

# General Dental Practice Inspection Report (Announced)

Nicola Taaffe at West Grove dental  
practice, Cardiff

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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 Nicola Taaffe at West Grove dental practice, Cardiff on 3 October 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 19 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 that Nicola Taaffe at West Grove dental practice was committed to providing a positive experience for their patients.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone.

In response to a HIW questionnaire, overall comments were positive. All respondents rated the service as 'very good' or 'good'.

This is what we recommend the service can improve:

- Show patients that their feedback is acted upon.

This is what the service did well:

- Clean, pleasant and well-maintained environment
- Good provision of information to patients, including via a website
- Adjustments made to assist wheelchair users and patients with mobility difficulties.

### Delivery of Safe and Effective Care

Overall summary:

We found that the practice was well maintained and organised. Dental surgeries were clean, well equipped and fit for purpose.

We found that staff followed clear procedures to ensure dental instruments were decontaminated, and that medical equipment was tested and checked regularly.

All areas were seen to be clean, tidy and free from any visible hazards.

This is what we recommend the service can improve:

- More detailed information when completing patient records
- Carry out fire evacuation drills
- Ensure the door to the cellar can be locked.

This is what the service did well:

- Comprehensive range of policies and procedures in place to ensure the safe and effective care of patients

- Clinical equipment was well maintained with good records kept
- Appropriate measures in place for the safe conscious sedation of patients.

## Quality of Management and Leadership

Overall summary:

We found that the practice had good leadership and clear lines of management. The owner, who was also the principal dentist and registered manager, was supported by an effective practice manager.

We found that the practice manager was committed to providing a high standard of service, for both patients and staff. We observed an established team that worked well together.

This is what the service did well:

- Effective use of an electronic system to maintain policies and procedures
- Staff records and training compliance were complete and well managed
- Regular staff meetings.

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

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

*“Excellent practice, clean, helpful and knowledgeable staff.”*

*“Always treated as an individual, personal touches are very important to me and my family, hence staying with this practice for over 20 years.”*

*“Excellent friendly care throughout.”*

*“I’ve been a patient for over 25 years and the service is excellent from all the staff.”*

#### Person Centred

##### Health Promotion

We saw that a range of material was available to patients in the waiting area, about oral health and dental care. Patient information leaflets about the practice were available at the reception desk.

No smoking signs were displayed, which confirmed the practice adhered to the smoke-free premises legislation.

All respondents to the HIW questionnaire agreed that staff explained oral health to them in a way they understood, and that they were given aftercare instructions on how to maintain good oral health.

##### Dignified and Respectful Care

We witnessed surgery doors being kept closed when in use and external windows were fitted with blinds, which assured us that patient dignity was being preserved.

The reception desk was located in the downstairs waiting area. We noted that a radio was being played to help preserve privacy, and staff told us that they were mindful of confidentiality issues when discussing matters with patients. Staff also



told us that the staff room, or an available surgery, could be used if a patient wanted to discuss a matter in private.

We saw that a poster showing treatment prices was clearly displayed in the patient waiting area. English and Welsh copies of the General Dental Council (GDC) code of ethics were displayed. HIW certificates of registration were also seen to be displayed.

There were pictures with names and roles of staff on display, but these did not include their GDC numbers. This was raised with the Practice Manager and resolved during the course of the inspection.

All respondents to the HIW questionnaire said that staff treated them with dignity and respect, and explained what they were doing throughout the appointment.

### **Individualised care**

We reviewed a sample of eight patient records and confirmed that information to correctly identify the patients was recorded on all notes.

All respondents to the HIW questionnaire agreed that they were given enough information about the risks, benefits and costs of treatment options, and that they were involved as much as they wanted in decisions about their treatment.

## **Timely**

### **Timely Care**

Patients were able to make appointments at the practice over the phone, in person or using an online booking system.

Staff told us that although appointment slots were not routinely held in case of emergencies, they did make every effort to accommodate patients needing urgent care.

Staff told us that an instant messaging service was in place for those working in surgeries to update reception staff about any delays, and that patients were then given verbal updates.

