

General Dental Practice Inspection Report (Announced)

Live Life Smiling Dental Practice,
Swansea Bay University Health Board

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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

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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 Live Life Smiling Dental Practice, Swansea Bay University Health Board on 26 March 2024.

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 37 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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found patients were treated with dignity and respect by staff operating in a professional manner. Patients who responded to the HIW survey rated the service as 'very good' or 'good' and all of the feedback we received was positive.

Respondents also told us that they were treated with dignity and respect, and they were given enough information to understand the treatment options available to them. Urgent care and cancellations were both managed appropriately by practice staff. We also saw reasonable adjustments in place to support staff and patients.

This is what we recommend the service can improve:

- The registered manager must work with the health board to implement the 'Active Offer'.

This is what the service did well:

- Robust arrangements were in place to ensure patients were provided with timely urgent care.

Delivery of Safe and Effective Care

Overall summary:

We found a tidy and modern practice which was well-organised, furnished and suitably equipped. However, we did find some improvements were required in respect of the cleanliness of clinical drawers within two of the surgeries. Equipment for use in the event of an emergency was all managed correctly. Although, we noted an X-ray machine was located within the same room as the equipment decontamination area, which could have posed a risk to patient safety. Patient records were stored appropriately but we did see instances where some relevant information had not been noted within the records.

This is what we recommend the service can improve:

- The registered manager must ensure all areas of the practice are kept clean at all times and a robust schedule for cleaning is implemented
- The registered manager must maintain a robust audit trail when disposing of medicines, in particular controlled drugs
- The registered manager must ensure accurate, comprehensive and complete patient records are kept at all times.

This is what the service did well:

- The arrangements in place for safeguarding children and vulnerable adults were comprehensive
- Fire safety checks and the procedures in place for the management of risk were robust.

Quality of Management and Leadership

Overall summary:

We saw clear governance structures and approachable leaders who supported the effective management and running of the practice. Staff were friendly and polite, with patients telling us that staff listened to them and answered their questions. The training records for staff showed they were appropriately trained for the roles they undertook. Comprehensive arrangements were in place to support staff learning and development. The management of, and response to, both feedback and complaints was robust and quality improvement activities were routine. The professional obligations of staff were satisfactorily supervised by managers.

This is what the service did well:

- Staff felt supported by managers and were polite and professional.

3. What we found

Quality of Patient Experience

Patient Feedback

HIW issued a questionnaire to obtain patient views on the care at Live Life Smiling for the inspection in March 2024. In total, we received 37 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 37 responses.

Overall, the responses were positive. All respondents rated the service as ‘very good’ (32/36) or ‘good’ (4/36).

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

“Have been a patient of this practice for many years. All staff are very helpful. Always friendly and happy.”

“Staff always friendly and polite. They always try to schedule things at most convenient times for me. Very clean facility. Dentists very approachable and explain procedures well.”

“I have always received excellent care at this dental practice. I am always reassured and well looked after.”

“Staff are very polite and always make sure you have an excellent experience.”

Person Centred

Health Promotion

Suitable information was available to patients regarding the service within the patient information leaflet. Additional information on oral health matters such as paediatric dental health, advice on tooth decay and fissure sealants was also displayed on screens for patients in waiting areas. We observed the fees for NHS and private services were clearly displayed alongside the names and General Dental Council (GDC) numbers of practitioners. We saw the opening hours and emergency contact details displayed on the front door.

All respondents to the HIW patient questionnaire stated their oral health was explained to them in a manner they could understand. All patients agreed they were given clear aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

We observed patients being treated with dignity and respect throughout our inspection. All of the patients who completed the HIW questionnaire confirmed they were treated with dignity and respect by staff. We saw all areas of the practice were designed to provide patients with suitable levels of privacy and confidentiality. This included frosted glass on surgery doors which were kept closed during consultations. Patients were also given the option to hold sensitive conversations away from the reception desk, if required.

We noted the GDC codes of ethics on display in the waiting area.

