

General Dental Practice Inspection Report (Announced)

Goodwin Partnership - Porth, Cwm
Taf Morgannwg University Health
Board

Inspection date: 20 September 2023

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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 Goodwin Partnership - Porth dental practice, Cwm Taf Morgannwg University Health Board on 20 September 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 24 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:

Patients provided very positive feedback about the care and service provided by the dental practice.

We found that staff worked hard to treat their patients with kindness, dignity, and respect throughout the inspection.

We found the practice made efforts to accommodate unscheduled emergency treatment on the same day and patients said it was 'very easy' or 'fairly easy' to get an appointment when they need one.

There was a good range of information throughout the practice and patients said they were given enough information to understand the treatment options available along with their risks and benefits.

This is what we recommend the service can improve:

- Consider how information can be made available in formats that consider the needs of patients with reading difficulties.

This is what the service did well:

- All respondents who completed a HIW patient questionnaire rated the service as 'very good'
- Positive attempts to promote the 'Active offer' for patients wishing to speak in Welsh
- Positive action on feedback from patients with 'You said, we did' displayed on information screens.

Delivery of Safe and Effective Care

Overall summary:

We saw the dental practice was well maintained, clean and tidy and decorated to a good standard.

Generally, we found suitable arrangements were in place at the practice to provide patients with safe and effective care and that staff were clear regarding their work roles and responsibilities.

We found good compliance with fire safety precautions but saw that a fire exit sign required repositioning to provide patients with better evacuation guidance in event of a fire.

Dental records were detailed and easy to follow with some minor points for improvement.

This is what we recommend the service can improve:

- We recommend the registered manager positions fire exit signs so they are visible when the surgery door is closed
- The registered manager must ensure that patients' preferred choice of language and oral cancer screening that is carried out is consistently recorded in the patient records.

This is what the service did well:

- Figures for patients who 'failed to attend' are analysed to identify potential safeguarding issues
- Good decontamination system in place with dedicated decontamination nurse
- Safeguarding notice board making all necessary information easily accessible.

Quality of Management and Leadership

Overall summary:

The registered manager was visible, we found clear reporting lines for staff, and an effectively run practice. Staff were found to be adequately supported within their roles with evidence of regular appraisals.

We saw a good induction process in place with checklists and images to reinforce recognition of equipment used and understanding of processes. We found compliance with staff training and professional obligations was very good.

We saw evidence of a suitable complaints process in accordance with the practice policy.

While we identified some improvements were needed, overall, we found the practice to be well managed.

This is what the service did well:

- Good range of training for staff and good compliance with mandatory training

- A range of policies were readily available to staff to support them in their work roles
- Comprehensive range of audits with aim to continually improve standards.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 24 respondents rated the service as 'very good.'

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

"Really good practice, understands my needs and makes adjustments for me. Great staff."

"I have been with this practice for 40 years plus. Everyone has always been so good."

Person Centred

Health Promotion

We were told patients would be provided with relevant health promotion advice when seen by the dentists or other dental care professionals working at the practice. We saw an abundance of patient information available throughout the practice, including the complaints policy, smoking cessation guidance and information regarding x-rays. We saw information about charges were also on display. The practice also uses digital screens within waiting areas to provide additional information which runs on a continual loop.

All respondents who completed a HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand. All respondents also told us staff had provided them with aftercare instructions on how to maintain good oral health.

We saw signage displayed notifying patients and visitors to the practice that smoking was not permitted on the premises. This was in accordance with current legislation.

Dignified and Respectful Care

During the inspection we found staff treated patients with kindness and respect.

We saw doors to surgeries were closed when dentists were seeing patients, promoting patient privacy and dignity. We saw blinds on windows in the surgeries for privacy.

All respondents who completed a HIW patient questionnaire felt they were treated with dignity and respect at the practice.

The reception desk was separate from the patient waiting room providing a degree of privacy for patients. Reception staff were mindful of the need to maintain patient confidentiality when dealing with patients, including conversations over the phone. We were told an unused surgery would be used for confidential or sensitive discussions.

The General Dental Council (GDC) core ethical principles of practice were clearly displayed in the waiting areas in both Welsh and English.

Individualised care

All respondents who completed a HIW patient questionnaire said that there was enough information given to understand the treatment options available and said they were given enough information to understand the risks/benefits associated with those treatment options.

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment.