We observed reception staff politely accommodating a patient that telephoned to say there were delayed and re-booking their appointment.

Surgery opening hours were clearly displayed outside the practice. During the working week the surgery was open from 08:00 to either 18:00 or 20:00, depending

on the day. This ensured that patients were able to access appointments at a time that suited their needs.

All respondents to the HIW questionnaire said that it was 'very easy' or 'fairly easy' to get an appointment when they needed one.

## **Equitable**

### **Communication and Language**

Staff told us that the practice website included a section on the importance of effective communication. This asked that if a patient's first language was not English, they should bring a trusted individual along to translate. Alternatively, patients were advised that they could use the NHS Wales 111 service to access a translator.

### **Rights and Equality**

To ensure the rights of staff and patients were protected, the practice had a number of policies and procedures in place. These included an Equality, Dignity and Human Rights policy, and an Anti-bullying and Harassment policy. These were supported by documents about the Human Rights Act and Equality Act, that outlined protected characteristics to consider.

Staff told us notes were kept identifying patients who use a wheelchair or have mobility difficulties, and ensured they were booked into the downstairs surgery for easier access. The practice deployed removable ramps at the front entrance, as needed, to enable wheelchair access. Posters outside the practice advertised that wheelchair access was possible and provided a phone number to arrange this. There was no hearing loop to aid patients with hearing difficulties.

The stairs at the premises were fitted with strips to make them more visible and to provide additional grip. We noted that some strips had become frayed and damaged. This was raised with the practice manager and evidence was provided immediately after the inspection to show that the damaged strips had been replaced.

Staff told us that the rights of transgender patients were considered, and any preferred pronouns or names are included on the patient record.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

We found that the premises were clean, well-maintained and free from obvious hazards. Overall, the clinical areas were clean, well-maintained and in good condition. However, we noted two drawers and a scratched worktop in the surgeries that required attention.

**We recommend that maintenance work be carried out in surgeries to make sure drawers work properly and that the worktops can be kept clean.**

Some instruments were found to be unbagged and loose in drawers. We advised that all equipment should be stored in sealed sterilisation pouches following decontamination. We raised this during the inspection and the instruments were immediately reprocessed and placed in pouches.

A box of empty glass Botox vials were found in a plastic tub with unused syringes. These belonged to the therapist, who offered aesthetic injection services in addition to dental services. We raised this during the inspection and the vials were removed and disposed of.

The waiting areas were visibly clean, and seating provided with wipe clean surfaces to assist in infection control.

We reviewed documents relating to fire safety and found the practice to have an up-to-date fire risk assessment and records of regular checks on escape routes and maintenance of fire protection equipment. The fire exit was clearly signposted. However, there was no evidence that fire evacuation drills were being conducted.

**The registered manager must ensure that fire drills are conducted regularly, with records kept showing which staff took part and any issues identified.**

We found that the practice had policies, procedures and risk assessments in place to ensure the premises were fit for purpose. There was a 'disaster planning and business continuity' policy in place.

We noted that the door to the cellar was signposted as 'no admittance' and latched. However, patients would still be able to access the area relatively easily. As clinical waste was stored in the area, we advised that it should be secured.

**We advise that the access to the cellar be made secure and accessible to staff only.**

Appropriate arrangements were in place to assess and manage the risk from use of X-ray equipment. We saw evidence of staff training on radiation protection and equipment maintenance checks. We advised that patients should be informed about the risks of exposure to radiation. Evidence was supplied immediately after the inspection to show a poster had been put on display.

The practice carried out conscious sedation of patients, via intravenous use of Midazolam. Conscious sedation and subsequent recovery was carried out in the downstairs surgery only. This surgery had a chair that could be moved to a head-down tilt position, and the room had appropriate access and space to manage a medical emergency.

We checked emergency equipment and found appropriate medicines and equipment to be in place. Flumazenil was kept locked in a cupboard with the Midazolam and brought out together as required. The practice also had finger pulse oximeters, blood pressure monitors, emergency oxygen with a range of masks and oro-pharyngeal airways.

