

# General Dental Practice Inspection Report (Announced)

Morgan Street Dental practice, Cwm  
Taf Morgannwg University Health  
Board

Inspection date: 29 November 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 Morgan Street Dental Practice, Cwm Taf Morgannwg University Health Board on 29 November 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 32 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 patients were treated with dignity and respect throughout their patient journey. We found suitable amounts of information available to patients around the practice and we saw appointments being managed in an effective manner. We were told how online translation tools had proved useful recently in the treatment of Ukrainian refugees and we noted a zero-tolerance approach to bullying, harassment and discrimination.

This is what the service did well:

- Patients told us they were treated with dignity and respect
- Support to meet the needs of non-native English speakers.

### Delivery of Safe and Effective Care

Overall summary:

We found a safe and well-maintained practice delivering effective care for patients. We saw comprehensive policies and risk assessments in place to support the effective management of health and safety. However, we observed some improvements were required in the storage of clinical waste. Clinical records were kept to an appropriate standard, though some improvements were observed in the follow-up of referrals. The clinical equipment was in good condition and sterile with suitably trained staff operating the equipment.

This is what we recommend the service can improve:

- The registered manager must ensure clinical waste is stored appropriately
- The registered manager must ensure patient referrals are followed up in a timely manner.

This is what the service did well:

- All equipment was in good condition, including those for use in an emergency
- Decontamination processes were satisfactory
- The management of radiographic treatments.

### Quality of Management and Leadership

Overall summary:

We found the leadership arrangements in place to be supportive for the effective running of the practice. We observed friendly and knowledgeable staff and good records of staff meetings. We noted an open approach to feedback but found improvements were required on the assessment of risk around missing pre-employment checks for long standing staff members. We also saw improvements were required on audits of antibiotic prescribing and the practice complaints procedure.

This is what we recommend the service can improve:

- Conduct a team development exercise, such as those provided by Health Education and Improvement Wales (HEIW)
- Assess the risk of missing pre-employment information for long standing staff members.

This is what the service did well:

- Friendly, knowledgeable and engaging staff members
- Good evidence of staff confidence in practice leadership
- Relevant and above mandatory levels of training and qualifications
- An open approach to feedback.

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 to the HIW patient questionnaire were positive. All 32 respondents who answered the question rated the service as ‘very good’ (27/31) or ‘good’ (4/31).

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

*“Great customer service, go above and beyond to care for my needs every time I visit.”*

*“I have been coming to Morgan Street for over 20 years and am always impressed by the friendly service and information provided. The newly refurbished surgery is a great improvement too.”*

*“Excellent care and expertise in my treatment.”*

*“Staff very friendly, helpful, understanding and go above and beyond.”*

#### Person Centred

##### Health Promotion

We saw information available to patients regarding oral health promotion, the symptoms of common dental conditions and paediatric dental care. We noted the majority of information was available bilingually to patients and in other formats, where requested. Price lists for NHS and private dental services were on display throughout the practice. We observed the opening hours, GDC codes of ethics, emergency contact numbers and the names alongside General Dental Council (GDC) numbers of clinicians on display.

All respondents to the HIW patient questionnaire agreed that staff explained their oral health to them in a manner they could understand throughout their appointment. All patients agreed they were provided with suitable aftercare instructions on how to maintain good oral health.



## **Dignified and Respectful Care**

We found patients were treated with dignity and respect. We saw suitable arrangements in place to protect the privacy of patients, including separate areas where patients could have private conversations with staff. We saw frosted glass windows and doors which were kept closed during treatments to protect patient privacy.

All of the patients that completed the HIW questionnaire said they felt listened to by staff during their appointment and that staff treated them with dignity and respect.

## **Individualised care**

All of the respondents to the HIW questionnaire said they were given enough information to understand the risks and benefits of treatment options available to them. All patients agreed they felt involved as much as they wanted to be in the decisions about their treatment.

Most patients (29/32) agreed they were given clear guidance on what to do in the event of an emergency. A majority of respondents (27/32) agreed they were given information on how the practice would resolve any post-treatment concerns or complaints.

We found that treatment planning and options were recorded within the sample of patient records we reviewed. This meant that patients were provided with information which enabled them to make an informed decision about their treatment.

