the emergency kit for the practice was suitable. However, we noted the frequency of checks on the practice first aid kit could be increased from monthly to weekly. In addition, some items within drawers and in the storeroom were passed their expiry date and had the potential to be used. These included an eye wash, intra-oral dental materials and a syringe.

Patient records were generally complete and provided a clear picture of the care provided to patients. However, we found the recording of verbal consent was not always noted within patient records which the practice confirmed they had taken steps to improve.

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 noted the oral cancer screening process was robust and referrals were proactively followed up by practice management.

This is what we recommend the service can improve:

- The practice must put robust procedures in place to ensure all items are within their expiry dates.

This is what the service did well:

- The practice was well maintained and all equipment was functioning correctly
- Safeguarding arrangements were suitable and subject to regular review
- Personal protective equipment for staff was readily available and used appropriately.

## Quality of Management and Leadership

Overall summary:
The staff working at the practice were knowledgeable and supportive of one another. We saw effective governance arrangements in place which ensured staff were supported and were working with the right skills mix. These arrangements included a robust induction process and the prioritisation of continuous professional development for staff by practice management was well-evidenced.

Overall, the staff records we reviewed were comprehensive and met the fitness to work requirements, however, some certificates were not immediately available for review and were sent to HIW following the inspection. The staff records we reviewed also demonstrated full compliance with mandatory training requirements.

We found suitable arrangements in place for the collection and review of patient feedback. The complaints policy appeared suitable and was available for patients without needing to request a copy in the waiting room.

This is what we recommend the service can improve:

- The practice should increase the quality improvement activities they undertake to meet current guidelines.

This is what the service did well:

- Clear management structures supported the effective running of the practice
- Practice policies were stored in well maintained folders, which were clear for staff to locate, to read and understand.

# 3. What we found

## Quality of Patient Experience

### Patient feedback

Overall, the responses to the HIW patient questionnaire were positive. All respondents rated the service they received from the practice as 'very good' (19/21) or 'good' (2/21). Patients said:

> *"[staff member] is great. Doing great stuff for the practice in terms of updating it all".*

> *"Very friendly staff who make you feel at ease."*

## Person-Centred

### Health promotion and patient information

We saw information displayed in the patient waiting area which advised ways to maintain good oral health, especially for paediatric patients. Patients were offered complimentary toothbrushes to promote good oral health which we noted as a positive initiative. The patient information leaflet and statement of purpose were up to date and available for patients to review at reception and on the practice website. The fees for treatments and the names and General Dental Council (GDC) registration numbers of practitioners were all displayed where they could be easily seen. The opening hours and emergency contact details for the practice were clearly displayed on the front door of the building.

### Dignified and respectful care

Throughout their patient journey, we found patients were provided with dignified and respectful care by staff at this practice. All respondents to the HIW patient questionnaire told us staff treated them with dignity and respect and felt that they listened to them and answered their questions. All respondents felt they could access the right healthcare at the right time, regardless of their protected characteristics. Respondents also said staff explained what they were doing throughout the appointment, and that they were involved as much as they wanted to be in decisions about their treatment. Patient comments about staff at the practice included:

> *"Very friendly."*

> *"Helpful, friendly, polite."*

> *"Staff always friendly and polite and helpful. Very friendly vibe. Beautifully clean*

*everywhere. Much better than dentists when I was young!!"*

We saw positive action was taken to support patients by providing free period dignity products in patient toilets. The practice had solid surgery doors which were kept closed during appointments and steps were taken by staff to ensure the privacy of patients when being seen in surgeries. The reception and waiting areas were adjoined but we did not hear any patient information being discussed in person nor over the telephone. Staff advised us that no personal information was repeated over the telephone, and that surgeries were used when confidential conversations needed to take place.

The practice had a confidentiality clause in contracts which outlined staff responsibilities with regards to the protection of patient information. We noted the nine core principles prepared by the GDC were on display at reception.

### Individualised care

All patients responding to the HIW questionnaire stated their oral health was explained to them in a manner they could understand and said they were given clear aftercare instructions on how to maintain good oral health. Patients told us they were given enough information to understand which treatment options were available, including the risks and benefits of each option. Respondents said the costs were made clear to them before treatment and said they were given information on how the setting would resolve any post-treatment concerns.

## Timely

### Timely care

We found an effective appointment management process was in place, utilising the time of practitioners appropriately. Staff explained the wait time between treatment appointments depended on the practitioner patients wished to see which ranged from two weeks up to a maximum of six weeks. While we found these wait times were generally suitable, staff informed us a new hygienist was due to start in the coming months which they hoped would reduce waiting times for patients.