Timely

Timely Care

We were told that patients are kept informed should there be a delay in their appointment time. Patients would be given the option of rescheduling their appointment if they wished to do so.

The practice currently arranges appointments by telephone, website messaging or Facebook and uses an automated system that emails patients confirmation and reminders.

We were told when patients require urgent dental care the practice encourages patients to contact them before 11:00am and that blank emergency appointment slots were scheduled throughout the day. We were told that efforts would still be made to accommodate patients if after the deadline. We were told that the practice uses a triage system to prioritise patients and try to treat all urgent cases on the same day.

We were told patients generally wait about two months or more between each treatment appointment depending on the urgency and dentist availability. However, if a patient was happy to see a different dentist this wait could be reduced to the following week.

We were told the practice keeps appointment slots available after school hours and at the end of the day on Friday to ensure patients can access treatment at a time suitable to them.

The practice's opening hours were prominently displayed and could be seen from outside the premises. The contact telephone number for patients to use should they require urgent dental care and treatment out of hours was also clearly visible.

All respondents who completed a HIW patient questionnaire said it was 'very easy' or 'fairly easy' to get an appointment when they needed one. All respondents felt they received adequate guidance on what to do and who to contact in the event of an infection / emergency.

Equitable

Communication and Language

We found some written information displayed in the practice was available in Welsh and English and were told the practice is currently translating documents including the patients' information leaflet to further increase this provision. However, we found there were no leaflets available in other formats, such as easy read or large font, that considered the needs of patients with reading difficulties.

The registered manager is required to provide HIW with details of how the practice can make information available to patients with reading difficulties.

We were told there are two Welsh speaking staff working at the practice and can provide care in Welsh if requested. Additionally, the health board has provided access to translation services. We were told 'Iaith Gwaith' badges were available, but only one staff member was confident enough to wear it.

The responsible person told us that they are currently learning Welsh and is actively encouraging staff to also learn. We were told that they had received assistance from the local health board in delivering the 'Active Offer.'

We found a hearing loop system in place to assist patients with hearing difficulties.

Rights and Equality

We found dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients.

We saw the practice had an up-to-date equality and diversity policy in place that all staff had read and agreed to the contents. We were told that all staff had been provided conflict resolution and discrimination training with additional support provided to reception. We were told that staff had taken positive action against discriminatory comments.

All respondents who completed a HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice.

We saw there was a ramp from the street, and level access into the practice premises with wide doorways from the entrance through to the reception area and surgery three, providing patients with mobility issues access to treatment. We found an accessible patient toilet located on the ground floor.

Most respondents who completed a HIW patient questionnaire told us they considered the building accessible.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw the dental practice was well maintained with spacious, well lit, air-conditioned treatment rooms. Surgeries were located on both the ground and first floor. Internally, the environment was decorated and furnished to a good standard however there was no buildings maintenance policy. We discussed this with the registered manager who made a buildings maintenance policy on the day of the inspection.

There was a business continuity policy in place with a list of procedures to be followed should it not be possible to provide the full range of services due to events such as equipment failure, flood, or a system failure. Contact details for the designated emergency response team and a list of emergency contact numbers were displayed on the office notice board.

Patient areas were uncluttered and free from hazards. We saw there were facilities for staff to change in privacy.

We saw a health and safety policy was in place and an approved health and safety poster was clearly displayed for staff to see.

We found a fire risk assessment had been completed within the last year and that all staff working had completed fire safety training. Weekly checks of fire safety equipment and regular fire drills were being conducted and recorded. We saw a current fire equipment maintenance contract was in place, that the fire extinguishers had been serviced within the last year.

We found fire exits were clear of obstructions and evacuation signage was displayed throughout the premises. However, we found the signage for the fire exit on the first floor was located inside the surgery and therefore only visible when the door was open.

We recommend the registered manager positions fire exit signs so they are visible when the surgery door is closed.

We confirmed employer's and public liability insurance was in place.

Infection Prevention and Control (IPC) and Decontamination

We saw up-to-date policies and procedures were in place in relation to infection prevention and control and decontamination. We saw a cleaning schedule was in place to support effective cleaning routines.

We saw the waiting room and the dental surgeries were visibly clean and furnished to promote effective cleaning. All respondents who completed a HIW patient questionnaire felt the setting was very clean and most felt infection and prevention control measures were evident.

