Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Charsfield Dental Practice

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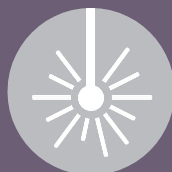

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

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 Charsfield Dental Practice on 9 January 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 21 questionnaires were completed by patients or their carers and 2 were completed by staff. Feedback and some of the comments we received 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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We found patients were treated with dignity and respect throughout their contact with the practice. We saw suitable systems in place to oversee patient appointments, and any delays to treatments were communicated by staff to patients in a timely manner. We found comprehensive policies in place to support the rights and equality of patients and we saw examples of reasonable adjustments having been put in place by staff.

This is what the service did well:

- All of the patient comments we received were positive and all patients rated the service as either 'good' or 'very good'.

Delivery of Safe and Effective Care

Overall summary:
We found a clean and safe practice which was maintained and kept tidy. The clinical equipment and reusable clinical items were in good condition and operated by suitably trained staff. We saw care was being delivered to patients safely and all patients told us they thought the practice was 'very clean' with staff following relevant infection control procedures. However, we found areas to improve around the emergency equipment and patient notes. The arrangements in place for the administration or radiographs were robust and we saw the safeguarding provisions in place for children and adults were comprehensive.

This is what we recommend the service can improve:

- The registered manager must ensure first aid refreshers take place annually
- The registered manager must ensure weekly checks take place as a minimum on all emergency equipment
- The registered manager must ensure complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines.

This is what the service did well:

- Arrangements for gaining patient consent were comprehensive
- Separate rooms were used for the 'clean' and 'dirty' stages of the decontamination process.

Quality of Management and Leadership

Overall summary:
Robust management arrangements enabled the effective running of the practice by managers. The staff we observed speaking to patients were friendly and considerate of one another. Staff records evidenced that all staff had completed their mandatory training, with staff confirming they were supported to undertake learning and development activities. We found areas to improve regarding the assessment of risk around missing pre-employment checks for long standing staff members. We also found improvements were required to ensure audit activities and team development activities were appropriately conducted. The collation and response to patient feedback was suitable and we saw arrangements to collate informal patient feedback in place.

This is what we recommend the service can improve:

- The registered manager must provide assurance to HIW of the risk mitigation in place relating to missing pre-employment check records
- The registered manager must ensure audits take place on antibiotic prescribing and smoking cessation.

This is what the service did well:

- Staff meetings were frequent with detailed minutes completed
- The induction process for new staff was comprehensive.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW patient questionnaire were positive. All 21 respondents rated the service as 'very good' (20/21) or 'good' (1/21). Some comments we received on the service included:

> ***"Fantastic team always take good care of my dental needs."***
>
> ***"Staff at the front desk are all polite and extremely kind. This practice is one of the best in Wales."***
>
> ***"The atmosphere in the practice is calm, reassuring and friendly."***
>
> ***"Staff are always friendly, helpful and informative."***
>
> ***"Staff are friendly and approachable."***
>
> ***"The care and treatment I receive at this dental practice is excellent."***
>
> ***"I have always had excellent care."***

Person Centred

Health Promotion
We noted appropriate information on display for patients regarding smoking cessation, paediatric dental care and denture care. Most of this information was available bilingually, and staff informed us that other formats would be made available upon request. We saw charges for dental care were prominently displayed at the reception desk alongside the names and General Dental Council (GDC) numbers of practitioners. The opening hours and emergency contact details were displayed on the front door.

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

Dignified and Respectful Care
We found patients were provided with dignified and respectful care throughout their patient journey. We saw solid doors and frosted glass in place to protect patient privacy during treatments. Staff told us that confidential conversations would be held away from the reception desk and waiting area. We noted the GDC Codes of Practice on display at reception.

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

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

All patients agreed they were given clear guidance on what to do in the event of an emergency. A majority of respondents (17/21) agreed they were given information on how the practice would resolve any post-treatment concerns or complaints, two patients gave a ‘not applicable’ response.

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 a satisfactory appointment system in place which managed the timely access to care for patients. Staff informed us that, while infrequent, patients were informed of any delays within a suitable time frame.

Staff informed us that emergency appointments were seen within 24 hours. Emergency appointments were triaged over the telephone in consultation with a practitioner, when needed.