Patients made future appointments in person after their treatments, over the telephone or online. Staff informed us appointments rarely ran behind time, but where there were delays of over five minutes, clinicians told reception so that patients could be informed. Longer delays would be communicated to patients over the telephone and alternative appointments would be offered when requested. Respondents to the HIW patient questionnaire indicated they found it 'very easy' (15/21) or 'fairly easy' (6/21) to get an appointment when they needed one. We were informed how appointments were arranged in accordance with patient availability wherever possible.

We saw the reception team operated a patient telephone triage system to prioritise those most in need of urgent care, consulting practitioners when needed. We saw time allocated in the practice diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen. An out-of-hours telephone number was provided for patients to contact the practice in the event of an emergency. All respondents to the HIW patient questionnaire said clear guidance was given on what to do in the event of an infection or emergency and most said they would know how to access the out of hours dental service if they had an urgent dental problem.

## Equitable

### Communicating and language

We saw suitable arrangements in place to help enable effective communication between clinicians and patients. The staff we spoke with were fully aware of the importance in communicating with a patient in a language of their choice. Staff had access to translation tools to communicate with patients when required and some patient information was available in different formats. We were told by staff they would provide more specialised information upon request by patients.

### Rights and equality

We saw how the rights and equal treatment of individuals were actively supported by the practice. Satisfactory policies were in place, and staff undertook specific training to protect the rights of patients and the prevention of harassment or discrimination.

Staff provided examples where changes had been made to the environment as a reasonable adjustment for patients and employees, including the layout of one surgery to support the requirements of a staff member. We found the rights of transgender patients were upheld by allowing patients to choose their preferred pronouns, names and gender on their records.

# Delivery of Safe and Effective Care

## Safe

### Risk management

The building appeared to be in a satisfactory state of repair internally and externally. We saw the practice was visibly tidy and had recently been renovated. The practice was approached by a stairwell to the first floor of a building and then set over two floors. There were three surgeries, a dedicated decontamination room and an appropriately sized waiting area. We heard telephone lines in working order and the toilets for staff and patients were clean and properly equipped. We were told staff changed in the toilet or staff room and some personal storage was available. We were informed lockers were being procured for staff.

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 appropriate, with the clinical facilities and the equipment being used to promote the safe and effective care of patients.

Satisfactory policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Safety certificates were available for portable appliance testing and the five-year fixed electrical wire testing. We saw risk assessments for fire safety and health and safety had been completed and met expected standards.

We found regular maintenance and testing of fire safety equipment took place, alongside six-monthly fire drills. Fire alarm testing records were not being noted in a formal checklist. However, this was immediately resolved by the practice and a new formal recording sheet assigned for the alarm testing and fire evacuations. During our inspection we did not see directional fire exit signage on display to comply with fire safety regulations. Due to the risk this could pose to a patient in the event of a fire, this matter was dealt with on the day of our inspection and the actions taken by HIW and the service are outlined at Appendix A.

We saw the practice Employer Liability Insurance certificate and Health and Safety Executive information were both on display.

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

We found satisfactory infection prevention and control policies and procedures in place to help maintain the standard of cleanliness around the practice. However, due to some of the recent renovation works, we found some cupboard door handles in a stock room with a layer of dust on them. In addition, the practice compressor and suction machines had a layer of dust on them in this same storage room. The doors were cleaned during the inspection, and the compressor and suction machines were

cleaned at their next service which was in the week following the inspection. Elsewhere in the practice we found no other cleanliness concerns and the cleaning checklists we reviewed were suitable. Respondents to the HIW patient questionnaire said the practice was 'very clean' and said they thought staff were following infection, prevention and control measures.

Personal protective equipment (PPE) was readily available for all staff. Routine hand hygiene was promoted through robust procedures and signage in patient and staff facing areas. We noted suitable arrangements were in place for the management of needlestick injuries, with risk assessments documenting the hazards associated with sharps. Occupational health services were provided through a private contract and the details for staff were readily available.

In the dedicated decontamination room, we observed the practice equipment and environment being maintained to a high standard to support the effective cleaning and decontamination of reusable instruments. Procedures for the decontamination and sterilisation of these instruments were robust, with the practice using an ultrasonic machine for equipment cleaning and an autoclave for sterilisation. We saw the servicing records for both devices were in place and appropriate and we reviewed records of daily checks and testing for both machines. Training records confirmed all staff had received the correct level of training for equipment decontamination. Clinical waste was being stored and disposed of correctly under a suitable waste disposal contract. The arrangements for the Control of Substances Hazardous to Health (COSHH) were satisfactory.

