

# General Dental Practice Inspection Report (Announced)

Jan Woodward Dental practice,  
Aneurin Bevan University Health  
Board

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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 Jan Woodward Dental Practice, Aneurin Bevan University Health Board on 15 August 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 17 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

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.

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

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

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found staff treating patients professionally, with dignity and respect. We saw patients being treated in a timely and equitable manner, though we did find improvements could be made on providing a suitable bilingual Active Offer to patients. Patients told us that the care provided was of a good standard.

This is what we recommend the service can improve:

- Action should be taken on implementing the 'Active Offer'.

This is what the service did well:

- Patients told us they found it easy to get an appointment, with feedback being complimentary of the practice, its staff and the care they were provided.

### Delivery of Safe and Effective Care

Overall summary:

We observed a clean and safe practice with patients agreeing the care provided was safe and that the practice was clean and tidy. We did find areas to improve on the storage of clinical items, the emergency resuscitation equipment and schedule for infection control audits. We found that robust checks were in place for the management of fire and radiographic equipment.

This is what we recommend the service can improve:

- The practice should ensure that emergency and reusable clinical equipment is ready for use at all times
- The practice should consider the layout and organisation of the surgery to improve the access for staff.

This is what the service did well:

- The practice was clean and kept to a suitably maintained standard
- Practice fire checks were compliant and fire equipment checked regularly.

### Quality of Management and Leadership

Overall summary:

We found effective working arrangements between staff that enabled a suitable standard of care for patients. We saw up to date training and employment checks for staff but the standard and frequency of clinical audits could be improved.

Staff were knowledgeable in on the Duty of Candour and we found examples of staff training attendance above the mandatory requirements.

This is what we recommend the service can improve:

- The practice should increase their quality improvement and clinical audit activities.

This is what the service did well:

- Staff undertook training above mandatory requirements and had an appropriate set of skills for the care being provided.

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

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

All of the patients that completed a HIW questionnaire rated the service they received as ‘very good’. Some of the comments provided by patients on the questionnaires included:

*“Amazing service each and every time from every member of staff!”*

*“ Staff very friendly and welcoming to surgery was put at ease immediately”*

*“I have been a patient at this surgery for a long while and have always received a very professional service and fantastic care”.*

#### Person Centred

##### Health Promotion

We saw information available for patients on oral cancer, correct brushing, successful flossing and there were bilingual smoking prevention leaflets for patients to take away. Costs for both private and NHS treatments were on display and we saw that the General Dental Council (GDC) number for the dentist was shown, alongside out of hours contact details and practice opening hours.

All respondents to the HIW patient questionnaire said staff explained their oral health to them in a manner they could understand, and that suitable aftercare advice was provided.

##### Dignified and Respectful Care

We found staff treating patients professionally, with dignity and respect. We observed staff speaking with patients over the telephone behind a glass screen, enabling private conversations. We saw a waiting area that was away from the reception desk with the option of a private upstairs office for confidential discussions.

In the clinical area, we saw a small window on the surgery door and frosted glass within to support patient privacy. We noted that all staff had read and signed a



patient privacy, dignity and confidentiality policy that was comprehensive and up to date.

On the day of inspection, we observed a patient experiencing a medical episode and we saw staff respond quickly to ensure the safety, privacy and dignity of the patient throughout.

All of the respondents to the HIW questionnaire told us staff treated them with dignity and respect during their appointment, with all of the eight patients choosing to leave a comment, noting positive remarks.

### **Individualised care**

In response to the HIW questionnaire, all patients told us they were involved as much as they wanted to be in decisions about their treatment.

All patients noted that their oral health was explained to them in a way they could understand and that their medical history was checked prior to any treatment. All of the respondents also said that treatment options, including the risks, benefits and costs, were explained in a manner they could understand.

All of the respondents noted that they were given the information they needed to make a decision about their dental care and that they all felt involved in the decisions regarding their care.

## **Timely**

### **Timely Care**

We found an effective appointments process in place that supported the timely care of patients. Staff told us the practice opened early on a Tuesday to allow patients timely access to care who otherwise may be unable to attend, and children were prioritised for out of school hours appointments. We were told that any delays would be communicated to patients upon arrival, though staff explained that no patient tended to wait longer than 10 minutes due to a delay. The appointments system was arranged to allow suitable time to treat each individual condition and prevent delays or cancellations.

