Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Symbiosis Dental practice

Inspection date: 17 October 2023

Publication date: 17 January 2024

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83577-401-4

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.

Contents

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Symbiosis Dental Practice on 17 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 39 questionnaires were completed by patients or their carers and 1 was completed by a staff member. Feedback and some of the comments we received from patient questionnaires appear throughout the report but due to the low return rate of staff questionnaires, they have not been included.

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

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

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:
All respondents to the HIW questionnaire felt they were treated with dignity and respect and we saw staff treating patients in a professional manner. We found information available to patients was comprehensive and patients told us that treatments were explained in a manner which they could understand. We saw training being provided to staff to enhance their knowledge and understanding of protected characterises, equality and diversity.

This is what the service did well:

- Patient feedback was positive, with all patients rating the service as 'very good'
- We saw staff wearing 'Iaith Gwaith' badges and a bilingual service offered to patients.

Delivery of Safe and Effective Care

Overall summary:
We observed a visibly clean, modern and safe practice, with patients agreeing they were provided with safe care and that the practice was clean and tidy. We found there were areas to improve around the management of emergency medical equipment and the recording of comprehensive patients notes. We saw robust processes for the decontamination of equipment and the practice managed risks effectively.

This is what we recommend the service can improve:

- Ensuring that emergency equipment is ready for use at all times
- Review, record and date all practice policies ensuring updates are routine
- To keep accurate, comprehensive and complete patient records at all times.

This is what the service did well:

- The design and layout of the decontamination areas was of a high standard
- Staff were trained to a higher level of first aid than is mandatory
- The assessment of risks and fire safety checks were robust.

Quality of Management and Leadership

Overall summary:
We saw a supportive and clear structure of management, which included routine practice meetings and regular staff appraisals. We saw a friendly and professional workforce that told us they felt supported by their management and were trained above all mandatory requirements.

Staff records were well maintained and suitably overseen by practice management. We found improvements were required around some quality assurance activities. We heard from staff they felt comfortable raising concerns and understood the process they would follow to do so.

This is what we recommend the service can improve:

- Increase quality improvement and clinical audit activities.

This is what the service did well:

- Staff felt able to, and did, undertake 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

Overall, the responses were positive to the HIW questionnaire with all respondents rating the service as 'very good' (39/39). Some of the comments provided by patients on the questionnaires included:

> *"Always excellent service over decades. Friendly staff, relaxed atmosphere."*
>
> *"Excellent practice. Having lived in many countries, this is by far the best dental practice I have ever used."*
>
> *"This practice offers excellent dental service and all staff are extremely friendly and helpful."*
>
> *"I am delighted to have found this dental surgery. I wish I had found them sooner! The receptionists, hygienists and [clinicians] are all outstanding."*
>
> *"I have been a patient with the Morgan family and have received excellent care for over 20 years."*

We asked what could be done to improve the service. Comments included the following:

> *"I would like the option to have confirmation of appointments by email or text or postal letter."*

Person Centred

Health Promotion
We saw that healthcare information was on display throughout their patient journey and available to take away.

We found information was available regarding sepsis, smoking cessation and dietary advice. We saw an informative patient information leaflet, as well as a comprehensive and recently updated price list both on display and for patients to take away. Staff told us that all information was made available in a different format on request and that their patient information leaflet was currently being translated into Welsh.

We saw the names and General Dental Council (GDC) numbers of clinicians on the wall in reception. We noted the practice opening hours and emergency out of hours contact details were displayed prominently externally.

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
Throughout our inspection, we found staff treating patients with dignity and respect.

We observed a separated reception desk and patient waiting area to enable the privacy of visiting patients, with a room directly behind reception used for private discussions. We saw clinical rooms with solid doors that were closed during appointments and ground level surgeries using blinds to prevent treatments being observed. We noted the GDC codes of ethics on display in the reception area.

All patients that completed the HIW questionnaire said staff treated them with dignity and respect, that they listened to them during their appointment and answered their questions in a way they could understand.

Individualised care
All of the respondents to the HIW questionnaire said they felt involved as much as they wanted to be in the decisions about the treatments that were available, including having the risks and benefits explained to them by staff. Two patients disagreed that costs were made clear to them before treatment.

All respondents also felt that staff explained what they were doing throughout their appointment and that their medical history was checked prior to any treatment. All patients stated they were given aftercare instructions and all except one said they were given clear guidance on who to contact in an emergency.

