

## **General Dental Practice Inspection (Announced)**

West End Dental, Colwyn Bay

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2017

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

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

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

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

**Provide an independent view on the quality of care.**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice.**

**Influence policy and standards:**

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

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of West End Dental Colwyn Bay, 104 Conway Rd, Colwyn Bay, Conwy LL29 7LL on 20 September 2017.

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

HIW explored how the practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all regulations/standards in all areas.

We found that patients were treated with respect and that the practice had appropriate processes in place to ensure equipment was safe to use and had a range of policies and procedures to ensure care was delivered in a safe and effective manner.

This is what we found the service did well:

- Patients told us they were happy with the service provided
- Equipment and dental surgeries were clean, tidy and generally well maintained
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- Documentation and information was available showing that X-ray and decontamination equipment was used with the aim of promoting staff and patient safety
- Staff had good access to training and support from the wider practice team.

This is what we recommend the service could improve:

- Formalise peer review process
- Ensure consistency of record keeping
- Repair or replace two dentists' chairs
- Seal flooring edges in the surgeries

## 3. What we found

### **Background of the service**

West End Dental Colwyn Bay is a private only dental practice. It is one of three practices owned by the group.

The practice staff team includes a practice manager, six dentists, two hygienists, four therapists, seven nurses, three trainee nurses and seven reception staff.

The practice offers private dental services ranging from routine dental care to implant and cosmetic treatment.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, we found that staff at the practice worked hard to provide patients with a high quality service and positive patient experience.

We saw that patients were treated with dignity, respect and politeness by the practice team. Patients who provided comments indicated that they were very satisfied with the service offered by the practice.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of eighteen were completed. There was a good mix of questionnaires received from both relatively new patients at the practice (those that had been a patient for less than two years) and long term patients at the practice (those that had been a patient for more than two years).

Overall, patient feedback was very positive. Patients were asked on the questionnaires how the dental practice could improve the service it provides, and some of the comments received were:

“I think the dental practice is excellent just as it is. The whole team are brilliant.”

“I'm very happy with the service it provides”

“No improvements needed. Always been 5 star treatment and all staff reception, hygiene and dental all very supportive & professional”

“Reduce the turnover of staff so that continuity can be achieved for the patient”

“Later day time appointments/evening appointments”



## **Staying healthy**

We found that the practice had a range of health promotion information leaflets available in the waiting area. This was to promote the need for patients to take care of their own health and hygiene.

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

No smoking signs were displayed throughout the practice which confirmed the emphasis being placed on compliance with smoke free premises legislation.

## **Dignified care**

We observed staff speaking to patients in a friendly, respectful and professional manner. The staff presented as a small, friendly team and we saw polite and courteous interactions with patients. All patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

Staff confirmed that they were able to provide privacy to patients, if they wanted, to discuss personal or confidential information with the dental team, away from other patients.

## **Patient information**

The practice provided a range of private dental treatments. Information on general prices for treatment was in the form of a pricing guide which was available as a brochure and on the practice web-site. Patients were clearly informed of specific prices relating to individual treatment plans. This meant that patients knew how much their treatment may cost.

All patients who completed a questionnaire told us that they felt involved, as much as they wanted to be, in any decisions made about their treatment and were helped to understand the treatment options available. The majority of patients who completed a questionnaire told us that they had received clear information about their dental treatment, including available treatment options, associated costs and how these costs were calculated.

## **Communicating effectively**

A small number of the patients who completed a questionnaire considered themselves to be Welsh speakers, and these patients told us that they could only sometimes speak to staff in Welsh at the practice. We confirmed that Welsh speaking staff were employed at the practice and that every effort was made to ensure that patients received a service in the language of their choice.

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

## **Timely care**

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times and we saw a practice policy to support this arrangement.

An out of hours telephone number was available for patients should they require urgent out of hours dental treatment. The telephone number was displayed on the main entrance door, in the patient information leaflet and on the practice's answer phone message. The majority of patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem

## **Individual care**

### **Planning care to promote independence**

All patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. However, on reviewing a sample of patients' records we found that some improvement was needed. Records relating to social history must include reference to alcohol consumption and smoking; cancer screening must be recorded routinely and consent to treatment must be sought and recorded at each visit.