## **Timely**

### **Timely Care**

We found an appropriate system in place for the management of patient appointments to ensure timely access to care.

We saw a telephone booking system currently in place for appointments, with staff informing us an online booking system was due to be operationalised in the near future. Staff confirmed that appointments were arranged in accordance with patient needs and availability wherever possible.

Staff told us waiting times differed between practitioners, but patients could usually access a routine appointment within a week, if required. We were told emergency appointments were triaged over the telephone and any emergency would be seen within 24 hours. Staff confirmed they kept daily diary slots open to accommodate emergency appointments.

Most patients told us they found it very easy (18/32) or fairly easy (14/32) to find an appointment when they needed one. We saw information on out of hours dental services was suitably displayed on the exterior of the practice and on the practice website. The majority of respondents (25/31) to the HIW patient questionnaire said they would know how to access out of hours dental services if they had an urgent dental problem.

## **Equitable**

### **Communication and Language**

We saw evidence the 'Active Offer' was appropriately implemented at the practice. We saw bilingual signs and information available to patients and Welsh speaking staff wearing 'Iaith Gwaith' badges. We were told that patients could receive treatments fully through the medium of Welsh. Staff also informed us Welsh language training was available and could be requested through the health board.

We were informed that patients whose first language was not English could communicate with staff through Language Line or online translation tools. Staff described how they had recently used online translation tools when treating Ukrainian refugees.

Respondents to the HIW patient questionnaire confirmed that they felt comfortable using Welsh, were actively given the opportunity to speak the language, and that healthcare information was available in their preferred language.

### **Rights and Equality**

We found satisfactory arrangements in place to promote and protect patient rights. We saw a comprehensive equality and diversity policy to support the rights and equality of their staff and patients. This was supported by a bullying and harassment policy and procedures in place to respond to violent or aggressive patients. Within these policies, the principal dentist was named as the lead contact to report any concerns around harassment or discrimination.

We saw evidence that staff supported individual patient rights and equality. We also saw examples of reasonable adjustments in place for staff at the practice and a patient access and acceptance policy.

Staff told us transgender patients chose their pronouns on the patient records system.

All of the patients that responded to the HIW questionnaire told us they had not faced any form of discrimination when accessing this service. A majority of patients (25/31) stated that the building was accessible, with some patients (4/31) unsure or felt the practice was partially accessible (2/31).

# Delivery of Safe and Effective Care

## Safe

### Risk Management

We found a visibly clean and generally tidy practice which was in a good state of repair both internally and externally. The practice had spacious patient waiting areas and five surgeries, one of which was located on the ground floor of the building. All areas of the practice were viewed to be well equipped and fit for purpose.

We found heating and lighting at a satisfactory level, with the ventilation maintained appropriately. We heard telephone lines operating effectively and we saw suitable changing areas for staff.

Toilets were signposted, clean and equipped with suitable hand washing / drying facilities. We saw the practice was approached over level ground with the internal corridors and the downstairs surgery accessible. However, the downstairs toilet facility did not feature any supportive aids for those patients with disabilities. Staff told us a nearby public disabled toilet was used by patients. We found no information was made available to patients regarding this.

**The practice should ensure that up-to-date information is provided within its Statement of Purpose and Patient Information Leaflet regarding availability of and access to disabled toilets.**

We saw the dental equipment within all five surgeries to be fully functional and in good condition. We saw a sufficient number of reusable items to enable effective decontamination between uses, with single use items in place and safer sharps devices in use.

We noted comprehensive policies and risk assessments to support the health and safety of staff and patients. We saw both an employer liability insurance certificate and a Health and Safety Executive poster on display. We reviewed comprehensive and satisfactory business continuity and emergency contingency plans designed to ensure services were delivered safely in the event of an emergency. We also noted a satisfactory building maintenance policy in place.

Fire safety and no smoking signs were appropriately displayed throughout the practice. We saw a detailed fire risk assessment in place and we observed the following when reviewing practice records:

- Fire alarms tests and fire safety checks were completed on a weekly basis
- Fire drills were conducted every 6 months
- Fire precautions and an assessment of fire risk were completed annually
- Emergency lighting and fire equipment servicing were completed annually through a maintenance contract.
- Electrical testing was routine and last undertaken in May 2023.