We saw telephone appointments being used, which changed from postal appointments since the onset of the pandemic. Staff told us that the cancellation rate for appointments had dropped considerably due to this change.

Staff explained their triage process for emergency appointments which involved a consultation over the phone with a dentist after an initial telephone triage by

reception staff. We were told that patients would be seen the same day or if not, referred to two nearby surgeries to ensure timely patient care.

All of the respondents to the HIW questionnaire, said they found it 'very easy' or 'fairly easy' to find an appointment when they needed one. Four patients did state that they would not know how to access out of hours emergency care.

## **Equitable**

### **Communication and Language**

We saw around the reception and waiting areas that some literature, such as those provided by the health board, were available in Welsh but mostly these were provided in English only.

**The registered manager is required to provide HIW with details of the action taken on implementing the 'Active Offer'.**

Staff told us they were aware of the 'Active Offer' and we saw the 'Iaith Gwaith' badge on display at reception. Staff also told us they had access to online translation tools should any patient wish to converse in their chosen language. We were informed that documents could be made available in different formats if requested.

### **Rights and Equality**

We saw a comprehensive equal opportunity and harassment policy as well as a patient acceptance policy, both of which promoted the equal access to treatment for all patients and were recently updated and signed by all staff. The equal opportunity and harassment policy outlined the zero tolerance approach to discrimination and harassment the practice took, which was supported by the signs we saw on display at reception regarding harassment of staff or patients.

All of the patients that responded to the HIW questionnaire told us they had not faced any form of discrimination when accessing this service. A majority of patients (14/17) stated that the building was accessible.

We saw in staff and patient folders that during the pandemic, practice management had introduced a risk assessment process for their staff and patients to proactively ensure those with protected characteristics were safeguarded against harm from respiratory illness.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

We found a clean, well maintained practice with one surgery on the ground floor, accessed via the waiting area. Upstairs, we saw a decontamination room and storage in multiple rooms of stock and clinical equipment. We found the storage of stock was dispersed around the building and this could be improved to facilitate easier access for staff.

**The registered manager should consider the storage locations of clinical and non-clinical equipment throughout the practice.**

We found an environment that enabled safe care for patients. We noted sufficient signage, well signposted emergency exits and we found the general environment throughout the practice was suitable. However, we did find that the decontamination room was noticeably warmer than the rest of the practice, with a closed window that should be opened to improve ventilation. The temperature and lack of ventilation could potentially pose a risk to the staff working in that space.

**The registered manager must improve the temperature and ventilation of the decontamination room.**

We saw a comprehensive set of policies and procedures to promote good health and safety and noted appropriate compliance with daily health and safety checks. These accompanied weekly and monthly practice reviews of health and safety. We saw telephone communications working well and we saw suitable changing facilities for staff. We noted a disabled toilet downstairs for patients and an upstairs toilet for staff, both of these were clean, with sanitary disposal and handwashing/drying facilities.

All patient areas were on the ground floor which enabled disabled access, with a ramp being used for the main door where needed. We noted the practice employer liability insurance displayed on the wall in reception alongside a Health and Safety Executive poster.

We saw a suitable fire risk assessment that had just been through its annual review in July. We saw evidence of routine fire safety equipment checks, weekly fire alarm checks and biannual evacuation drills with the last being recorded in July 2023. We also observed suitable fire safety signage and extinguishers in appropriate areas throughout the building, which had all been regularly serviced.

### **Infection, Prevention, Control (IPC) and Decontamination**

We found suitable policies in place for IPC and decontamination, all of which had been recently reviewed, signed as understood by all staff and showed evidence of review at appropriate intervals. We observed a clean practice that was maintained to a standard that enabled effective cleaning and we saw evidence of cleaning being undertaken regularly.

All of the patients that responded to the HIW questionnaire said they thought the practice was 'very clean' and that they felt infection prevention and control measures were being followed. One patient said:

*“[the practice is] always very clean”*

The principal dentist was assigned the IPC and decontamination lead, with all staff trained in IPC to an appropriate level. We observed suitable use of Personal Protective Equipment (PPE) during our inspection. Staff told us they understood the occupational health support available to them, we saw evidence of this support outlined in a suitable needlestick injury policy and we saw the use of safer sharps devices to prevent sharps injuries.