We saw that the practice kept a log sheet of sedation patients, alongside notes in the patients' records. There was evidence of an audit of conscious sedation record keeping, and paper forms were used to record any events or patient safety incidents.

The mixed gender toilet was on the ground floor and accessible to wheelchair users. It was visibly clean and tidy, with handwashing and drying facilities, a sanitary disposal unit and emergency alarm cord.

Staff had access to lockable changing facilities and storage lockers.

We saw that the practice displayed an employer's liability insurance certificate and a Health and Safety at Work poster.

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

We found that there were appropriate arrangements in place to ensure a good standard of infection control. These included infection control policies and procedures and having a designated infection control lead.

All respondents to the HIW questionnaire felt the setting was 'very clean' or 'fairly clean' and all who expressed an opinion felt infection and prevention control measures were evident.

The procedures for processing, decontamination and sterilising of dental instruments were appropriate and well understood. The practice had a designated room for the decontamination of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05.

We reviewed a sample of five staff records and saw that clinical staff had records of vaccinations against Hepatitis B. However, for two members of staff there was no supporting information to show that an immune response was generated. We advised that, until such information was available, a risk assessment should be put in place to minimise the risk of infection to the staff in question. A risk assessment was provided to HIW immediately after the inspection.

We saw that substances subject to Control of Substances Hazardous to Health (COSHH) were stored appropriately in locked cupboards.

A waste disposal contract was in place and the practice had suitable arrangements for managing clinical waste.

### **Medicines Management**

We found that the practice had appropriate and safe arrangements in place for medicines management. This included secure storage of medicines and recording of any prescribed drugs in both patient records and a separate logbook.

Emergency equipment was readily accessible, with medicines in date and we saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR). There were two appointed first aiders. There was an automated external defibrillator (AED) for use in a medical emergency. This included pads for adult use but not paediatric ones.

**The registered manager must ensure that paediatric pads are sourced for the AED.**

Staff told us that disposal of expired Midazolam included denaturing using tissue paper, whilst being witnessed by another member of staff and recorded. We advised that best practice was to denature using a binding material that made the drug physically irretrievable prior to disposal.

**We advise that, prior to disposal, Midazolam be denatured using a binding material that makes it physically irretrievable.**

## **Safeguarding of Children and Adults**

We saw that safeguarding policies and procedures were in place and available to all staff.

We noted that no reference was made to the All Wales safeguarding procedures, issued in 2019.

**We recommend that the safeguarding policies and procedures be updated to make reference to the All Wales safeguarding procedures, and staff be made aware of them.**

We reviewed a sample of five staff records and saw evidence of appropriate, up-to-date training in the safeguarding of children and adults. Staff were aware of the procedures and that the Practice Manager was their designated safeguarding lead.

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

Clinical equipment was seen to be safe, in good condition and fit for purpose.

Staff told us that they received training on the safe use of clinical equipment. There were arrangements in place to safely handle and disinfect reusable medical devices.

X-ray equipment was maintained and in good working order. We saw that appropriate training in radiation protection had been completed.

## **Effective**

### **Effective Care**

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients. These arrangements were outlined in the statement of purpose and patient information leaflet.

We saw copies of Local Safety Standards for Invasive Procedures (LocSSIPs) checklists on display in surgeries, but these were not written individually into patient records.

**We recommend that LocSSIPs checklists be recorded in individual patient records when used.**

### **Patient Records**

A sample of eight patient records were reviewed. Overall, there was evidence that staff were keeping accurate records, demonstrating that care was being planned

and delivered to ensure patients' safety and wellbeing. However, we noted that patient language preference was not being recorded.

**The registered manager must ensure that patient records include patient language preference.**

In the records reviewed, some areas lacked an appropriate level of detail. These areas included: intra and extra oral examination, cancer screening, risk assessments, clinical findings from radiographs, and treatment options.

**We advise that clinical staff record additional information and a greater level of detail in patient records.**

# Quality of Management and Leadership

## Leadership

### Governance and Leadership

The day-to-day management of the practice was the responsibility of the practice manager, who we found to be experienced and dedicated to the role.