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

We found appropriate infection control policies and procedure in place. Cleaning schedules were in place and suitably completed to promote regular and effective cleaning of the practice. Staff had sufficient access to Personal Protective Equipment (PPE) to support individual patient care. Appropriate hand hygiene arrangements and signage were in place within the practice. We observed all equipment and the environment being maintained to a satisfactory level to enable effective cleaning and decontamination.

All of the patients that responded to the HIW questionnaire said they felt the practice was very clean (31/32) or fairly clean (1/32). All of the respondents indicated IPC measures were being appropriately followed.

We saw comprehensive arrangements in place to ensure the correct decontamination and sterilisation of reusable equipment. We reviewed records of daily autoclave machine cycle checks and a routine schedule of maintenance. We noted impressions were safely disinfected using a bath.

The staff we spoke with were clear about their individual responsibilities in relation to infection control measures and confirmed that they had received appropriate training in their roles. The training records we reviewed confirmed they all had appropriate training in place for the correct decontamination of equipment.

We saw evidence the process for the Control of Substances Hazardous to Health (COSHH) was suitably managed and risk assessed, noting a comprehensive practice COSHH folder. We saw all practice waste was removed through a suitable waste disposal contract. However, the bags waiting to be disposed were stacked on top of one another within a storage room corridor and not stored within clinical waste bins.

**The registered manager must ensure clinical waste is stored appropriately.**

We found this same storage room to be generally untidy, with disposable items being stored beyond their expiry dates. Boxes of equipment were being stored on

the floor rather than on shelving and we saw poorly stacked boxes which could pose a risk to staff.

**The registered manager must keep all storage areas of the practice clean and organised.**

### **Medicines Management**

We found appropriate and safe arrangements and systems in place for the management of medicines. Whilst medicines were not routinely dispensed by staff, other than in an emergency, appropriate procedures were in place to ensure the safe and effective storage, administration and disposal of medicines.

We saw in patient records any administered medicines were clearly recorded, and practitioners gave clear information to patients. This was supported by what patients told us.

We found comprehensive arrangements in place to ensure medical emergencies were safely and effectively managed. Staff records evidenced suitable qualifications in cardiopulmonary resuscitation and first aid. On inspection of the emergency equipment, we found all items were present, easily accessible and within their expiry dates. We noted weekly checks took place on all emergency equipment. We also saw prescription pads were securely stored as appropriate.

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

We found appropriate and up to date safeguarding policies and procedures in place to promote and protect the welfare and safety of children and adults which included contact details for local support services. The policy incorporated the All Wales Safeguarding Procedures and identified an appointed safeguarding lead. We saw all staff were suitably trained in the safeguarding of children and adults.

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

We saw clinical equipment was safe and in good condition. The staff we spoke to were confident in using the equipment and the training records we inspected confirmed they had received suitable training for their roles.

We saw examples of good practice in relation to the management of radiographic treatment. The records we reviewed evidenced:

- Clinical notes for radiographic treatments were fully complete
- The radiation protection folder was complete and recently updated
- Local rules were comprehensive, easily locatable and routinely reviewed
- Quality assurance checks and radiographic grading audits were routine
- All staff were trained to a suitable level in radiography.

## Effective

### Effective Care

We found staff made a safe assessment and diagnosis of patients. Patient records evidenced treatments being provided according to clinical need and following professional, regulatory and statutory guidance.

The clinical staff we spoke to demonstrated clear understanding of their responsibilities while being aware of where to seek relevant professional advice, if necessary.

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

### Patient Records

We reviewed a total of 10 patient records and found clinical record keeping was to an appropriate standard. We were told how 20,000 paper records had recently been scanned into the patient record system and the practice was now fully digitised with records stored in line with the General Data Protection Regulations. We also saw a satisfactory records management policy in place.

The majority of the patient records we reviewed were up to date and complete. However, we saw evidence some patient referrals were not followed up by the practice which risked patients not receiving the care they require from other parts of the health service.

**The registered manager must ensure patient referrals are followed up in a timely manner.**

We also found the recording of patient language preference and any actions taken in response to this preference were not recorded.

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

Patients that responded to the HIW questionnaire confirmed their medical history was checked prior to any appointment taking place. All patients agreed they provided informed consent and their treatments were explained in a manner which they could understand. This was supported by the evidence we saw in patient records.