We saw evidence of autoclave and washer-disinfector tests being undertaken in line with the Welsh Health Technical Memorandum (WHTM) 01-05, which were complemented by daily maintenance programmes and twice daily checks. We observed staff undertaking a decontamination cycle and saw the safe transportation of equipment from the surgery to the decontamination room.

We noted the dates to indicate when equipment was cleaned on some of the already cleaned and sealed equipment were missing. The missing dates meant staff would be unable to confirm whether the equipment was clean and safe for use.

**The registered manager must ensure all reusable equipment is appropriately date stamped as required.**

We saw that all practice waste was handled appropriately, and we saw a satisfactory waste disposal contract in place. The process for the Control of Substances Hazardous to Health (COSHH) was suitably managed and we saw a comprehensive COSHH folder.

We did not see evidence of infection control audits taking place on an annual basis, in line with WHTM 01-05, with the last audit noted as having taken place in 2020.

**The registered manager must complete infection control audits annually and should consider use of the Health Education and Improvement Wales (HEIW) audit tool.**

### **Medicines Management**

We saw a recently reviewed medicines management policy that supported the effective oversight of medicines at the practice. We noted the emergency medicines stored securely alongside the practice prescription pad.

There was a robust procedure in place to manage medical emergencies which was reviewed annually, supported by a trained first aider and cardiopulmonary resuscitation (CPR) training in place for all staff.

In the emergency equipment bag we found that the children's self-inflating bag-valve-mask (BVM) expired in September 2020 and the adult self-inflating BVM was out of its original packaging, meaning no expiry date was displayed. Due to the potential impact on patient safety, these concerns were resolved during the inspection.

**The registered manager must ensure that emergency equipment is regularly checked and immediately available for use in line with the minimum requirements set out by Resuscitation Council (UK).**

### **Safeguarding of Children and Adults**

We found detailed policies and procedures in place to manage the safeguarding of adults and children. Policies referenced the All Wales Safeguarding Procedures, which were also on display in the staff room with up to date details to report concerns. We saw evidence of these procedures being updated annually and we saw in meeting minutes that practice policy updates were discussed.

Staff told us that they knew who to escalate concerns to and what support would be available to them should they do so. We saw in staff files that all clinical staff were trained to the required level, but we did find that reception staff were untrained on safeguarding even though they came into unsupervised contact with patients. We saw that the safeguarding lead was trained to level 3 in adult and child protection.

**The registered manager must ensure all staff in unsupervised contact with patients are appropriately trained to a minimum of level 1 in the safeguarding of adults and children.**

### **Management of Medical Devices and Equipment**

We saw the clinical equipment was safe and in good condition, with records showing an appropriate maintenance schedule. Staff records indicated that all staff were trained in the safe use of clinical equipment, we observed correct use of the equipment and staff confirmed to us their confidence in using the equipment. We observed that contingency plans suitably outlined the reporting procedures and alternative arrangements for the timely care of patients.

The radiation protection folder contained all relevant information pertaining to the effective management of X-ray equipment, including a recently updated policy and procedure as well as a named radiation protection advisor and a suitable risk assessment. Local rules were readily available for staff on the wall outside the surgery door. We did see that a reusable phosphor plate was damaged which we brought to the attention of the radiation supervisor and was resolved during the inspection.

From the records we reviewed, we saw that staff only used X-rays where necessary as an appropriate evidence-base for the treatment of patients. Practitioners utilised risk assessments to support the safe treatment of patients.

We saw evidence of suitable X-ray grading and quality improvement activities taking place.

## **Effective**

### **Effective Care**

We found the practice made a safe assessment and diagnosis of patients, with treatment provided according to clinical need and following professional, regulatory and statutory guidance.

We confirmed that clinical staff were clear on their responsibilities while being aware of where to seek relevant professional advice, if necessary.

We saw the use of clinical checklists such as the Local Safety Standards for Invasive Procedures (LocSSIPs).

### **Patient Records**

We reviewed a total of 10 patient records and found clinical record keeping was to a satisfactory standard. The practice utilised a paper-based patient records system using of a locked cabinet in line with the General Data Protection Regulations (GDPR). We noted a comprehensive and recently updated records management policy.

We saw that patient radiographs were taken and appropriately stored, though the records were difficult to cross check with the paper patient records. There were occasions where the justification, frequency and patient views on radiographs had not been taken into consideration nor recorded. We also noted that the recording of oral cancer screening was not routine in the records we reviewed.