Suitable handwashing and drying facilities were available in each surgery and in the toilets. Hand sanitiser was also readily available for both staff and patients to use. Personal protective equipment (PPE) was readily available for staff.

There was a designated decontamination room with a suitable system in place to safely transport used instruments from surgeries to the decontamination room. Arrangements were described and demonstrated for cleaning and decontamination of reusable dental instruments. We saw logbooks had been completed to show appropriate checks of the decontamination equipment had been performed.

We found that the latest infection prevention and control (IPC) audit was conducted within the last year.

We saw waste produced by the practice was stored securely in appropriate containers while awaiting collection. We also saw a current contract was in place to safely transfer waste from the practice.

We found good arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH). Every hazardous substance had a suitable COSHH risk assessment in place.

We confirmed all staff working at the practice had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed.

Medicines Management

We saw an up-to-date policy was in place for the management of medicines at the practice. We found that no medicines were being stored at the practice other than emergency drugs. There was a suitable process in place for disposal of out-of-date emergency drugs. We saw that any medicines administered were recorded in the patient notes.

We were told adverse incidents involving medicines would be reported by staff at the practice using the Yellow Card scheme.

We saw an up-to-date written policy was in place for responding to a medical emergency at the practice. We were told this could be made available to patients on request.

We inspected equipment and medicines for use in the event of an emergency at the practice. Medicines were found to be stored securely and in accordance with the manufacturer's instructions. A suitable system was in place for checking stocks and identifying when medicines need to be replaced. We also saw records of checks having been completed, and confirmed all medicines were within their expiry date. However, we found two of the five recommended sizes of clear face masks as part of emergency equipment were missing. The registered manager ordered replacements at the time of inspection.

Our concerns regarding this were dealt with at the time of the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We confirmed all staff working at the practice had completed resuscitation training within the last year. We saw evidence of this within the sample of staff files we reviewed.

Safeguarding of Children and Adults

We saw written policy and procedures were in place in relation to safeguarding and relevant contact details for local safeguarding teams were available for staff in the event of a concern. Figures for patients who 'failed to attend' are analysed to identify potential safeguarding issues. We saw the practice had a dedicated safeguarding board in the office which included an action flow chart and contact list for local safeguarding teams which meant staff had access to help and advice, should they have a safeguarding concern.

We saw all staff were appropriately trained and knowledgeable about safeguarding and all senior staff had downloaded the All-Wales safeguarding app on their phones to ensure they had up-to-date guidance. The practice had a safeguarding lead in place.

Management of Medical Devices and Equipment

We saw the dental surgeries had suitable equipment to provide dental care and treatment. Equipment we saw was visibly clean and in good condition.

We saw the required documentation was available to show safe arrangements were in place for the use of the X-ray equipment. We also saw documentation showing the equipment had been subject to the required maintenance and testing and that a radiation risk assessment was in place.

We confirmed all staff working at the practice who were involved in the use of X-rays had completed relevant training and saw evidence of this within the sample of staff files we reviewed.

We saw information displayed for patients in the waiting area explaining the risks and benefits of having an X-ray. We found clinical evaluations and justifications for each X-ray exposure were noted in patient records. We were advised that carers were not allowed to be in the treatment room when x-rays were taken.

Effective

Effective Care

We found sufficient suitably trained staff in place at the practice to provide patients with safe and effective care. We found staff were clear regarding their work roles and responsibilities at the practice and that regulatory and statutory guidance was being followed.

We were told the practice used recommended checklists to help minimise the risk of wrong tooth extraction.

All respondents who completed a HIW patient questionnaire told us they had been given aftercare instructions to maintain good oral health and agreed they had received clear guidance on what to do and who to contact in the event of an infection or emergency.

Patient Records

We reviewed the dental care records of ten patients. We saw a suitable system was in place to help ensure records were safely managed and stored securely. We were told records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017.

All the records we reviewed had suitable patient identifiers, such as the name and date of birth of the patient, the reason for attending and the symptoms described by the patients had also been recorded. However, we found the patient treatment plan required greater detail in relation to the treatment to be provided.

The registered manager must ensure that greater detail is recorded in the patient treatment plans as part of patient records.

All records reviewed contained the previous dental history including alcohol and tobacco use where applicable. It was noted that oral health promotion, such as smoking cessation advice, was recorded as being provided.

We found the patient records featured a system to ensure the medical history was checked at each consultation. All respondents who completed a HIW patient questionnaire confirmed this was the case.