We also found that initial medical history records were not always signed by the patient and dentist and scanned on to the electronic system. We suggested that initial medical records be reviewed and updated on an annual basis.

#### **Improvement needed**

Records relating to social history must include reference to alcohol consumption and smoking; cancer screening must be recorded routinely and consent to treatment must be sought and recorded at each visit.

Initial medical histories should be reviewed and updated on an annual basis.

### **People's rights**

We found access to the practice to be good. A ramp was available to assist patients with mobility problems in negotiating one step by the main entrance.

The practice had six surgeries in use, spread over three floors. Arrangements were made for people with mobility difficulties to be seen in the ground floor surgery.

A wheelchair accessible toilet was available for patient use on the ground floor.

### **Listening and learning from feedback**

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern or complaint was displayed in the reception area and was included in the patient information leaflet.

We were informed that the practice received very few complaints and that these were dealt with at source where appropriate. A spreadsheet of complaints was maintained. This enabled staff to monitor and address any common themes or trends in the complaints received. The majority of patients that completed a questionnaire told us they knew how to make a complaint about the services received at the practice.

We saw that patients were able to provide feedback on the services provided through a hand held 'tablet' device in the reception area.

## Delivery of safe and effective care

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

We found the practice provided patients with safe and effective care. The practice premises were visibly well maintained both internally and externally.

A thorough process for cleaning and sterilising dental instruments was demonstrated.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely.

We found that the clinical peer review process required formalising.

## Safe care

### Managing risk and promoting health and safety

We found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice. We found the practice to be well maintained both inside and outside and the surgeries were clean, tidy and well organised. There were no concerns expressed by patients over the cleanliness of the dental practice; all of the patients who completed a questionnaire felt that, in their opinion, the dental practice was very clean.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months to make sure they were working properly. There was no fire alarm or smoke detection system within the practice and we recommended that such a system be installed during future alterations to the building.

Portable Appliance Testing (PAT) of electrical equipment had been carried out within the last 12 months in line with the recommendations of the Health and Safety Executive<sup>1</sup>.

Suitable arrangements were in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored securely in an enclosed area whilst waiting to be collected. We did recommend, as an additional safeguard, that the large waste bins be secured to the wall or floor by means of a chain and padlock.

Non hazardous (household) waste was collected through arrangements with a private company.

#### Improvement needed

Consideration should be given to the installation of an appropriate fire alarm and smoke detection system during future alterations to the building.

#### Infection prevention and control

The practice had a well equipped designated decontamination room and met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>2</sup> policy and guidance document.

Decontamination equipment and cabinets within the decontamination room were visibly in good condition. Work surfaces and the floors were easily cleanable to facilitate thorough cleaning and reduce cross contamination.

The practice had the use of three autoclaves<sup>3</sup> and we saw inspection certification to show they were safe to use. We saw that daily checks were

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<sup>1</sup> <http://www.hse.gov.uk/pubns/books/hsg107.htm>

<sup>2</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices

being carried out and logbooks maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show they remained safe to use.

A thorough decontamination process was demonstrated by staff and we saw certificates showing staff had attended training on decontamination in July 2017.

Instruments were being stored in sealed bags to prevent cross contamination. The dates by which instruments were to be used or reprocessed (cleaned and sterilised) had been recorded on packaging in accordance with WHTM 01-05.

The practice had conducted an infection control audit in December 2016, to identify areas for improvement as part of the overall quality assurance monitoring activity. We saw that, where areas for improvement had been identified by the practice, they had taken steps to address these issues.

### **Medicines management**

We saw that equipment and drugs were available for use in a patient emergency (collapse). We saw records showing that the emergency drugs and equipment had been checked regularly and were within their expiry dates.

A record must be maintained of the amount of controlled drugs stored in the practice and of the administration of the drugs. The temperature of the room where controlled drugs were stored must be monitored on a daily basis to ensure that it does not exceed safe drug storage parameters.

We were able to see records to show that most staff had completed cardiopulmonary resuscitation (CPR) training at the beginning September 2017. Further training was scheduled in October 2017, for those staff unable to attend the September course.