## Efficient

### Efficient

We found clinicians were delivering a satisfactory service for the needs of their patients in a suitable premises. We saw patients progressed through treatment pathways by both hygienists and therapists efficiently. We saw how these appointments were utilised effectively by an appropriate skills mix and a robust appointment and triage process.



# Quality of Management and Leadership

## Leadership

### Governance and Leadership

We found a clear management structure in place supporting the effective running of the practice. Staff meetings were routine and attended by all staff and on review of meeting minutes, we observed discussions around health and safety as well as fire safety, patient feedback, training and local health board audits.

The staff we spoke to were engaging, knowledgeable and supportive with one another. Staff told us they had confidence in managers, with the lead dentist and practice owner explaining they had the correct support and training to undertake their leadership role effectively.

We saw the practice had undertaken the British Dental Association Good Practice Scheme approximately seven years ago but hadn't recently undertaken any team development activity, such as those available through Health Education and Improvement Wales (HEIW). This could affect staff working relationships and information sharing processes which could impact patient care.

**The registered manager should undertake a team development exercise, utilising the support available to them.**

The policies and records we reviewed showed clear review dates and were routinely updated. Staff told us they receive updates through their local health board, which was confirmed in policy records. We saw good communication recorded within staff meeting minutes regarding any policy changes.

## Workforce

### Skilled and Enabled Workforce

We observed good working relationships and noted a positive working environment at the practice. We found an appropriate system in place to ensure a suitable number of qualified staff were working at any one time.

We reviewed a total of 5 out of 18 staff records and we saw all professional registrations were maintained appropriately. There were suitable systems in place to ensure staff records were kept up to date and appropriate pre-employment checks had been undertaken. However, within the records we reviewed, we found one staff member had only one reference check on file, while another was missing

both reference checks. These staff members were both long standing employees and we saw that all recently appointed staff had all required information stored on file.

**The registered manager must provide assurance to HIW of the risk mitigation in place relating to missing pre-employment check records.**

Of the five staff records we reviewed, we found mandatory staff training met the required standard and we were told by staff they were encouraged to undertake learning and development. We saw good practice in all of the records we reviewed whereby staff had completed relevant training and qualifications above the mandatory requirements.

We saw a satisfactory and up to date whistleblowing policy in place. All of the staff records we reviewed showed current and comprehensively documented personal development discussions.

## Culture

### People Engagement, Feedback and Learning

We found an open approach to feedback, which focused on professionalism and courtesy towards patient views. Staff told us patients and, where appropriate, their carers were encouraged to provide feedback using a suggestion box in the waiting areas.

We reviewed the informal feedback log at reception and saw no common themes and few complaints. We saw in practice minutes evidence of feedback being discussed and appropriate actions undertaken as necessary. We were told any feedback which required a response would be communicated to patients via a noticeboard at reception.

We saw a robust complaints procedure in place that fully aligned to Putting Things Right. We saw this complaints procedure and corresponding policy were on display in the reception area, which included a named contact for patients to contact. However, we noted outdated details were provided for the newly formed patient advocacy service, Llais.

**The registered manager must ensure their complaints procedure is kept updated.**

We reviewed a sample of complaints which were addressed within agreed timescales, dealt with professionally and there were no common themes. We did note some complaints which staff informed us were vexatious and appeared to be

linked to a number of online reviews the practice had recently received. We reviewed the investigation of these complaints and found it to be appropriate and our findings on the day of our inspection also did not support the claims in the complaints.

We found a detailed duty of candour policy and staff explained their role as part of the Duty appropriately. Staff further explained they had received Duty of Candour training available through the health board and more members of the team were due to attend within the next three months.

## **Learning, Improvement and Research**

### **Quality Improvement Activities**

We found a suitable policy in place for the management of quality improvement activities. We saw audits were undertaken on radiographic quality, smoking cessation, patient records and peer review. Additional audits were also undertaken on disability access and personal protective equipment. We did not see evidence of a current antibiotic prescribing audit, however, staff informed us this was planned within the next six months.