Individualised care

Patients responding to the HIW questionnaire all stated they were involved as much as they wanted to be in the decisions about their treatment. All patients also stated they were given enough information to understand which treatment options were available, including information on the risks and benefits of the options available.

All patients agreed they were given suitable aftercare information on how to maintain good oral health and what to do in the event of an infection or emergency.

Timely

Timely Care

We found appropriate systems in place to ensure patients received timely care. Delays to appointments were managed by reception, in consultation with clinical staff, and communicated to patients in a timely manner. Patients were given the option to arrange an appointment on a different date should any delay last longer than 10 minutes. Staff told us that each clinician had different wait times between routine appointments, though on average patients were usually waiting two weeks.

Emergency appointments were overseen by reception through a process of telephone triage. Each dentist set aside 30 minutes of appointment time each day for emergencies. We were told no patient would wait longer than 24 hours to see a practitioner in the event of an urgent dental problem.

All patients noted they would find it 'very easy' (27/37) or 'fairly easy' (10/37) to find an appointment when they needed one. Most patients (29/37) agreed they

would know how to access the out of hours dental service if they had an urgent dental problem.

Equitable

Communication and Language

Patient information was readily available in English, including on digital screens in the waiting area, but we found limited information available for patients in Welsh. We saw signs in the practice which were in English only, however, we did see the 'laith Gwaith' sign on display at reception to encourage patients to communicate in Welsh if they wished. Staff were also encouraged to wear 'laith Gwaith' badges.

During our discussions with staff, they demonstrated an understanding of the 'Active Offer' and the requirement to provide a bilingual service for patients. However, they explained translating documents and signage was challenging due to the costs and time involved.

The registered manager must work with the health board to implement the 'Active Offer'.

Staff told us they could access translation tools to communicate with patients whose first language was not English. Staff confirmed that patient information could be provided in their preferred language upon request.

Rights and Equality

We found the rights and equality of patients and staff to be actively supported and upheld. The recently reviewed equality and diversity policy demonstrated an appropriate approach to supporting the rights of patients and staff. The practice discrimination policy outlined a zero-tolerance approach to any form of harassment or discrimination towards staff or patients.

We saw a suitable means to support patients and staff with any reasonable adjustments required. We heard examples where staff were given footrests to assist with recovery from a leg injury and lumbar support for the chair of another staff member. Transgender patients were appropriately supported in upholding their equality rights.

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 (34/36) stated that the building was accessible, with two patients saying they didn't know.

Delivery of Safe and Effective Care

Safe

Risk Management

We found a visibly tidy practice which was in a good state of repair internally and externally. The practice was located on the ground floor and approached via level ground, with the reception area appropriately sized to support the three surgeries. We heard telephone lines in working order and saw suitable staff changing areas with lockers available. The toilets for patients and staff were properly equipped and clean. It was noted within the patient leaflet that the patient toilets were not, however, equipped for those with a disability.

Single use items were used where necessary. We saw dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses.

Suitable policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Recent risk assessments for fire safety and health and safety had been conducted, with a suitable business continuity policy also in place. On review of the fire safety equipment and information we found robust and comprehensive arrangements were in place in relation to fire safety. These included regular maintenance of fire safety equipment and clearly displayed fire safety and no smoking signs.

The practice employer liability insurance certificate and Health and Safety Executive poster were both on display.

Infection, Prevention, Control (IPC) and Decontamination

Most areas of the practice were clean and well organised. However, we did find the drawer interiors in two of the surgeries had visible layers of dust present. Although the clinical items stored in these drawers were sealed in packaging and stored in equipment holders, we could not be assured that the clinical items for intra-oral use would not become contaminated by being stored in these conditions. We also noted that the cleaning schedules in place did not specify the requirement for deep cleaning of the drawers beneath the equipment holders.

The registered manager must ensure all areas of the practice are kept clean at all times.

The registered manager must put in place a routine schedule of deep cleaning for all clinical areas.

Staff had sufficient access to Personal Protective Equipment (PPE) and the environment was in a good state of repair to enable effective cleaning. We saw hand hygiene facilities and signage were appropriate.