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<sup>3</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

### Improvement needed

A record must be maintained of the amount of controlled drugs stored in the practice and of the administration of the drugs.

The temperature of the room where controlled drugs were stored must be monitored on a daily basis to ensure that it does not exceed safe drug storage parameters.

### Safeguarding children and adults at risk

The practice had a procedure in place to promote and protect the welfare of children and adults who are vulnerable or are at risk. Training records showed that the majority of staff had completed training on child and adult protection. The remaining staff were to be enrolled on the next available course.

The practice had a policy in place detailing the steps to take, and relevant organisations to contact, should they have any safeguarding concerns.

### Improvement needed

All staff must receive safeguarding training at a level appropriate to their roles.

### Medical devices, equipment and diagnostic systems

We looked at all the clinical facilities (surgeries) within the practice and noted they were clean, tidy and generally maintained to a high standard. Surfaces within surgeries were easily cleanable to reduce cross infection. However, we did note that the flooring in some of the surgeries were not sealed at the edges. We also found that two of the dentists' chairs were ripped and required repair or replacement.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw training records demonstrating that relevant clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

We discussed the need for the compressor to be checked on a daily basis and the oxygen supply to be checked weekly. Measures were set in place during the inspection to address this.

#### Improvement needed

Measures must be taken to ensure that the floor within surgeries is sealed at the edges to facilitate effective cleaning and reduce the risk of cross infection.

The two dentists' chairs with ripped covers must be repaired or replaced.

### Effective care

#### Safe and clinically effective care

The practice carried out a range of audits to monitor the quality and safety of the care and treatment provided to patients. These included infection control audits, surgery audits and obtaining patient feedback to help identify areas for improvement and checks on equipment to make sure it was working effectively.

#### Quality improvement, research and innovation

There was an informal process in place for peer review<sup>4</sup>. A formal peer review process must be implemented as a way of monitoring clinical practice and identifying areas for improvement.

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<sup>4</sup> Peer review is one of the gold standards of science and is a process whereby healthcare professionals (“peers”) can evaluate the quality of other professionals' work. This is with the aim of ensuring their practise is rigorous, uses past research with a view to providing the best possible care and treatment.



### Improvement needed

A formal peer review process must be implemented as a way of monitoring clinical practice and identifying areas for improvement.

## Information governance and communications technology

Patient records were stored and maintained both electronically and in paper format. We found suitable processes in place to ensure security of computer based information. However, we found that some paper records were being stored on a window sill in one of the offices.

### Improvement needed

Measures must be taken to ensure that all patient records are stored securely.

## Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. The notes were generally detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients. However, we found that more formal peer reviewing and regular audits were required to ensure consistency of record keeping.

### Improvement needed

Regular audits must be undertaken to ensure consistency of recording within patient files.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Private Dentistry Regulations and relevant professional standards.*

The practice was managed by the lead dentist/clinical director, with the support of an operations manager and non-clinical managing director. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients.

Staff told us they felt well supported by senior staff and their colleagues. They also told us they had opportunities to attend relevant training.

## Governance, leadership and accountability

West End Dental Colwyn Bay was managed by the lead dentist/clinical director, with the support of an operations manager and non-clinical managing director. The day to day management was undertaken by the operations manager. The practice is one of three owned by the group. We found the team to be organised and proactive in their approach to the management of the practice. Where we identified areas for improvement, the practice team demonstrated a willingness and commitment to address these promptly.

We found that staff were clear and knowledgeable about their roles and responsibilities. Staff told us that they felt communication within the practice was good. We saw that team meetings and internal training events were being held on a regular basis with detailed minutes produced.

We saw that there was a comprehensive range of policies and procedures in place with the aim of ensuring the safety of staff and patients.

## **Staff and resources**

### **Workforce**

We saw that there was a formal staff recruitment process in place with required background checks being undertaken before commencement of employment.

Records demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the management team to access training opportunities.

Records showed that staff received annual appraisal of their performance, supported by quarterly supervision and support meetings.

We found that dentists and nursing staff were registered with the General Dental Council to practise and had indemnity insurance cover in place.