Patients told us they found it ‘very easy’ (16/21) or ‘fairly easy’ (5/21) 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 patients (18/21) said they would know how to access out of hours dental services if they had an urgent dental problem.

Equitable

Communication and Language
We found strong evidence the practice promoted the use of the Welsh language. We saw bilingual posters and leaflets on display for patient awareness, including the 'Iaith Gwaith' poster. We heard staff communicating between each other bilingually and speaking with a patient in Welsh.

Patients whose first language was not English could communicate using online translation tools. Staff told us they would make documents available in different formats or languages upon request.

Welsh-speaking respondents to the HIW patient questionnaire confirmed they all felt comfortable using Welsh in the practice. Most Welsh-speaking patients (3/4) told us they were actively given the opportunity to speak the language, and healthcare information was available in their preferred language.

Rights and Equality
We found the rights of patients were upheld through suitable arrangements. These arrangements included comprehensive and recently updated policies relating to patient acceptance, patient disabilities and vulnerable patient procedures. We found equality was promoted via recently reviewed policies for equal opportunities and equality.

During the inspection we noted that the disabled access to the building was limited. The patient information leaflet clearly outlined the accessibility constraints of the practice due to the age and layout of the building externally. However, staff told us that any patient with access requirements would be accommodated as much as possible. The practice had a disabled toilet and a ground floor surgery to support patients with mobility issues. Under half of the respondents to the HIW questionnaire (9/21) stated the building was accessible. Some patients (9/21) stated the practice was partially accessible, with a small number either stating the practice was not accessible (2/21) or that they were 'unsure' (1/21).

We saw examples where the practice had made reasonable adjustments for staff and we were informed of these in place for patients. 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.

Delivery of Safe and Effective Care

Safe

Risk Management
We found the practice was in a suitable condition to meet the needs of their patients. We saw the building was in a good state of repair and kept tidy. The practice was set over three floors, with a spacious waiting and reception area. The surgeries were located over the first two floors, with the top floor reserved for staff only. We found all areas to be suitably equipped and fit for their purpose.

The practice environment provided safe lighting, comfortable levels of heating and ventilation. We heard telephone communications in working order and we saw changing facilities alongside lockers available for staff.

We saw the practice toilets were signposted, clean and equipped with suitable and functional equipment. We found all surgeries to be tidy and organised. Single-use items were used where appropriate and reusable dental equipment was in sufficient numbers to enable effective decontamination between uses.

We noted comprehensive policies and risk assessments were in place to maintain the health and safety of patients and staff. These included a building maintenance policy and robust emergency contingency procedures. The practice public liability insurance certificate and Health and Safety Executive poster were suitably displayed in the practice.

Fire safety signage was present around the practice, with no smoking signs also on display. We noted a satisfactory fire equipment maintenance contract in place, and fire fighting equipment located at appropriate points throughout the practice. On review of the fire safety records we found:

- Fire alarm checks and visual fire safety inspections were both completed on a monthly basis
- Fire fighting equipment checks were completed monthly
- Fire drills were conducted every 6 months
- The fire risk assessment was reviewed annually
- Fire equipment servicing was completed annually through a maintenance contract
- Electrical testing was completed on an annual basis.

However, during the inspection we found the testing of the emergency lighting had not taken place during the annual electrical testing process. Staff told us this

should have been completed by the contractor but appeared it was missed during the last testing. Emergency lighting functionality was assured on the day by staff testing the lighting for inspectors. We also reviewed records of emergency lighting tests taking place as part of their monthly fire safety checks. An appointment for the testing of the emergency lighting was arranged by the end of the inspection.

The registered manager must ensure all emergency lighting is tested annually by an approved technician.

Infection, Prevention, Control (IPC) and Decontamination
We found a clean practice in a good state of repair, enabling effective cleaning and infection control. We saw appropriate and suitably completed IPC and decontamination procedures and daily surgery checklists, which evidenced regular cleaning of all areas in the practice. We saw suitable hand hygiene facilities and we saw personal protective equipment was used appropriately and changed frequently.

All of the patients that responded to the HIW questionnaire said they felt the practice was very clean. All of the respondents also agreed that IPC measures were being appropriately followed.