**The registered manager must ensure any treatment involving radiation be appropriately recorded.**

**The registered manager must ensure the routine recording of oral cancer screening.**

We saw good practice on the recording of informed patient consent, treatment options being explained and the treatments provided. This was supported by what patients told us in response to the HIW patient questionnaire. However, we did find that the recording of patient language preference and any actions taken in response to this preference were not routinely recorded.

**The registered manager must ensure language and communication needs of patients are recorded.**

## **Efficient**

### **Efficient**

We found a single dental practitioner delivering services in line with the clinical needs of patients in a suitable premises. We saw evidence of an appropriate means for the referral of patients to other services and saw these referrals were monitored by practice staff.

Patients were given timely access to care through a robust triage process to prioritise those with the most urgent need. All patients confirmed they found it easy to get an appointment when they needed one and we heard the suitable triage and prioritisation of a patient over the telephone.

# Quality of Management and Leadership

## Leadership

### Governance and Leadership

The practice was overseen by a lead dentist, who was the practice owner. We saw suitable leadership arrangements that supported the effective running of the practice. The practice had used the Maturity Matrix Dentistry in 2019 to support team development.

The practice held formalised team meetings every three months, where staff discussed matters such as health and safety, staff training and patient surveys.

We saw an easily locatable folder that contained all staff policies and these were all signed by staff as having read and understood them, with any new or updated policies being discussed at team meetings.

## Workforce

### Skilled and Enabled Workforce

The work of the practice was undertaken by one dentist, two nurses and a receptionist. We saw evidence of compliance with mandatory training and examples of good practice where staff had completed additional relevant courses that supplemented their roles. We were told by staff that they felt supported by their manager to undertake learning and would be given the time to do so.

Staff told us they would feel comfortable raising a concern and they knew how to do so. We read a comprehensive and recently updated whistleblowing policy that confirmed what staff told us about how they would raise concerns.

We reviewed the files of the four members of staff and saw good compliance with employment history, references and Disclosure and Barring Service (DBS) enhanced vetting checks. While there had been no appointments in some years, the practice still maintained an up to date recruitment policy. The lead dentist oversaw the compliance with staff professional registrations and insurance through a suitable checklist.

We also saw that all members of staff had regular documented discussions with their manager relating to their performance and development, with the latest having taken place in April 2023.



## Culture

### People Engagement, Feedback and Learning

We found a suitable process in place to support the submission of, and response to, feedback by patients. We saw the use of patient feedback forms at reception, and we saw in meeting minutes that the staff regularly discuss the feedback received by patients.

While there were no recent pieces of feedback for us to review, we were told that any changes as a result of patient feedback would be communicated to patients. We saw the complaints policy was up to date and robust with the details on display in the reception area for patients.

We found a suitable Duty of Candour process in place and in our discussions with staff they outlined the Duty in detail, describing feeling confident to raise concerns when something had gone wrong with patient care. We found that some staff had attended training with evidence showing the remainder of staff due to attend in future.

## Information

### Information Governance and Digital Technology

We found a suitable policy in place to manage information in the practice and we saw an appropriate system in place for raising and escalating patient safety incidents in a timely manner.

## Learning, Improvement and Research

### Quality Improvement Activities

We found the practice undertook regular quality improvement audits for radiographs and staff informed us that they undertake peer review work with two nearby practices. However, we noted that smoking cessation and antibiotic prescribing audits were last undertaken in 2014 and 2012 respectively. We also found that no audits had taken place on patient records.

**The registered manager must provide assurance to HIW of how they will increase quality improvement and clinical audit activities, such as those available through HEIW.**

## Whole Systems Approach

### Partnership Working and Development

Staff explained that they maintained working relationships with other healthcare partners, including local GP practices. Staff outlined that they recently commenced work with local public service partners to promote the service quality for, and safety of, patients, with staff noting particularly positive new relationships with local pharmacies as a result. We saw a suitable process in place for referrals to other services with a process in place to monitor those referrals made.