Timely

Timely Care

We saw an appropriate appointment management process in place to ensure clinicians time was used effectively.

Staff informed us that appointments were mostly made over the telephone or following an appointment. Letters are sent to confirm patient appointments and any delays were communicated to patients upon arrival or over the telephone for any longer delays. The wait time for an appointment was approximately two weeks on average for a routine appointment, while the wait to see a hygienist was approximately three months.

Emergency appointments were triaged over the telephone and patients seen within 24 hours of contact. The practice held 10-minute emergency appointment slots throughout the week.

Children and those in full time employment were prioritised for earlier and later in the day appointments and we saw the practice working flexibly to meet patient availability. This was supported by the findings of our patient survey that confirmed all respondents found it 'very easy' or 'fairly easy' to find an appointment when they needed one.

Equitable

Communication and Language

We found that some staff spoke Welsh at the practice and we saw one member of staff wearing a 'Iaith Gwaith' badge. We were told any patient wishing to communicate in a language other than English would be accommodated using online translation tools. Staff also told us they would provide information in alternate formats on request but these were not routinely made available.

Rights and Equality

We saw a practice that was providing services that supports the rights and equality of their patients. We noted a detailed equality and diversity policy, as well as a comprehensive patient acceptance policy. We also found that the practice recruitment policy enabled the fair and equitable hiring of staff.

We heard from staff that they had received reasonable adjustments as a result of health conditions, and that rights and equality were regularly discussed at practice meetings. We saw that training was being arranged for all staff in autism and disability awareness and that legal and ethical dental practice training had recently taken place.

In response to the HIW patient questionnaire, the majority (37/39) said they felt the building was accessible, two respondents were ‘not sure’. One respondent commented:

“Excellent accessibility.”

Delivery of Safe and Effective Care

Safe

Risk Management
We found a purpose-built dental practice that was in a good state of repair internally and externally. We saw four surgeries set over two floors with an open and airy reception area. Heating and lighting were set at an appropriate level to ensure staff and patient comfort. Fresh air was circulated from outside into the practice and the air from decontamination rooms directly circulated out. We saw good practice having two separate rooms for clean and dirty equipment with a hatch between the two for processing dirty and clean instruments as part of a robust decontamination process.

We found the practice to be kept to a high standard of cleanliness and all areas of the practice, including storage areas were kept clutter free and tidy.

We saw internal communications working appropriately and the changing facilities for staff and the toilets for both patients and staff were all clean, properly equipped and modern. We saw a health and safety poster on the wall in the staff room and a copy of the employer liability insurance was on display aside no smoking signs.

We found the practice comprehensively assessed risks through an annual internal health and safety risk assessment, which was supported by a five-yearly assessment by a contractor. We reviewed the health and safety policy, emergency contingency plan and environmental risk assessment finding them all to be suitable. We did note that the emergency contingency plan and health and safety policy were undated, meaning we could not be assured they were up to date nor been recently reviewed. We reviewed other practice policies which also did not have a date nor review date. Staff informed us all policies were reviewed annually but records were not kept.

The registered manager must ensure that policies are up to date, routinely reviewed and record any updates or reviews.

We noted that the a fire risk assessment was carried out annually by the practice, last taking place in January 2023. We reviewed the schedule of checks by staff on fire safety equipment and found:

- Equipment checks and alarm tests were conducted weekly

- Equipment maintenance checks took place annually and were last completed by a contractor in August 2023
- Emergency lighting checks took place monthly.

We saw that all staff had recently undertaken fire safety training and clear signage was present throughout the building. We checked all fire extinguishers finding they had been recently serviced by a contractor and were appropriate for the environment.

Infection, Prevention, Control (IPC) and Decontamination
We found appropriate policies and procedures in place to ensure a high standard of IPC, with an environment that was in a good state of repair and designed to enable effective cleaning. We saw a suitable schedule of cleaning in place and hand washing facilities were available in each surgery and both decontamination rooms.

The overall majority (38/39) of patients that responded to the HIW questionnaire told us they thought the practice was 'very clean' and one patient saying it was 'fairly clean'. All patients felt that infection prevention and control measures were being followed.