We noted safer sharps devices were in use to prevent needlestick injuries. However, we saw the practice did not have access to a private occupational health service and still used the services available to them through the NHS.

We observed robust decontamination processes to ensure the correct cleaning and sterilisation of reusable equipment and impressions. The processes included manual cleaning, an ultrasonic bath and routinely serviced autoclaves. We noted good practice in the use of separate rooms for the processing of ‘clean’ and ‘dirty’ equipment. Daily checks took place on the autoclave machines and the cycle records were reviewed on a weekly basis. However, we did not find a logbook to record the cleaning schedule for the ultrasonic bath.

The registered manager must ensure the practice cleaning schedules are appropriately recorded.

We saw evidence in a designated folder that the processes for the Control of Substances Hazardous to Health (COSHH) was suitably managed and risk assessed. We also saw all practice waste was removed through a suitable waste disposal contract.

Medicines Management
We found appropriate and safe arrangements and systems in place for the management of medicines. We saw satisfactory procedures to manage the use, storage and dispensing of medicines. We noted the practice prescription pad was stored securely. During our examination of patient records, we observed a clear record of the medicines being administered; alongside suitable guidance given to patients. Patients that responded to the HIW questionnaire agreed suitable guidance and aftercare was provided. We saw the 'Yellow Card' scheme poster on display at reception to inform patients how to record adverse reactions to medicines. We also saw adverse reactions were recorded in patient notes.

On review of staff records we found all staff had recently completed cardiopulmonary resuscitation training and there was a trained first aider.

We saw the practice emergency kit was complete and suitable policies were in place to safely manage patient emergencies. The equipment and first aid items were all within their expiry dates and easily accessible in the event of an emergency. However, we found the Midazolam within the emergency kit was only available in 10mg, rather than in 5mg or 7.5mg, making it unsuitable for different age groups. Whilst we were assured that all staff had received appropriate training in respect if this matter, in the event of a medical emergency, this could make it difficult for the correct dose to be administered to patients.

The registered manager must ensure the Midazolam is at a suitable dosage and amount so it can be quickly administered in an emergency.

We noted a comprehensive checklist in place to ensure the suitability and readiness of all emergency equipment. We observed daily checks took place on oxygen cylinders and the practice defibrillator, while we saw monthly checks took place on the remainder. Resus Council UK recommend weekly checks take place on all equipment for use in an emergency.

The registered manager must ensure weekly checks take place as a minimum on all emergency equipment.

Safeguarding of Children and Adults
We found appropriate and effective arrangements in place for the safeguarding of children and vulnerable adults. We saw practice policies referenced the All Wales Safeguarding arrangements and included a named safeguarding lead. We observed an easily accessible flowchart was provided to assist staff when raising a concern.

The staff we spoke with correctly outlined the process for raising a concern. Staff explained they would feel confident to raise a safeguarding concern and they felt

they would be supported in doing so. The staff training records evidenced that all staff were suitably trained in the safeguarding of children and vulnerable adults.

Management of Medical Devices and Equipment
We found all clinical equipment to be in satisfactory condition and fit for purpose. Suitable policies were in place for the management of equipment failure, and we saw all staff were trained to use the equipment correctly.

The radiation protection folder was fully complete and had a named radiation protection advisor and protection supervisor. We saw the local rules were suitable and easily locatable for staff, with evidence of routine review. In patient records, we saw all radiographic treatments were recorded correctly and treatments undertaken safely. We noted patients gave informed consent prior to any radiation exposure and X-rays were only used where necessary. We also saw in staff records, that all staff were appropriately trained in radiography.

Effective

Effective Care
We found staff made a safe assessment and diagnosis of patients. Patient records evidenced treatments were 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 found suitable processes in place to record patient understanding and consent to surgical procedures. However, we did not see the appropriate 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 and found clinical record keeping was to an appropriate standard. Records were stored in a digital system compliant with the General Data Protection Regulations and in line with a robust records management policy. We saw legacy paper records were stored in a locked and organised archive room.

We noted good practice with the completion of comprehensive patient consent forms which also formed part of a wider detailed new patient pack.