**The registered manager must undertake an antibiotic prescribing audit, such as those available through HEIW.**

## **Whole Systems Approach**

### **Partnership Working and Development**

Staff outlined good working relationships with other healthcare professionals in their local GP and particularly their local pharmacy. The principal dentist explained a recently reinstated system for referral to the local pharmacy for smoking cessation advice and support to patients.

## 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
No immediate concerns were identified on this inspection			

## Appendix B - Immediate improvement plan

**Service:** Morgan Street Dental Practice

**Date of inspection:** 29 November 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 concerns were identified on this inspection					

## Appendix C - Improvement plan

**Service:** Morgan Street Dental Practice

**Date of inspection:** 29 November 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
The downstairs toilet facility did not feature any supportive aids for those patients with disabilities. Staff told us a nearby public disabled toilet was used by patients. We found no information was made available to patients regarding this.	The practice should ensure that up-to-date information is provided within its Statement of Purpose and Patient Information Leaflet regarding availability of and access to disabled toilets.	Private Dentistry (Wales) Regulations 2017, Section 6	'Practice Information leaflet' and 'Statement of Purpose' Leaflet to be updated with relevant information as to where patients can access a disabled toilet nearby. The nearest disabled toilet to the Practice is at the nearby main bus station in Pontypridd, very close proximity to Morgan Street Dental Surgery. We are planning on placing	Grant Phillips	Information leaflets and notice boards have been updated with relevant information. Supportive aids will be in place by end of February 2024.

			some supportive aids within the existing downstairs toilet at the Practice.		
The clinical waste bags waiting to be disposed were stacked on top of one another within a storage room corridor and not stored within clinical waste bins.	The registered manager must ensure clinical waste is stored appropriately.	Section 22 (2) (a)	Lockable clinical waste wheelie bins have been purchased and have now been installed at the rear of the property.	Grant Phillips	Complete
We found a storage room to be generally untidy, with disposable items being stored beyond their expiry dates. Boxes of equipment were being stored on the floor rather than on shelving and we saw poorly stacked boxes which could pose a risk to staff.	The registered manager must keep all storage areas of the practice clean and organised.	Section 22 (2) (a)	All disposable items to be checked of expiry dates ASAP and disposed of if dates have expired. All items to be stored on shelves and tidied up to eliminate hazard risks to staff	Grant Phillips	Complete
We saw evidence some patient referrals were	The registered manager must ensure patient	Section 13 (1)	All patient referrals to be followed up ASAP.	Grant Phillips	Complete



not followed up by the practice which risked patients not receiving the care they require from other parts of the health service.	referrals are followed up in a timely manner.		All dentists to have their own referral note book so that regular checks on referral status can be obtained using the “All Wales track on-line tool.”		
We found the recording of patient language preference and any actions taken in response to this preference were not recorded.	The registered manager must ensure language and communication needs of patients are recorded.	Section 13 (1)	We will respect patients’ language preference. Notice to be put up in reception for patients to request their preferred language during consultations. This is to be recorded in their ‘patient notes.’	Grant Phillips	On-going
We saw the practice hadn’t recently undertaken any team development activity.	The registered manager should undertake a team development exercise, utilising the support available to them.	Section 16 (1) (a)	Practice to consult HEIW on completing the SOSET team development tool.	Grant Phillips	July 2024
We found one staff member had only one	The registered manager must provide assurance to	Section 18	Longstanding staff members have now	Grant Phillips	Complete

reference check on file, while another was missing both reference checks. These staff members were both long standing employees and we saw that all recently appointed staff had all required information stored on file.	HIW of the risk mitigation in place relating to missing pre-employment check records.		filled out a declaration form stating that they are trustworthy individuals and there are no reasons why they should not be employed in their allocated roles at Morgan Street Dental Surgery.		
We noted outdated details were provided for the newly formed patient advocacy service, Llais.	The registered manager must ensure their complaints procedure is kept updated.	Section 8 (6)	Complaints policy is now updated.	Grant Phillips	Completed
We did not see evidence of a current antibiotic prescribing audit.	The registered manager must undertake an antibiotic prescribing audit, such as those available through HEIW.	Section 16 (1) (a)	HEIW has been contacted and all dentists will take part in a new Antibiotic audit	Grant Phillips	End of April 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):** Grant Phillips

**Job role:**

**Owner/Dentist**

**Date:**

**21/01/2024**