## 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 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
<p>The children’s self-inflating bag-valve-mask (BVM) expired in September 2020</p> <p>The adult self-inflating BVM was out of its original packaging, meaning no expiry date was displayed.</p>	<p>In the event of a medical emergency, there being an immediate risk to patient safety.</p>	<p>This was escalated to staff during the inspection.</p>	<p>All items were ordered and delivered the next working day.</p>

## Appendix B - Immediate improvement plan

**Service:** Jan Woodward Dental Practice

**Date of inspection:** 15 August 2023

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
There were no immediate assurance issues identified other than those dealt with in appendix A					

## Appendix C - Improvement plan

**Service:** Jan Woodward Dental Practice

**Date of inspection:** 15 August 2023

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
We saw around the reception and waiting areas that some literature, such as those provided by the health board, were available in Welsh but mostly these were provided in English only.	The registered manager is required to provide HIW with details of the action taken on implementing the 'Active Offer'.	Private Dentistry (Wales) Regulations 2017 Section 13 (1) (a)	Investigation of the "Active Offer" will be made and implemented in the practice.	Jan Woodward	Within 6 months.
We found the storage of stock was dispersed around the building and this could be improved to facilitate easier access for staff.	The registered manger should consider the storage locations of clinical and non-clinical equipment throughout the practice.	Section 22 (2) (c)	The decontamination room has been re-organised so that all clinical materials and equipment are in one place. Each cupboard	Jan Woodward and Christina Davies.	Immediate effect.

			has been labelled with the contents and this should facilitate ease of access for all staff.		
We found the decontamination room was noticeably warmer than the rest of the practice, with a closed window that should be opened to improve ventilation. The temperature and lack of ventilation could potentially pose a risk to the staff working in that space.	The registered manager must improve the temperature and ventilation of the decontamination room.	Section 22 (2) (a)	The window will be left open when the decontamination room is in use.	Jan Woodward	Immediate effect.
We noted the dates to indicate when equipment was cleaned on some of the cleaned and sealed equipment were missing. The missing dates meant staff would be unable to confirm whether the	The registered manager must ensure all reusable equipment is appropriately date stamped as required.	Section 13 (3) (b)	Introduction of a weekly check of dates.	Jan Woodward	Immediate effect.

equipment was clean and safe for use.					
We did not see evidence of infection control audits taking place on an annual basis, in line with WHTM 01-05, with the last audit noted as having taken place in 2020.	The registered manager must complete infection control audits annually and should consider use of the Health Education and Improvement Wales (HEIW) audit tool.	Section 16	WHTM 01-05 Audit to be carried out.	Jan Woodward	Within 1 month.
We found that reception staff were untrained on safeguarding even though they came into unsupervised contact with patients. We saw that the safeguarding lead was trained to level 3 in adult and child protection.	The registered manager must ensure all staff in unsupervised contact with patients are appropriately trained to a minimum of level 1 in the safeguarding of adults and children.	Section 14 (1) (b)	Jayne Amos (receptionist) has now undertaken verifiable training to Level 1 in safeguarding adults and children.	Jan Woodward	13/09/2023
There were occasions where the justification, frequency and patient views on radiographs had not been taken into	The registered manager must ensure treatment involving radiation be appropriately recorded.	Section 20 (1) (a)	We will implement all recordings of justification for taking radiographs into the patient notes.	Jan Woodward	Immediate effect.



consideration nor recorded.					
We noted that the recording of oral cancer screening was not routine in the records we reviewed.	The registered manager must ensure the routine recording of oral cancer screening.	Section 20 (1) (a)	We record soft tissue examination, both extra-oral and intra-oral, however we do not specifically mention oral cancer. The wording of the soft tissue check will be altered to include oral cancer.	Jan Woodward	Immediate effect.
We found that the recording of patient language preference and any actions taken in response to this preference were not routinely recorded.	The registered manager must ensure language and communication needs of patients are recorded.	Section 13 (1) (a)	Language and communication preferences will be included in patient records.	Jan Woodward	Immediate effect.
We noted that smoking cessation and antibiotic prescribing audits were last undertaken in 2014 and 2012 respectively. We	The registered manager must provide assurance to HIW of how they will increase quality improvement and clinical audit activities, such	Section 16 (1) (a)	An audit of patient records will be carried out annually.	Jan Woodward	Within the next 6 months.

also found that no audits had taken place on patient records. as those available through HEIW.

A review of audits required will be carried out and refreshed using HEIW resources.

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): Jan Woodward**

**Job role: Practice Owner**

**Date: 1<sup>st</sup> October 2023**