Patients who responded to the HIW questionnaire said they felt the practice was 'very clean' (35/36) or 'fairly clean' (1/36). Most patients (34/36) stated they felt IPC measures were being appropriately followed by staff, with one patient indicating they 'did not know'.

Occupational health services were in place for staff to deal with sharps injuries and we saw the use of safer sharps devices to prevent injuries. We noted a suitable sharps injury protocol in place.

Manual and ultrasonic pre-sterilisation processes were undertaken prior to autoclave sterilisation. These testing arrangements were robust, supported by twice-daily checks and daily checklists for each surgery. We saw the process for disinfecting impressions was appropriate.

The decontamination process for the practice took place in a designated area located off a corridor routinely used by staff and patients, which had clearly marked 'clean' and 'dirty' areas. However, the decontamination area also sided on to the practice orthopantomogram (OPG) where patients would sometimes receive an X-ray at the same time a disinfection process took place. We were told this wasn't routine practice but did happen on occasion. We informed staff that no patient should receive an OPG at the same time as a decontamination cycle to protect patients. The proximity of the OPG to the decontamination area posed a risk of patients being brought into contact with contaminated aerosols during autoclave cycles. We also identified that the arrangements could pose a potential risk of harm to patients if the autoclave machine were to develop a fault.

The registered manager must ensure appropriate separation of the decontamination process from patients to support patient safety.

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

Medicines Management

Medicines were not routinely dispensed by staff, other than those used in an emergency. We noted a suitable policy for the obtaining, handling, use and safe keeping of medicines. We found that expired emergency medicines were disposed

of at a local pharmacy, which included those scheduled as controlled drugs under misuse of drugs legislation. However, staff told us that they received no receipts when disposing of controlled drugs and we saw no evidence of the disposal on file. Receipting disposal would protect staff and prevent controlled drugs being lost, mislaid or subject to misuse.

The registered manager must maintain a robust audit trail when disposing of medicines, in particular controlled drugs.

Details of medicines were clearly detailed within patient records and the advice given by practitioners to patients was also clearly recorded. This was supported by what patients told us.

We found satisfactory 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, 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 comprehensive and up to date safeguarding policies and procedures in place to promote and protect the welfare and safety of children and adults. The policy and procedures incorporated the All-Wales Safeguarding Procedures, identified an appointed safeguarding lead and included contact details for local support services. Staff told us they used the All-Wales Safeguarding Procedures application on their mobile devices to ensure they had the most up to date information.

We saw all staff were suitably trained in the safeguarding of children and adults. The staff we spoke with demonstrated a satisfactory understanding of safeguarding procedures and said they would feel supported if they were to raise a concern.

Management of Medical Devices and Equipment

We saw the clinical equipment was safe, in good condition and fit for purpose. The reusable dental equipment was observed to be in good condition and promoted safe and effective care. The staff we spoke with were confident in using the equipment and the training records we inspected confirmed they had received suitable training for their roles.

We saw the practice radiation protection folder was up to date and comprehensive. On review of patient records, we found the clinical notes for radiographic treatments to be fully complete. Records also indicated patients, and

where relevant their comforters, were suitably informed of the risks and benefits of radiation and any exposures were correctly recorded. We noted the local rules were easily locatable. Staff training records indicated all staff were trained to an appropriate 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 whilst 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 which were stored in an appropriate records management system and in line with the General Data Protection Regulations. A suitable records management policy was also in place.

We found reasons for attendance, signed medical histories and full base charting were all routinely recorded. We also saw evidence that patients had recently been asked their language preference and the details of the action taken in response to this were being recorded. However, within the ten records reviewed, we identified the following areas which required the quality of the patient notes to be strengthened:

- Oral cancer screening was not recorded in any of the records reviewed
- Risk assessments based on cavities, perio, tooth wear and oral cancer were not recorded in any of the records
- Informed consent was not recorded in 5 of the records
- Of the one applicable records reviewed, smoking cessation advice was not recorded as being given
- No evidence was recorded that 'Delivering Better Oral Health' prevention has been implemented.