We saw that effective electronic systems were being used to ensure compliance with regulatory requirements and to manage staff training needs. Policies and procedures were stored electronically, made available to all staff, and reviewed regularly.

Staff told us that 10-minute meetings were held at the start of every day and that the practice had monthly staff meetings, with minutes recorded and shared with any staff that did not attend.

## Workforce

### Skilled and Enabled Workforce

The practice had appropriate arrangements in place for employing staff, including a recruitment and selection policy and procedure. We saw evidence that references were sought, and checks made using the Disclosure and Barring Service (DBS). Induction checklists and a three-month probation period were used to ensure new staff undertook mandatory training.

We were told that staff performance was managed through supervision and annual appraisals.

We found 100% compliance with mandatory training requirements. We saw that staff using medicines for conscious sedation had undertaken specialist training and that this was up-to-date.

## Culture

### People Engagement, Feedback and Learning

The practice encourages patient feedback through the use of QR codes linking to online reviews, and the provision of writing materials and a suggestion box.



The practice manager told us that any feedback received was reviewed regularly, discussed at team meetings and acted upon if necessary. Examples were provided, such as a handrail for the stairs and a grab-handle in the toilet being installed as a result of feedback from patients. We advised that patients may be more likely to give feedback if they were aware that it was likely to be acted upon. Immediately after the inspection the practice confirmed that a “you said, we did” poster was on display.

We saw that information about how to make a complaint was readily available to patients. It was noted that two separate posters were displayed, with different information about response timescales and external contacts and that neither included specific contact details for the practice. This was raised with the practice manager and resolved during the inspection. A revised complaints procedure poster was put on display, along with leaflets at the reception desk. This included the procedure and timescales, contact details and how to escalate a complaint if not resolved.

## **Learning, Improvement and Research**

### **Quality Improvement Activities**

We saw that the practice had a governance and quality assurance policy. Staff told us that they used an electronic system to schedule and monitor quality assurance audits, including auditing of clinical records and radiograph quality.

We were told that staff views were sought and encouraged during daily and monthly meetings.

## 4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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

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

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

# Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
There were pictures with names and roles of staff on display, but these did not include their GDC registration numbers.	This could make it more difficult for patients to identify a member of staff in order to raise a formal complaint.	This was raised verbally with the Practice Manager during the inspection.	Updated information was put on display during the inspection, which included GDC registration numbers.
The stairs at the premises were fitted with strips to make them more visible and to provide additional grip. We noted that some strips had become frayed and damaged.	The damaged strips could present a slipping or tripping hazard to patients.	This was raised verbally with the Practice Manager during the inspection.	Evidence was provided immediately after the inspection to show that the damaged strips had been replaced.

<p>We advised that patients should be informed about the risks of exposure to radiation.</p>	<p>Patients should be aware of the risks and benefits of being exposed to X-ray radiation and given context about the risks.</p>	<p>This was raised verbally with the Practice Manager during the inspection.</p>	<p>Evidence was supplied immediately after the inspection to show a poster had been put on display.</p>
<p>We reviewed a sample of five staff records and saw that clinical staff had records of vaccinations against Hepatitis B. However, for two members of staff there was no supporting information to show that an immune response was generated.</p>	<p>Some people do not develop an immune response to Hepatitis B vaccination. We advised that until such information was available a risk assessment should be put in place to minimise the risk of infection to the staff in question.</p>	<p>This was raised verbally with the Practice Manager during the inspection.</p>	<p>A risk assessment was provided to HIW immediately after the inspection.</p>
<p>There was no mechanism to show patients that their feedback had been acted upon.</p>	<p>We advised that patients may be more likely to give feedback if they were aware that it was likely to be acted upon.</p>	<p>This was raised verbally with the Practice Manager during the inspection.</p>	<p>Immediately after the inspection the practice confirmed that a “you said, we did” poster was on display.</p>