We observed staff utilising personal protective equipment (PPE) throughout our inspection. We saw the use of safer sharps devices to prevent injuries. We did not see evidence that an occupational health service was in place for staff.

We found the testing for the autoclave and ultrasonic baths were performed routinely. We saw records showing start of day checks taking place for both the autoclave and ultrasonic baths and we reviewed the daily surgery checklists finding them to be appropriate. We saw autoclave cycles were recorded appropriately and maintenance inspections took place routinely, having last been recorded in July 2023. We noted that end of day checks of decontamination equipment were not being recorded.

The registered manager must ensure the end of day checks of autoclaves and ultrasonic baths are recorded.

We saw records of infection control audits having last taken place in January 2023 and staff records showed us that all staff had recently been trained in infection, prevention and control.

We saw that all waste was stored securely and disposed of correctly through a waste disposal contract. We found the process for the Control of Substances Hazardous to Health (COSHH) was suitable, with the details collated in a comprehensive COSHH folder.

Medicines Management
We found a suitable medicines management policy outlining the procedures and arrangements in place for the safe and effective handling, use and dispensing of medicines. We inspected the practice medicines logbook and the secure storage location for dispensed medicines, both of which were appropriate.

On review of staff training records, we saw all were trained in CPR and we saw evidence of annual revalidation. We saw good practice with all staff, except one, trained in emergency first aid at work.

On inspection of the practice emergency equipment bag we found:

- The paediatric self-inflating bag-valve mask (BVM) expired in August 2020
- The adult self-inflating BVM was out of its original packaging, meaning no expiry date was displayed
- The face masks for the self-inflating BVMs were either out of their original packaging, broken or not all required sizes were available
- The oropharyngeal airway size 0 expired in July 2023, size 1 expired in March 2023 and size 4 expired in May 2023
- Midazolam was at a pre-set dose and amount leaving it unsuitable for some age groups
- Needles and emergency equipment expiring in August 2021 and June 2021, out of date automated external defibrillation (AED) pads used for training and expired emergency drugs were inappropriately stored alongside in-date items. Staff were instructed to remove these from the bag
- No checklist was in place to ensure emergency equipment checks were recorded and we saw that the checks on emergency medicines occurred monthly when weekly is recommended.

Due to the potential impact on patient safety, these concerns were resolved during the inspection and the actions taken can be seen in Annex A.

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 the arrangements for safeguarding were comprehensive but, as mentioned elsewhere in this report, we found the policy was undated meaning we could not be assured the details were the most up to date. On review of a safeguarding flow chart poster on display in the staff room, we saw that the contact details did not match those included within the policy.

The registered manager must ensure all safeguarding information for staff is up to date and accurate.

Staff told us that any safeguarding policy updates were communicated to them by a contractor and that they received updates through the local authority and health board.

We saw the use of a 'was not brought in' policy to consider safeguarding for the missed appointments of children or vulnerable adults.

We saw in practice policies a named safeguarding lead and in our discussions with staff they outlined an understanding of their responsibilities for safeguarding. Staff also explained they knew the process to follow should they have any concerns and would be supported should they raise a concern.

Management of Medical Devices and Equipment
We found all clinical equipment was safe, maintained appropriately and suitable for their purpose. We saw how reusable medical devices were handled and disinfected appropriately and emergency and contingency arrangements were in place to promptly deal with any system failures. We saw good practice having the cycle number from the sterilisation process recorded on each packed instrument and all reusable instruments were vacuum packed.

On the day of our inspection, the digital radiation protection folder was not available for us to review. The folder was made available for review following the inspection and we found it 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. Local rules were readily available for staff on the wall outside the surgery door though we found there was no reference to a suitable contingency plan and a radiation risk assessment was also unavailable for review.

The registered manager should ensure local rules outline a clear process for ionising radiation as well as a suitable risk assessment.

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 gradings and ionising radiation audits taking place.

Effective

Effective Care

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

We saw appropriate processes in place for patient understanding and consent to surgical procedures. Although, we did not see use of a checklist, such as the Local Safety Standard for Invasive Procedures (LocSSIPs), for wrong tooth site extraction.

The registered manager should implement use of the LocSSIPs as a matter of good practice.

Patient Records

We reviewed a total of 10 patient records, that were stored in an appropriate patient records system, and were supported by a suitable records management policy.

