

General Dental Practice Inspection Report (Announced)

The Laurels Dental practice,
Swansea Bay University Health Board

Inspection date: 4 March 2025

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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 The Laurels Dental Practice, Swansea Bay University Health Board on 4 May 2025.

Our team for the inspection comprised of two HIW healthcare inspectors 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 eleven questionnaires were completed by patients or their carers and six were completed by staff. 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 provided with respectful and dignified care throughout their patient journey at the Laurels Dental practice. All staff responding to the HIW staff questionnaire stated the dignity and privacy of patients were always maintained. We saw evidence that the rights and equal treatment of individuals were actively supported, with staff encouraged to undertake training to protect the rights of patients.

Health promotion information was available to patients regarding smoking cessation, maintaining good oral health and paediatric dental health. All patients agreed they were given suitable guidance on what to do in the event of an infection or emergency. However, one patient did indicate the costs were not made clear to them prior to treatment.

This is what we recommend the service can improve:

- The registered manager must ensure robust processes are in place so that all patients are aware of the costs prior to any treatment taking place.

This is what the service did well:

- The arrangements in place to enable effective communication between patients and clinicians were appropriate.

Delivery of Safe and Effective Care

Overall summary:

We found the practice was in a good state of repair internally and externally, being kept to a good standard to deliver safe and effective care to patients. Overall the practice was suitably equipped, however, we did note the practice should review the provision of storage for staff personal belongings.

Recent risk assessments for fire safety and health and safety had been conducted and robust procedures were in place to support the health, safety and wellbeing of patients and staff. While the arrangements for the correct decontamination of equipment were broadly suitable, we did see an area for improvement pertaining to the testing of the autoclave machine.

We found comprehensive measures in place to ensure medical emergencies were safely and effectively managed and suitable safeguarding procedures were in place to protect children and adults.

We saw the medical devices and clinical equipment were safe, in good condition and fit for purpose.

This is what we recommend the service can improve:

- The registered manager must improve their medicines management procedures
- The registered manager must ensure all required autoclave testing takes place routinely.

This is what the service did well:

- The environment, signage and safety procedures were all well-maintained and reviewed regularly
- Staff made a safe assessment and diagnosis of patient needs.

Quality of Management and Leadership

Overall summary:

We found a clear management structure in place to support the effective running of the practice. We also observed good staff working relationships and noted a positive working environment at the practice.

We found full compliance with all mandatory training requirements of the staff records we reviewed. We found induction procedures were managed correctly and in a supportive manner for new staff members. There were suitable procedures in place to ensure staff professional obligations were kept up to date and accurate. However, some longer standing staff members were missing some pre-employment checks from their records.

The practice complaints policy was fully aligned with NHS Putting Things Right and was advertised to patients in the patient information folder, providing suitable points of contact for patients.

This is what we recommend the service can improve:

- The registered manager must ensure a robust system is in place for all pre-employment checks
- The registered manager must implement a system to communicate any changes made as a result of feedback to patients.

This is what the service did well:

- We noted a positive working environment at the practice, underpinned by supportive workplace relationships
- Staff explained how they maintained good working relationships with their local health board and other primary care services, including the local GP.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care at The Laurels Dental Practice for the inspection in March 2025. In total, we received 11 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 11 responses. Overall, the respondents' comments were positive. All respondents agreed the service provided was 'very good'. Patient comments included:

"Really friendly and professional service. I used to be fearful at previous practices but staff at Laurels have been so helpful and caring and explain what they are doing that I'm always happy to attend appointments"

"Service provided is always of a very high standard friendly. Very professional"

"[Clinician] is an excellent dentist. Careful, thorough and competent. He always explains clearly what is required and why and engages me in shared decision making about my treatment"

"[Clinician] has preformed many dental procedures for me. He is a credit to his profession"

"I am so grateful to this dental practice for taking me on. They are kind and courteous and explain everything fully. I feel in safe hands again"

Person-centred

Health promotion and patient information

Satisfactory information was available to patients regarding the practice within the patient information booklet located in the waiting area. The names and General Dental Council (GDC) numbers for practitioners were on display, as well as the opening hours and emergency contact details. The fees for NHS and private services were also clearly displayed.

Health promotion information was available to patients regarding smoking cessation, maintaining good oral health and paediatric dental health.

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

Dignified and respectful care

We found patients were provided with respectful and dignified care during their patient journey at the Laurels Dental practice. We noted the reception and patient waiting areas were joined, however, a partition was in place to shield phone calls from being overheard. Patients were also given the option to speak with staff confidentially away from the reception area if needed. The practice had solid surgery doors, which were kept closed during appointments. Frosted glass was present on ground floor windows. All of these measures meant interactions between staff and patients could not be overheard and patient privacy maintained.

A practice confidentiality policy was in place which was signed by all staff and outlined the practice expectation to ensure the privacy of patient information. We noted the Nine Principles prepared by the GDC were on display at reception.

All staff responding to the HIW staff questionnaire stated the dignity and privacy of patients were always maintained. All patients who 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 respondents to the HIW patient questionnaire stated they were given enough information to understand which treatment options were available, including information on the risks and benefits. Patients and respondents to the staff questionnaire confirmed patients were involved as much as they wanted to be in the decisions about their treatment. However, one patient did indicate the costs were not made clear to them prior to treatment.

The registered manager must ensure robust processes are in place so that all patients are aware of the costs prior to any treatment taking place.