## Medicines management

We found the arrangements in place for the safe handling, storage, use and disposal of any medicines were comprehensive. We found suitable measures in place to ensure medical emergencies were safely and effectively managed. Staff records evidenced qualifications in cardiopulmonary resuscitation and first aid. Oxygen cylinders had been appropriately serviced, and staff had received training in their use. On inspection of the emergency equipment, we found all items were present and within their expiry dates. We noted routine checks took place on the oxygen and practice defibrillator. However, we noted the practice first aid kit was not included in these checks. The practice added the first aid kit to the list for weekly checks during the inspection.

## Safeguarding of children and adults

Appropriate and up to date safeguarding procedures were in place to protect children and adults. The procedures included the details of local authority contacts and identified a named safeguarding lead. This policy was accompanied by the Wales Safeguarding Procedures. Updates to safeguarding policies and procedures were communicated through training and staff having access to the Wales Safeguarding

Procedures smartphone application. We saw all staff were trained to an appropriate level in the safeguarding of children and adults.

### Management of medical devices and equipment

All the reusable medical devices and clinical equipment we inspected appeared to be in good condition and fit for purpose. However, we noted in surgery drawers that some single use items and materials were out of date, including a crown preparation bonding agent and an endodontic irrigation syringe. In addition, in a storeroom we found an out-of-date eye wash solution. The eye wash solution had been waiting to be disposed of, and replacements were already in surgeries. Even so, it was still possible the out-of-date eye wash could have been used incidentally by a staff member in an eye care emergency. The use of out-of-date equipment or materials on a person could cause avoidable harm. The practice was encouraged to undertake a full inventory of their stock to ensure all items were in date and to implement an audit of their stock moving forward.

**The registered manager must put robust procedures in place to ensure all items are within their expiry dates.**

We saw how all practice equipment was used in a manner which promoted safe and effective care and the staff we observed during the inspection appeared confident in using the equipment. The records we reviewed confirmed all staff had received suitable training for the safe and effective use of equipment. Arrangements were in place for servicing and the prompt response to system failure for all the equipment we inspected.

The practice radiation protection folder was complete, organised and easy to navigate. We saw copies of the local rules were readily available next to each X-ray device. Staff training records confirmed all staff had received suitable training for their roles in radiation exposures. Clinicians outlined clearly in patient records the discussions held regarding the risks and benefits of exposure to radiation and we saw this information was also displayed.

## 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 noted how the practice did not have clinical checklists in place to prevent wrong tooth site extractions. Wrong tooth site extractions, while rare, can cause significant harm to a patient and all available tools should be utilised to prevent them. We were provided with confirmation these checklists had now been introduced shortly after the inspection.

### 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.

Overall, the records reviewed provided a comprehensive picture of the care provided to patients. The records included suitable recording of oral cancer screening, full base charting, reasons for attendance and updated medical histories at every visit. However, we noted areas to improve on the recording of verbal consent to treatments. We were provided with confirmation a section had been added to clinical records to prompt for this to be recorded shortly after the inspection.

All respondents to the HIW questionnaire said their medical history was checked prior to treatment.

## Efficient

### Efficient

We found clinicians were committed to delivering a comprehensive service that met the needs of their patients within suitable premises. Patients progressed through internal and external treatment pathways efficiently. Urgent referrals were appropriately recorded and proactively followed up in a timely manner by practice management. We saw how appointments were utilised effectively by staff with an appropriate skills mix.

# Quality of Management and Leadership

## Leadership

### Governance and leadership

Clear management structures were in place to support the effective running of the practice. The practice manager was confident in their role and told us they had the right skills and knowledge to undertake their leadership role effectively. The manager was supported by the practice principal / owner. While the practice had not undertaken any team development activities in recent years, the practice confirmed shortly after the inspection they had signed up to complete the British Dental Association Good Practice Scheme to drive forward quality improvements. We heard how informal staff meetings generally took place daily and saw formal staff meetings were held quarterly and attended by all staff. On review of the practice meeting minutes, we saw discussions took place around health and safety, cleaning and equipment maintenance.

A suitable system was used to identify, record and manage risks, issues and any mitigating actions. The practice manager confirmed shortly after the inspection they had signed up to receive Welsh Government safety notices, and these would be communicated to staff in meetings, and any relevant notices would be displayed.

All practice policies were held in hard copy in well maintained folders, which were clear for staff to locate and to read. The policies we reviewed were up to date and comprehensive, and we saw how changes were communicated to staff in an effective manner.

## Workforce

### Skilled and enabled workforce

We found a positive working environment at the practice. All the staff we spoke with were knowledgeable and professional, and the interactions we observed demonstrated strong mutual support. Induction procedures were overseen by the practice manager, and the evidence we reviewed indicated these were robust and well-established. The practice operated a rota system to ensure an appropriate number of suitably trained staff were always working. Appraisals were undertaken annually, and managers outlined an appropriate process for addressing any performance concerns. We saw the practice's whistleblowing policy offered clear guidance for staff on how to raise concerns.