We found that patient consent was routinely recorded and there were arrangements in place to ensure the rights of patients who lack capacity are upheld. We saw full base charting taking place in all the records we reviewed as well as an accurate record of the treatments that were provided. Due to technical fault, we could only review one radiograph record. The justification for radiographs was recorded in the one record we reviewed.

We did identify aspects of record keeping which required strengthening, including:

- In four records we reviewed, patient social history of alcohol and tobacco use was not recorded
- Patient oral hygiene was not recorded in five of the records reviewed
- Patient language preference was not recorded in any record we reviewed
- In all of the records we reviewed, evidence of cancer screening was not recorded
- In only one record did we see smoking cessation advice, where relevant, being given
- In five of the relevant records reviewed, none evidenced written treatment plans
- Risk assessments were recorded based on cavities, tooth wear or oral cancer in only one of the records reviewed.

The registered manager must ensure accurate, comprehensive and complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines.

Quality of Management and Leadership

Leadership

Governance and Leadership
We found suitable leadership arrangements in place at the practice through the practice manager. We saw staff working well as a team and we received positive feedback from staff regarding the management of the practice. Staff told us they used a corporate team development tool available to them through a dental contract.

We saw that team meetings previously took place monthly, but since the pandemic this had become less frequent. Staff told us these meetings would now be moving to become monthly again after feedback from staff in their annual appraisals. The minutes we reviewed were comprehensive and would be informative to any absent staff member they were shared with.

Workforce

Skilled and Enabled Workforce
We saw the work of the practice was undertaken by a principal dentist and an associate dentist alongside a hygienist and a team of three nurses. We were told practice management oversaw the clinical and administrative staff, which included performance, and we saw the process to manage staff absences was effective. We saw checks in place to monitor GDC registrations by the practice manager.

We noted a suitable policy and procedure in place for whistleblowing and raising concerns and staff told us they would feel confident in doing so.

We found the recruitment policy and induction processes were both robust.

We reviewed a total of five staff records and found good compliance with all mandatory training and all professional obligations. We saw a comprehensive checklist in place for undertaking of pre-employment checks and we saw evidence of checks being undertaken for all new starters. We heard how staff were encouraged to undertake learning and development activities, and we saw evidence of staff far exceeding the mandatory requirements for training relevant for their role. We saw that staff appraisals were routine and noted staff feedback was positive in the records we reviewed.

Culture

People Engagement, Feedback and Learning

We found an open approach to feedback through the use of patient feedback forms, links being sent to patients to complete online reviews and patients asked if they would be happy to be contacted to undertake a review of their experience. We were told that feedback was reviewed within a day of receipt, and we saw that all feedback was discussed at practice meetings. We saw that patient feedback was published online and was regularly updated on the practice social media pages.

We reviewed the complaints procedure as well as a sample of complaints in the practice logbook and found that the process was fully aligned with Putting Things Right. We saw a complaints poster prominently displayed in the waiting area and we saw arrangements in place to capture informal or verbal complaints at the reception desk.

Learning, Improvement and Research

Quality Improvement Activities

We found the practice did have a quality improvement policy in place. We saw that clinical audits for infection control and radiographs took place routinely, with audits for complaints also being recorded. We noted some areas of quality assurance which required strengthening:

- We saw no evidence of smoking cessation audits taking place
- We did not see a Clinical Audit and Peer Review Office (CAPRO) audit of antibiotic prescribing having been undertaken
- We saw no evidence of patient record audits taking place
- We did not see clinical peer reviews taking place but we were told this had recently been suggested to take place.

The registered manager must provide assurance to HIW of how they will increase quality improvement and clinical audit activities, such as those available through Health Education and Improvement Wales (HEIW).

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
On inspection of the practice emergency equipment bag we found: • The paediatric self-inflating bag-valve mask (BVM) expired in August 2020 • The adult self-inflating BVM was out of its original packaging, meaning no expiry date was displayed • The face masks for the self-inflating BVMs were either out of their original	In the event of a medical emergency, there being an immediate risk to patient safety.	This was escalated to staff during the inspection.	All expired items were ordered and delivered the next working day. Inappropriately stored items were removed and stored in a training bag. A checklist was created by the practice.

packaging, broken or not all required sizes were available • The oropharyngeal airway size 0 expired in July 2023, size 1 expired in March 2023 and size 4 expired in May 2023. • Midazolam was at pre-set dose and amount leaving it unsuitable for some age groups • Needles and emergency equipment expiring in August 2021 and June 2021, out of date automated external defibrillation (AED) pads and expired emergency drugs were inappropriately stored alongside in-date items and were removed from the bag • No checklist was in place to ensure emergency equipment checks were recorded and we saw that			

the checks on emergency medicines occurred monthly when weekly is recommended.			