We saw evidence of full base charting, Basic Periodontal Examination (BPE), and extra and intra oral examination. Whilst there was evidence of soft tissue examinations, there was inconsistent recording of the oral cancer screening that had been carried out.

The registered manager must ensure that oral cancer screening is consistently recorded in the patient records.

All respondents who completed a HIW patient questionnaire told us staff had explained to them what they were doing throughout their appointment and staff had answered their questions. We found all records indicated that informed consent was obtained prior to their treatment, however, patient language choice was recorded for only three patients.

The registered manager must ensure patients' preferred choice of language is recorded within the patient records.

Efficient

Efficient

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians for the services provided. We were told patients were referred to the hygienist for treatment and some nurses were trained for extended duties such as fluoride varnish application.

The practice benefitted from an electronic system to ensure that arrangements for referral to other healthcare services was effective and that relevant information is shared.

We found the facilities and premises appropriate for the services delivered and that clinical sessions were used efficiently with urgent dental care being accommodated around routine pre-booked appointments.

Quality of Management and Leadership

Leadership

Governance and Leadership

The practice is family owned and operated. There were two practice managers in post and responsible for the day-to-day management of the practice. Clear lines of reporting were described.

Suitable arrangements were described for sharing relevant information with the practice staff team. These included staff meetings and ad-hoc communication with staff via email or face to face. We saw minutes of meetings were taken and provided to staff who were absent to ensure they remain up to date with work related matters.

We confirmed a range of written policies were readily available to staff to support them in their roles. The sample of policies we saw showed they had been subject to review within the last 12 months and had been signed by staff confirming they had been read and understood.

The practice had an up-to-date statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. These provided useful information for patients about the services offered at the practice. Both documents had been reviewed within the last 12 months.

Workforce

Skilled and Enabled Workforce

In addition to two principal dentists and two practice managers, the practice team consisted of eight associate dentists, a hygienist, dental nurses, and receptionists.

We were told the number and skill mix of staff were appropriate to deliver the dental services provided. We were told agency staff were not used, and that staff from the sister practice in Cwmbran could be utilised if there were staffing shortages due to holidays and sickness.

The names of the dentist and dental care professionals working at the practice were clearly displayed along with their GDC registration numbers. We were told compliance with GDC registration requirements was monitored by one of the practice managers.

A practice whistleblowing policy was available for staff to guide them should the need arise. On the day of our visit, we found that the practice manager and registered manager to be open and approachable to their staff.

The practice had an up-to-date recruitment policy which set out all the information and documentation that must be available in respect of staff working at dental practices.

We reviewed the files of staff working at the practice. We saw all staff had a valid Disclosure and Barring Service (DBS) certificate and (where required) evidence of indemnity insurance, evidence of current registration with the General Dental Council (GDC) and evidence of immunisations.

We saw an induction process was in place for new staff to the practice. This helped ensure new staff were aware of the practice's policies, procedures and that they understood their roles and responsibilities. We saw a folder with checklists and images which was used by new staff to reinforce recognition of equipment used and understanding of processes.

We saw staff employed by the practice had annual work appraisals and had attended training on a range of topics relevant to their roles within the practice.

Culture

People Engagement, Feedback and Learning

Various arrangements were described for seeking feedback from patients about their experiences of using the practice including patient surveys, Welsh Deanery questionnaires and Google reviews. A suggestions box was available in the downstairs patient waiting area.

We were told that feedback is regularly assessed, analysed and discussed at team meetings. We saw details of actions taken as a result of feedback displayed on the TV displays in the waiting area in the 'You said, we did' format. We found the practice had instigated several improvements as a result, including the implementation of a reminder service and the purchase of chairs with arms for waiting areas to assist patients with mobility issues.

We saw an up-to-date written complaints procedure was in place for managing complaints about dental care provided at the practice. This was on display in the waiting areas and included the details of the complaints manager and stated the expected response timescale. Details of other organisations that patients could approach for help and support were also included. We also saw Putting Things Right posters on display.

Most respondents who completed a HIW patient questionnaire told us they had been given information on how the practice would resolve any concerns / complaints post-treatment.

We saw there was a logbook system for recording complaints made to the practice, which all staff had access to. We were told the resolution process is documented throughout. We saw evidence of this process in relation to the most recent complaint received by the practice.