<p>Conflicting information about how to make a complaint was displayed with different information about response timescales and external contacts and did not include specific contact details for the practice.</p>	<p>This could make it more difficult for patients to raise a complaint.</p>	<p>This was raised verbally with the Practice Manager during the inspection.</p>	<p>During the inspection, a revised complaints procedure poster was put on display, along with leaflets at the reception desk. This included the procedure and timescales, contact details and how to escalate a complaint if not resolved.</p>
<p>Some instruments were found to be unbagged and loose in drawers.</p>	<p>We advised that all equipment should be stored in sealed sterilisation pouches following decontamination.</p>	<p>This was raised verbally with the Practice Manager during the inspection.</p>	<p>The instruments were immediately reprocessed and placed in pouches.</p>
<p>A box of empty glass Botox vials were found in a plastic tub with unused syringes. These belonged to the therapist, who offered aesthetic injection services in addition to dental services.</p>	<p>Waste materials should be disposed of promptly and appropriately, to minimise risk.</p>	<p>This was raised verbally with the Practice Manager during the inspection.</p>	<p>The vials were removed and disposed of, during the inspection.</p>

## Appendix B - Immediate improvement plan

**Service:** Nicola Taaffe at West Grove dental practice

**Date of inspection:** 3 October 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 immediate non-compliance concerns were identified during the 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:** Nicola Taaffe at West Grove dental practice

**Date of inspection:** 3 October 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
In the surgeries, we noted two drawers were not working properly and a scratched worktop that could impair effective cleaning.	We recommend that maintenance work be carried out in surgeries to make sure drawers work properly and that the worktops can be kept clean.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(c)	New rails attached to drawers and investigation into scratched worktop repair	C.Heron	12/10/2023
There was no evidence that fire evacuation drills were being conducted.	The registered manager must ensure that fire drills are conducted regularly, with records kept showing which staff took part and any issues identified.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	New policy implemented and monthly fire evacuation drills to be undertaken and documented Actioned	C.Heron	04/10/2023

There was unsecured access to the cellar, where clinical waste was stored.	We advise that the access to the cellar be made secure and accessible to staff only.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(5)	Locksmith contacted to assess how new lock can be fitted	C.Heron	23/11/2023
There was an automated external defibrillator (AED) for use in a medical emergency. This included pads for adult use but not paediatric ones.	The registered manager must ensure that paediatric pads are sourced for the AED.	The Private Dentistry (Wales) Regulations 2017, Regulation 31	Paediatric pads purchased	C.Heron	04/10/2023
Staff told us that disposal of expired Midazolam included denaturing using tissue paper.	We advise that, prior to disposal, Midazolam be denatured using a binding material that makes it physically irretrievable.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)	As advised, unused Midazolam will be disposed of in 'cat litter' and disposed in hazardous waste.	C.Heron	04/10/2023
Safeguarding policies and procedures did not reference the All Wales safeguarding procedures.	We recommend that the safeguarding policies and procedures be updated to make reference to the All Wales safeguarding procedures, and staff be made aware of them.	The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)(a)	Implemented in Safeguarding policy and app downloaded onto surgery ipad.	C.Heron	04/10/2023



<p>We saw copies of Local Safety Standards for Invasive Procedures (LocSSIPs) checklists on display in surgeries but these were not written individually into patient records.</p>	<p>We recommend that LocSSIPs checklists be recorded in individual patient records when used.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 13(8)</p>	<p>LocSSIPs implemented to be documented into individual patient records.</p>	<p>N.Taaffe</p>	<p>09/10/2023</p>
<p>Patient language preference was not being noted in their records.</p>	<p>The registered manager must ensure that patient records include patient language preference.</p>	<p>Welsh Language Standards</p>	<p>Patient language preference added to patient records.</p>	<p>N.Taaffe</p>	<p>09/10/2023</p>
<p>In the records reviewed, some areas lacked an appropriate level of detail. These areas included: intra and extra oral examination, cancer screening, risk assessments, clinical findings from radiographs, and treatment options.</p>	<p>We advise that clinical staff record additional information and a greater level of detail in patient records.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)</p>	<p>All patient records updated to include recommended appropriate details and clinical findings.</p>	<p>N.Taaffe</p>	<p>16/10/2023</p>

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):** Catherine Heron

**Job role:** Practice Manager

**Date:** 29.11.23