We found most patient records were comprehensively updated, however, we did find examples where patient records were incomplete or missing information, including:

- Oral cancer screening was not recorded in any patient record we reviewed
- Written treatment plans were not recorded in any of the applicable patient records
- We saw three examples where the Delivering Better Oral Health and evidence based toolkit for prevention was not implemented
- A further three records did not have risk assessments recorded for tooth wear
- Antibiotic prescribing justification was not recorded in two of the applicable patient records.

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

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

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

Quality of Management and Leadership

Leadership

Governance and Leadership

We saw clear management structures in place to support the effective running of services. We saw the practice were 'Expert members' of the British Dental Association, however, we did not see evidence any team development activity had taken place.

The registered manager must undertake team development activity, utilising the support available to them.

We saw formal team meetings took place regularly and minutes showed discussions ranged from policy updates, to new patient acceptance and the management of annual leave. Staff told us that informal team meetings also took place on a more frequent basis. We also saw evidence that a robust register of policies were maintained by the practice manager and reviews were undertaken annually. These updates were communicated in team meetings.

Workforce

Skilled and Enabled Workforce

We found staff training was managed appropriately and people management was robust. We saw the use of a staff rota to ensure appropriate numbers of suitably qualified staff working at any one time. We noted a suitable whistleblowing procedure in place and the staff we spoke to said they would know what to do in the event of a concern. Staff also explained they would feel confident raising any concerns.

We saw a comprehensive template used for the induction of staff into the practice and managers told us that any performance issued would be addressed through appraisals or one to one discussions. We noted a satisfactory pre-employment policy which outlined the recruitment procedures in place to ensure staff met the 'fitness to work' requirements.

We reviewed a total of 6 staff records out of the 12 available for review. We saw all staff had completed all mandatory training courses. Staff told us they felt supported to undertake learning and development activities. We saw a comprehensive training and development policy in place to support staff to undertake this activity.

Of the staff records we reviewed, we saw the professional obligations of staff were regularly reviewed using an appropriate system of governance oversight. All mandatory pre-employment checks had been undertaken for newly appointed staff, however, we found three staff members were missing suitable reference checks in their files. We were informed the staff concerned were long standing employees of the practice. We received assurances that the correct recruitment procedures were now in place for all recently appointed staff from the evidence we saw in those staff records.

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

During our review of staff appraisals we saw three members of staff were out of compliance. Staff explained these were scheduled to be conducted within the next three months.

The registered manager must ensure staff receive appraisals on an annual basis.

Culture

People Engagement, Feedback and Learning

We saw a robust system for the collection and review of feedback. We saw feedback forms at reception and patients were sent customer service reviews to complete online post-treatment. We also saw a book at reception to capture any verbal feedback from patients.

On the notice board in reception we noted a display showing a 'you said, we did' section to respond to patient feedback. The practice manager told us they discussed feedback at formal team meetings and that feedback was monitored weekly during an informal meeting of staff.

We found the complaints procedure was in line with Putting Things Right and patients received a response to any complaint in a timely manner. We noted the practice manager was named in the complaints procedure which was available at reception for patients. However, we noted in this procedure that no reference was made to the recently formed patient advocacy service, Llais.

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

Learning, Improvement and Research

Quality Improvement Activities
We saw regular audits taking place for healthcare waste, infection prevention and control, as well as radiographic treatment audits and record cards audits. Additionally, the practice undertook audits on disability discrimination and health and safety. However, we did not see audits for antibiotic prescribing nor smoking cessation. Staff told us both were due to commence in February 2024.

The registered manager must ensure audits take place on antibiotic prescribing and smoking cessation.

We saw good practice by staff undertaking decontamination training audits using staff questionnaires. We also saw regular hand hygiene audits taking place.

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: Charsfield Dental Practice

Date of inspection: 9 January 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 immediate concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Charsfield Dental Practice