We saw the practice had a Duty of Candour policy which provided guidance and set out staff responsibilities. We saw most staff had completed Duty of Candour training and demonstrated a good understanding when questioned. To date, there has been no incidents where Duty of Candour has been exercised.

Information

Information Governance and Digital Technology

A Patient Safety policy was in place describing a system to record patient safety incidents. Significant events and patient safety information would be recorded and discussed at team meetings. Whole team discussion would inform and formulate action plans for improvement and implementation where necessary.

Learning, Improvement and Research

Quality Improvement Activities

We were provided with examples of audits which were conducted as part of the practice's quality improvement activity. These included audits of patient records, X-rays, infection prevention and control, and decontamination.

We were also told the practice had completed antimicrobial prescribing and smoking cessation audits via the Health Education and Improvement Wales (HEIW) tool as part of national projects.

Whole Systems Approach

Partnership Working and Development

Suitable arrangements were described for engagement between the practice and other services.

We were told the practice engages in a local healthcare cluster enabling referral of patients to other healthcare services as required. This ensures healthcare is

better co-ordinated to promote the wellbeing of patients and the wider community.

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
Two of the five recommended sizes of clear face masks as part of emergency equipment were missing.	We could not be assured that they could be used effectively in event of an emergency.	We raised this immediately with senior staff.	Replacements ordered by registered manager.

Appendix B - Immediate improvement plan

Service: Goodwin Partnership - Porth

Date of inspection: 20 September 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
No further immediate non-compliance concerns were identified on this inspection other than those identified in Appendix A.					

Appendix C - Improvement plan

Service: Goodwin Partnership - Porth

Date of inspection: 20 September 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 found there were no leaflets available in other formats, such as easy read or large font, that considered the needs of patients with reading difficulties.	The registered manager is required to provide HIW with details of how the practice can make information available to patients with reading difficulties.	Quality Standard - Equitable	The Practice will provide key leaflets, such as the Practice Information Leaflet, in Easy Read / large font format.	Registered Manager - Jessica Anthony	By end of January 2024
We found the signage for the fire exit on the first floor was located inside the surgery and therefore only visible when the door was open.	We recommend the registered manager positions fire exit signs so they are visible when the surgery door is closed.	Regulation 22(4)(b)	Since the HIW Inspection we have placed a Fire Exit sign outside the door of Surgery 6	Registered Manager - Jessica Anthony	Completed October 2 nd 2023

<p>We found the patient treatment plan required greater detail in relation to the treatment to be provided.</p>	<p>The registered manager must ensure that greater detail is to be recorded in the patient treatment plans as part of patient records.</p>	<p>Regulation 20(1)(a)(i)</p>	<p>We aim to ensure adequate detail is recorded for treatment planning of both NHS and private treatment and that this detail is consistent amongst all staff members.</p> <p>We have discussed recording the treatment plan in more detail at the Practice Staff Meeting following the inspection. We plan to audit this aspect of note keeping in 3 months to assess if improvements have been made.</p>	<p>Registered Manager - Jessica Anthony</p>	<p>Improvements discussed on 27th September. Audit date January 2024.</p>
<p>Whilst we found evidence of soft tissue examinations, there was inconsistent recording of the oral cancer screening that had been carried out.</p>	<p>The registered manager must ensure that oral cancer screening is consistently recorded in the patient records.</p>	<p>Regulation 20(1)(a)(i)</p>	<p>Practitioners will include more detail in the records in relation to the oral cancer screening that is carried out during examinations. This will be reviewed with an audit in 3 months time.</p>	<p>Registered Manager - Jessica Anthony</p>	<p>Improvements discussed on 27th September. Audit date January 2024</p>

<p>We found patient language preference were not recorded within patient records, which could inhibit effective and individualised care.</p>	<p>The registered manager must ensure patients' preferred choice of language is recorded within the patient records.</p>	<p>Regulation 13(1)(a)</p>	<p>We recognise the importance of individualising patient care and have in the last 4-6 months implemented recording of language preference into the patient notes. As identified during the inspection this is an area that requires further improvement and consistency amongst practitioners and we will review whether language preference is being adequately recorded with a record keeping audit in 3 months.</p>	<p>Improvements required discussed on 27th September. Record keeping audit to be carried out in January 2024</p>
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Jessica Anthony

Job role: Registered Manager / Practice Principal

Date: 9/11/23