Appendix B - Immediate improvement plan

Service: Symbiosis Dental

Date of inspection: 17 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
There were no immediate assurance issues identified other than those dealt with in appendix A					

Appendix C - Improvement plan

Service: Symbiosis Dental

Date of inspection: 17 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
We noted that the emergency contingency plan and health and safety policy were undated, meaning we could not be assured they were up to date nor been recently reviewed. We reviewed other practice policies which also did not have a date nor review date. Staff informed us all policies were reviewed annually but records were not kept.	The registered manager must ensure that policies are up to date, routinely reviewed and should record any updates or reviews.	Private Dentistry (Wales) Regulations 2017, Section 8 (6)	All policies and procedures have been altered to include a date and review date 20/10/2023	Jennifer Morgan	Complete

We noted that end of day checks of decontamination equipment was not recorded.	The registered manager must ensure the end of day checks of autoclaves and ultrasonic baths are recorded.	PD(W)R Section 13 (3) (b)	A template from Denplan has been downloaded and implemented to include end of day checks for decontamination equipment 05/12/2023	Jennifer Morgan	Complete
We found the safeguarding policy was undated meaning we could not be assured the details were the most up to date. On review of a safeguarding flow chart poster on display in the staff room, we saw that the contact details did not match those included within the policy.	The registered manager must ensure all safeguarding information for staff is up to date and accurate.	PD(W)R Section 14 (1) (e)	All safeguarding policies have been updated and altered to include a date and review date. Flow chart poster has been updated to match contact details in updated policy 23/10/2023	Jennifer Morgan	Complete
We did not see use of a checklist, such as the Local Safety Standard for Invasive Procedures	The registered manager should implement use of the LocSSIPs as a matter of good practice.	PD(W)R Section 13 (1) (b)	LocSSIPs template was downloaded on the day of the inspection and	Jennifer Morgan	Complete

(LocSSIPs), for wrong tooth site extraction.			was implemented 18/10/2023		
In four records we reviewed, patient social history of alcohol and tobacco use was not recorded Patient oral hygiene was not recorded in five of the records reviewed Patient language preference was not recorded in any record we reviewed In all of the records we reviewed, evidence of cancer screening was not recorded In only one record did we see smoking cessation	The registered manager must ensure accurate, comprehensive and complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines.	PD(W)R Section 20 (1)	Patient records have been discussed and new templates implemented to ensure all areas listed are now being recorded. A record card audit template has been downloaded from Denplan and is currently being undertaken to audit patient records since the inspection.	Jennifer Morgan	Complete

advice, where relevant, being given In five of the relevant records reviewed, none evidenced written treatment plans Risk assessments were recorded based on cavities, tooth wear or oral cancer in only one of the records reviewed.					
We found the practice did have a quality improvement policy in place. We saw no evidence of smoking cessation audits taking place We did not see a Clinical Audit and Peer Review Office (CAPRO) audit of antibiotic prescribing having been undertaken	The registered manager must provide assurance to HIW of how they will increase quality improvement and clinical audit activities, such as those available through Health Education and Improvement Wales (HEIW).	PD(W)R Section 16	Quality improvement policy is being updated with the help of Denplan. Smoking cessation audit template downloaded from Denplan and conducted 31/10/2023. Findings to be discussed and improvement plan drawn up. Smoking cessation audit added	Jennifer Morgan	January 2024

We saw no evidence of patient record audits taking place We did not see clinical peer reviews taking place but we were told this had recently been suggested to take place.			to practice manager's audit schedule. Audit of antibiotic prescribing template downloaded from Denplan and scheduled to be carried out in the new year. Audit of antibiotic prescribing added to practice manager's audit schedule. Patient record audit template downloaded from Denplan and currently being carried out. Patient record card audit added to practice manager's audit schedule. Clinical audit and peer review scheduled to be carried out from January 2024		

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): Jennifer Morgan

Job role: Practice Manager

Date: 05/12/2023