Records demonstrated that staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

The dentists working at the practice provided private dental services and we saw their HIW registration certificate displayed as required by the regulations for private dentistry. However, three of the certificates required updating to reflect the current address of HIW. We also saw up to date Disclosure and Barring Service (DBS) checks for all clinical staff working at the practice.

## 4. What next?

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 when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Our dental practice inspections are usually announced. Dental practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the [Private Dentistry \(Wales\) Regulations 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

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

Further details about how HIW inspects [dental practices](#) and [independent healthcare services](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No issues identified.			

## Appendix B – Immediate improvement plan

**Service:** West End Dental Colwyn Bay

**Date of inspection:** 20 September 2017

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.

Immediate improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were highlighted during this inspection.				

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

### Service representative:

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** West End Dental Colwyn Bay

**Date of inspection:** 20 September 2017

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	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
Records relating to social history must include reference to alcohol consumption and smoking; cancer screening must be recorded routinely and consent to treatment must be sought and recorded at each visit.	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 14 (1) (b)  GDC Standard 4	The Group is confirming a new template for clinical examination records, supported by FGDP regulations and dental indemnity providers. These will include prompts to review alcohol consumption, smoking and cancer screening. Training on this is being provided on Friday 1 December and new templates will be released shortly after. Separately, consent to treatment is currently recorded via Treatment Estimates as well as some notes, but will be emphasised and	Clinical Director	01/12/17



Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		monitored as part of a formalised peer review (see below).		
Initial medical histories must be reviewed and updated on an annual basis.	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 14 (1) (b)  GDC Standard 4.1.1	A revised policy will be released and all clinical staff will be trained on the new policy Friday 1 December.	Clinical Director	01/12/17
<b>Delivery of safe and effective care</b>				
Consideration should be given to the installation of an appropriate fire alarm and smoke detection system during future alterations to the building.	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 14	To be considered as part of anticipated renovation plans.	Operations Manager	Renovations being considered April 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	(1) (d) GDC Standard 1.5			
A record must be maintained of the amount of controlled drugs stored in the practice and of the administration of the drugs.	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 14 (2)  GDC Standard 1.5	Suitable records are now in place	Operations Manager	n/a
The temperature of the room where controlled drugs were stored must be monitored on a daily basis to ensure that it does not exceed safe drug storage parameters.	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 14	Actioned	Operations Manager	n/a

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	(1) (d) and 14 (2)  GDC Standard 1.5			
All staff must receive safeguarding training at a level appropriate to their roles.	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 14 (1) (b), (d) and 14 (2)  GDC Standards 4.3.3 & 8.5	A rolling programme of training remains in place, subject to provision of training locally by The Wales Deanery	Operations Manager	Ongoing
Measures must be taken to ensure that the floor within surgeries is sealed at the edges to facilitate effective cleaning and reduce the risk of cross infection.	The Private Dentistry (Wales) Regulations	Repairs have been scheduled	Operations Manger	01/03/2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	2008 (as amended) Regulation 14 (6) GDC Standard 1.5 WHTM 01-05			
The two dentists' chairs with ripped covers must be repaired or replaced.	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (6) GDC Standard 1.5 WHTM 01-05	Repairs have been scheduled	Operations Manager	31/01/18
A formal peer review process must be implemented as a way of monitoring clinical	The Private Dentistry	A process is being designed by the Clinical Director and will be	Clinical Director	01/03/2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
practice and identifying areas for improvement.	(Wales) Regulations 2008 (as amended)  Regulation 14 (1)(b) and 14 (2)  GDC Standard 6	implemented shortly.		
Measures must be taken to ensure that all patient records are stored securely.	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 14 (1) (b) (d)  GDC Standard 4.5	Actioned. Records in question have been relocated to a secure part of the storage room.	Operations Manager	n/a
Regular audits must be undertaken to ensure	The Private	See (1) and (9)		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
consistency of recording within patient files.	Dentistry (Wales) Regulations 2008 (as amended)  Regulation 14 (1)(b) and 14 (2)  GDC Standard 4			
Quality of management and leadership				
No areas for improvement identified.				

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): Anthea Goodman**

**Job role: Operations Manager**

**Date: 16/11/17**