Date of inspection: 9 January 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
We found the testing of the emergency lighting had not taken place during the annual electrical testing process. Staff told us this should have been completed by the contractor but appeared it was missed during the last testing. Emergency lighting functionality was assured on the day by the testing undertaken and the evidence we saw that staff conducted	The registered manager must ensure all emergency lighting is tested annually by an approved technician.	Private Dentistry (Wales) Regulations 2017, Section 22 (4)	Testing was completed on 22nd January 2024 and will be carried out annually as part of overall electrical testing at the practice.	C Gowman	Completed

emergency lighting checks as part of their monthly fire safety inspections. An appointment for the testing of the emergency lighting was arranged by the end of the inspection.					
We did not find a logbook to record the cleaning schedule for the ultrasonic bath.	The registered manager must ensure the practice cleaning schedules are appropriately recorded.	Section 13	Logbook now in use recording weekly testing and cleaning schedule	A Griffiths	Completed
We found the Midazolam within the emergency kit was only available in 10mg, rather than in 5mg or 7.5mg, making it unsuitable for different age groups. Whilst we were assured that all staff had received appropriate training in respect if this matter, in the event of a medical	The registered manager must ensure the Midazolam is at a suitable dosage and amount so it can be quickly administered in an emergency.	Section 13 (1)	5mg Midazolam has been ordered through Wrights Cottrell and 7.5mg ordered through HenryShein and CD Requestion Form have been posted for both and copies kept in house	C Gowman	Completed

emergency, this could make it difficult for the correct dose to be administered to patients.					
We saw monthly checks take place on items within the emergency kit. Resus Council UK recommend weekly checks take place on all equipment for use in an emergency.	The registered manager must ensure weekly checks take place as a minimum on all emergency equipment.	Section 13 (2) (a)	Weekly checks are now being done and logged	A Griffiths	Completed
We did not see the appropriate 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.	Section 13 (1) (b)	This has now been implemented in the practice and done for every extraction carried out.	C Gowman	Completed
We found areas where patient records were incomplete or missing information, including:	The registered manager must ensure complete patient records are kept at all times in line with GDC requirements and Faculty of	Section 20 (1)	Audits carried out on patient files and templates introduced to ensure patient records are completed	C Gowman	Completed

Oral cancer screening was not recorded in any patient record we reviewed Written treatment plans were not recorded in any of the applicable patient records We saw three examples where the Delivering Better Oral Health and evidence based toolkit for prevention was not implemented A further three records did not have risk assessments recorded for tooth wear Antibiotic prescribing justification was not recorded in two of the applicable patient records.	General Dental Practice UK guidelines.		in accordance with regulatory requirements.	

The recording of patient language preference and any actions taken in response to this preference were not recorded in any of the records we reviewed.	The registered manager must ensure the language and communication needs of patients are routinely recorded.	Section 13 (1) (a)	This matter has been conveyed to all dentists and nurses to ensure that this is checked and recorded and template has been amended to highlight this for clinicians.	C Gowman	Completed
We did not see evidence any team development activity had taken place.	The registered manager must undertake team development activity, utilising the support available to them.	Section 16 (1) (a)	In the process of completing BDA Good Practice Self Assessment Toolkit.	C Gowman	To be finalised by end of March 2024.
We found three staff members were missing suitable reference checks in their files.	The registered manager must provide assurance to HIW of the risk mitigation in place relating to missing pre-employment check records.	Section 18	The three members of staff had been vetted via the enhanced DBS system, and also manager had been unaware of approaching Head Teacher of school when she had attended as work experience from the college and had not	C Gowman	Completed

			been working prior to college course. Also the two others with no pre-employment checks had been long standing dentists who were employed by previous owner who had gone on clinical experience and knowledge of their past employment. Letters have been put on all three files to record this.		
During our review of staff appraisals we saw that three members of staff were out of compliance. Staff explained these were scheduled to be conducted within the next three months.	The registered manager must ensure staff receive appraisals on an annual basis.		This has now been rectified and all staff have had their annual appraisals.	C Gowman	Completed

Within the complaints procedure we noted that no reference was made to the recently formed patient advocacy service, Llais.	The registered manager must ensure their complaints procedure is kept updated.	Section 21 (1)	Llais now on complaints procedure and compliance and HR support now being made available through Agilio.	C Gowman	Completed
We did not see audits for antibiotic prescribing nor smoking cessation.	The registered manager must ensure audits take place on antibiotic prescribing and smoking cessation.	Section 16 (1)	Registered commencement of external audits for 01/02/24 and these are both now being done for anti-microbial prescribing and smoking cessation.	C Gowman	Completed

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): CAROLYN GOWMAN

Job role: REGISTERED MANAGER/PRACTICE MANAGER

Date: 11th MARCH 2024