The registered manager must ensure patient records are accurately and comprehensively completed in line with GDC requirements and Faculty of General Dental Practice UK guidelines.

Efficient

Efficient

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

Quality of Management and Leadership

Leadership

Governance and Leadership

Clear management structures were in place to support the effective running of the practice. Team meetings took place every six weeks, and the meeting minutes we reviewed evidenced suitable discussions on fire drills, policy changes and patient questionnaires. We saw the practice had undertaken a suitable and recent team development activity, with another planned to take place in 2024.

The staff we spoke to were polite and professional. Both staff and managers confirmed they had received sufficient training and support to undertake their roles effectively. We saw evidence that risks were recorded and handled appropriately by managers.

Workforce

Skilled and Enabled Workforce

We found robust arrangements in place to ensure staff remained fully trained for their roles. We reviewed a total of 7 out of the 19 staff records available and found full compliance with all mandatory training requirements. A suitable system was used to monitor staff compliance with training. Relevant training in addition to mandatory requirements was also evident in some of the nurses records we reviewed. The staff we spoke with felt supported to develop at Live Life Smiling and were given time to attend training courses. Staff inductions were overseen by managers through an appropriate recruitment policy and a detailed induction checklist. We saw evidence that all appraisals took place annually and were up to date for all staff.

The staff we spoke with explained they would know what to do in the event of a concern over service delivery, treatment or management.

Comprehensive arrangements were in place to monitor and maintain the professional obligations of those working at the practice from the commencement of their employment. A new system was also being implemented to improve routine checks and the review dates of registrations and other professional obligation checks. All of the records we reviewed had up to date GDC registrations and Disclosure and Barring Service Enhanced checks. In one of the records we reviewed for a long-standing clinician, we saw reference checks were not stored on file. However, to mitigate any risks to patients, annual disclosures were

mandated for all employees regarding any criminal convictions or reasons not to practice.

Culture

People Engagement, Feedback and Learning

A comprehensive system for the collection and review of patient feedback was in place. We saw feedback forms at reception and patients were also sent customer service reviews to complete online post-treatment. Verbal feedback was also captured at reception. Feedback was routinely reviewed by managers and the responses to feedback were publicised within the reception area.

The complaints procedure aligned fully to the Putting Things Right procedure, and we saw evidence that patient complaints were responded to in a timely manner. The procedure was on display and included a named point of contact for patients, which was also available on the practice website. Verbal complaints were logged at reception and communicated to the point of contact. Suitable means of escalating a complaint were outlined within the complaints procedure. On review of a sample of complaints, we saw these were dealt with effectively, and that no common themes were evident.

The staff we spoke with demonstrated a clear understanding of their professional responsibilities regarding the Duty of Candour. While there were no records of any Duty of Candour incidents, we were assured the process in place was satisfactory.

Learning, Improvement and Research

Quality Improvement Activities

We found a recently updated quality improvement policy in place to support the activities undertaken by the practice. A checklist also monitored the practice progress against all quality improvement activities. All mandatory quality improvement activity, including audit, was routine and comprehensive. The practice also audited other non-mandatory areas to ensure compliance.

Whole Systems Approach

Partnership Working and Development

Staff outlined suitable means of communication with other health service providers and explained they maintained working relationships with other primary care services. We saw an appropriate process in place to follow up on any referrals made to other service providers.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
<p>The decontamination area sided on to the practice orthopantomogram (OPG) where patients would sometimes receive an X-ray at the same time a disinfection process took place.</p>	<p>The proximity of the OPG to the decontamination area posed a risk of patients being brought into contact with contaminated aerosols during autoclave cycles.</p>	<p>We informed staff that no patient should receive an OPG at the same time as a decontamination cycle to protect patients.</p>	<p>We were told this wasn't routine practice and that it would not happen in future. Additional improvements are noted within Annex C.</p>

Appendix B - Immediate improvement plan

Service: Live Life Smiling

Date of inspection: 26 March 2024

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 additional immediate concerns were identified during this inspection.					