We reviewed a sample of four personnel records of the staff members working at the practice. Within these records, we found that all staff held up-to-date GDC registrations, documented Hepatitis B immunity, and employment contracts. Any

missing pre-employment reference checks were risk assessed to mitigate the hazards associated with missing information. We saw all staff had enhanced Disclosure and Barring Service (DBS) checks. However, one of these staff members had their DBS check completed in 2012 with no follow up check completed nor a self-declaration. We received confirmation shortly after the inspection the application form had been submitted for this staff member.

The staff records we reviewed demonstrated full compliance with mandatory training requirements. Staff were provided with sufficient time to complete their training, and we were told they were also supported to undertake additional role-specific development, which was reflected in the records we reviewed. The practice manager had an effective system in place to monitor training compliance.

The practice utilised the support of an agency dental nurse on occasion, however, the practice did not hold evidence of checks against the GDC register, their DBS status, their character nor their training. We were provided with evidence shortly after the inspection that this information was now on file and would be added to the other staffing records for routine checking.

## Culture

### People engagement, feedback and learning

We found suitable arrangements in place for the collection and review of patient feedback. Patients were sent a text message to complete a patient survey following their appointment and completed surveys were checked when they were received by practice management. Responses to feedback would be added to the quarterly patient newsletter.

The complaints policy appeared suitable and was available for patients without needing to request a copy in the waiting room. The complaints procedure provided a named member of staff for patients to contact and gave a clear timeframe for the response to and resolution of any complaint. Any verbal complaints were logged in a book which was held at reception and reviewed by the complaints manager on a routine basis. The means of escalating a complaint were outlined within the patient complaint policy, including contact details for HIW and the GDC. We saw one complaint had been received within the last two years which had been handled in line with the practice policy to its conclusion.

## Learning, improvement and research

### Quality improvement activities

We saw regular audits had taken place on infection control, radiographs, clinical waste and health and safety. However, we did not see audits available on improving patient

record quality nor antibiotic prescribing. In addition, we did not see forms of peer review taking place on patient records. Audit activities act as a driver of quality improvement to help achieve better outcomes for patients and the service overall.

**The registered manager must commence patient record card audits including peer review activities alongside antibiotic prescribing audits.**

# 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 |
|---|---|---|---|
| During our inspection we did not see directional fire exit signage on display to comply with fire safety regulations. | In the event of an emergency, staff or patients could be unable to quickly reach a place of safety. | This matter was discussed with practice management during the inspection. | Regulatory compliant fire safety signage was ordered and put on display. |

# Appendix B – Immediate improvement plan

**Service:** **Agincourt Dental**

**Date of inspection:** **27 April 2026**

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 |
|---|---|---|
| 1. | No further immediate concerns were identified on this inspection. | |

# Appendix C – Improvement plan

**Service:** **Agincourt Dental**

**Date of inspection:** **27 April 2026**

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 in surgery drawers that some single use items and materials were out of date, including a crown preparation bonding agent and an endodontic irrigation syringe. In addition, in a storeroom we found an out-of-date eye wash solution. The practice was encouraged to undertake a full inventory of their stock to ensure all items were in date and to progress an audit of their stock moving forward. | The registered manager must put robust procedures in place to ensure all items are within their expiry dates | Regulation 13 of the Private Dentistry (Wales) Regulations 2017 | The practice has carried out a full audit of all products in surgeries, stock room, decontamination room, emergency kit and oral health products. The use by dates have been recorded on an excel workbook for each area so it can be updated as stock is rotated to ensure it is used before it goes out of date. I have also included this on a full inventory expiry log on excel which will be audited monthly. Each area has a log sheet so other staff members can update the relevant paperwork as stock is used and new stock arrives. | Caroline Morgan<br>Practice Manager | Completed |

| | | | | | | |
|---|---|---|---|---|---|---|
| **2.** | We did not see audits available on improving patient record quality nor antibiotic prescribing. In addition, we did not see forms of peer review taking place on patient records. Audit activities act as driver of quality improvement to help achieve better outcomes for patients and the service overall. | The registered manager must commence patient record card audits including peer review activities alongside antibiotic prescribing audits. | Regulation 16 (1) of the Private Dentistry (Wales) Regulations 2017 | Audits have been produced. These will be carried out on patient record keeping and the prescribing of antibiotic alongside the other audits that we already carry out. The outcomes of these audits will be discussed with all team members at meetings so we can as a team achieve better outcomes and improve the services we provide to our patients. We are always looking at ways to improve not just for our patients but also for all team members. Dependant on the outcomes these Audits will be carried out every 3 – 6 months. | Caroline Morgan<br>Practice Manager | Completed |

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): Caroline Morgan**

**Job role: Practice Manager** **Date:12/6/26**