Appendix C - Improvement plan

Service: Live Life Smiling

Date of inspection: 26 March 2024

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
During our discussions with staff, they demonstrated an understanding of the 'Active Offer' and the requirement to provide a bilingual service for patients. However, they explained translating documents and signage was challenging due to the costs and time involved.	The registered manager must work with the health board to implement the 'Active Offer'.	Private Dentistry (Wales) Regulations 2017, Section 13 (1) (a)	<p>We will make contact with our local health board to enquire what assistance they can offer to implement the active offer</p> <p>Response from SBUHB:</p> <p>With regards to the Active Offer the Health Board doesn't have the capacity to offer any translation services to practices. They have however provided an</p>	Sarah Phillips	31/05/2024

			information pack on the active offer.		
We found the drawer interiors in two of the surgeries had visible layers of dust present. Although the clinical items stored in these drawers were sealed in packaging and stored in equipment holders, we could not be assured that the clinical items for intra-oral use would not become contaminated by being stored in these conditions. We also noted that the cleaning schedules in place did not specify the requirement for deep cleaning of the drawers beneath the equipment holders.	The registered manager must ensure all areas of the practice are kept clean at all times.	Section 13 (6)	Clinical areas will be spot checked by senior staff to ensure all areas have been thoroughly cleaned	Sarah Phillips Laura Morris Nia Rees	ongoing
	The registered manager must put in place a routine schedule of deep cleaning for all clinical areas.	Section 8 (1) (m)	Cleaning schedules amended to specify deep cleaning of the drawers beneath equipment holders	Nia Rees	Completed 01/04/2024
The decontamination area housed the practice	The registered manager must ensure appropriate	Section 13 (5)	The practice propose separation of	Laura Morris	January 2025

<p>orthopantomogram (OPG) where patients would receive an X-ray at the same time a disinfection process took place. This proximity posed a risk of patients being brought into contact with contaminated aerosols during autoclave cycles. We also identified that this arrangement could pose a potential risk of harm to patients if the autoclave machine were to develop a fault.</p>	<p>separation of the decontamination process from patients to support patient safety.</p>	<p>Section 22 (2) (a)</p>	<p>decontamination area and OPG area by a sliding door to be fitted between the two workspaces</p>		
<p>We found that expired emergency medicines were disposed of at a local pharmacy, which included those scheduled as controlled drugs under misuse of drugs legislation. However, staff told us that they received no receipts</p>	<p>The registered manager must maintain a robust audit trail when disposing of medicines, in particular controlled drugs.</p>	<p>Section 13 (4)</p>	<p>Documentation to be obtained and stored for the disposal of any controlled drugs in the practice.</p>	<p>Sarah Phillips</p>	<p>Ongoing</p>

<p>when disposing of controlled drugs and we saw no evidence of the disposal on file. Receipting disposal would protect staff and prevent controlled drugs being lost, mislaid or subject to misuse.</p>					
<p>Within the ten records reviewed, we identified the following areas which required the quality of the patient notes to be strengthened:</p> <ul style="list-style-type: none"> • Oral cancer screening was not recorded in any of the records reviewed • Risk assessments based on cavities, perio, tooth wear and oral cancer were not recorded in any of the records 	<p>The registered manager must ensure patient records are accurately and comprehensively completed in line with GDC requirements and Faculty of General Dental Practice UK guidelines.</p>	<p>Section 20 (1) (a)</p>	<p>Feedback from audit and GDC & FGDP UK Guidelines discussed with all dentists.</p> <p>Record keeping checklists are to be updated.</p> <p>Record Keeping Audit to be updated to ensure Oral cancer screening, risk assessment, delivering</p>	<p>Laura Morris</p> <p>Sarah Phillips</p> <p>Sarah Phillips</p>	<p>Complete 01/04/2024</p> <p>31/05/2024</p> <p>26/07/2024</p>

- Informed consent was not recorded in 5 of the records
- Of the one applicable records reviewed, smoking cessation advice was not recorded as being given
- No evidence was recorded that 'Delivering Better Oral Health' prevention has been implemented.

better oral health, smoking cessation and consent is included.

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): Laura Morris

Job role: Registered Manager

Date: 17/05/2024