All patients stated they were given information on how the setting would resolve any post-treatment concerns. All patients also agreed they were given suitable guidance on what to do in the event of an infection or emergency.

Timely

Timely care

A suitable appointment management process was in place to utilise the time of practitioners appropriately. Patients made appointments over the telephone or in person after their appointments. Staff informed us they rarely ran behind with appointments. Where appointments did extend beyond the scheduled time, clinicians called reception to inform patients of any delays. Patients would also be informed of delays upon their arrival and offered alternative appointments, where requested.

We saw an appropriate patient telephone triage system in place to ensure those most in need of urgent care were prioritised. We saw slots in the diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen in the event of an emergency. Most of the patients responding to the HIW questionnaire (9/11) said they would know how to access out of hours dental care if they had an urgent dental problem.

Staff told us each clinician had different wait times between appointments but generally no patient waited longer than six weeks between treatment appointments. Appointments were arranged in accordance with patient availability wherever possible. A system was in place for paediatric patients to receive appointments at a time which best suited their educational needs. Respondents to the HIW patient survey indicated they found it 'very easy' (9/11) or 'fairly easy' (2/11) to get an appointment when they needed one.

Equitable

Communication and language

We saw effective arrangements in place to enable communication between clinicians and patients. Language line was used, where needed, to communicate with patients whose first language was not English. Documents were available in different formats, such as easy read, with more specialised documents provided upon request by patients. Glasses were also available to assist patients when viewing smaller fonts in documents. We saw language skills would be recorded as advantageous during recruitment and workforce planning.

We found strong evidence the practice promoted the use of the Welsh language. Documentation was available in both English and Welsh, where possible. Staff informed us the health board assisted them with the implementation of the Welsh 'Active Offer'. We also saw treatments could be offered through the medium of Welsh, if required. Staff noted how patients routinely commented how much they enjoy communicating with practitioners through the medium of Welsh.

Rights and equality

We saw evidence that the rights and equal treatment of individuals were actively supported. Appropriate policies outlined the practice approach to supporting the rights of patients and staff. We saw staff were encouraged to undertake specific training to protect the rights of patients, as well as the prevention of harassment or discrimination. We saw zero tolerance to harassment notices on display around the practice and detailed within the patient information booklet.

Staff provided examples where changes had been made to the environment as a reasonable adjustment for patients and employees. These included a patient who required treatments in a downstairs surgery and use of a ramp, as well a nurse given administrative duties while pregnant. All of the patients who responded to the HIW questionnaire said the building was accessible.

We found the rights of patients were further upheld by allowing patients to choose their preferred pronouns, names and gender on their records. All of the patients who 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 good state of repair internally and externally, being kept to a good standard to deliver safe and effective care to patients. All respondents to the HIW staff questionnaire said the environment was appropriate in ensuring patients receive the care they require. All of the respondents also said they had the appropriate facilities to carry out their roles. The practice was set over two floors with three surgeries and two waiting areas containing a reasonable amount of seating for patients. The majority of the practice was finished to a high standard, however, staff told us some non-patient facing areas were due for renovations in due course.

We heard telephone lines allowed for effective communication between patients and staff. While there was sufficient space available for staff to change in private, we noted that there was no designated storage for staff personal belongings.

The registered manager must review the provision of storage for staff personal belongings.

We saw the toilets for staff and patients were clean and properly equipped. There was no toilet available for those patients with limited mobility, however, this was made clear in the patient guide and a suitable public convenience near to the practice was advertised.

The practice dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We also saw that single use items were used where appropriate.

Robust 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. We saw policies in place for ensuring the premises remained fit for purpose, safe and for the appropriate management of risks. We saw evidence that checks had taken place on both gas and electrical safety by contractors. Portable Appliance Testing had also taken place within the last 12 months.

On review of the fire safety information and equipment, we found robust and comprehensive arrangements were in place. 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 in the staff area.

Infection, prevention and control (IPC) and decontamination

We found appropriate Infection prevention and control (IPC) policies and procedures in place to maintain a good level of cleanliness and a safe working environment. We saw cleaning schedules were in place and all staff who responded to the questionnaire issued by HIW said cleaning schedules promoted regular and effective cleaning of the practice. We observed all equipment and the environment being maintained to a satisfactory level to enable effective cleaning and decontamination. This was supported by staff survey respondents who told us the practice environment allowed for effective infection control. The training records we reviewed confirmed all staff had appropriate training in place for the correct process of decontamination.

Occupational health services were available for all staff and appropriate arrangements were in place to limit the risk of harm from sharps injuries. Personal protective equipment (PPE) was routinely available for all staff, with hand hygiene procedures and signage all suitable. These arrangements enabled safe care to be delivered to patients while ensuring staff safety. Respondents to the staff questionnaire said they had sufficient access to personal protective equipment (PPE) to support safe individual patient care.

All of the patients who responded to the HIW questionnaire said they felt the practice was 'very clean'. All of the respondents also indicated IPC measures were being appropriately followed, one patient said that they did not know.

The layout of the designated decontamination room was conducive to the organised and safe sterilisation of reusable dental equipment. We noted twice daily checks took place on equipment and daily surgery checklists were completed. However, we did note autoclave pressure tests were not routinely being checked on the data logger nor did we see frequent protein tests taking place. It was advised these tests were added to the practice decontamination checklists. The Welsh Health Technical Memorandum (WHTM) 01-05 recommends these tests take place routinely to ensure autoclave machines are safe so that reusable dental equipment is correctly sterilised.

The registered manager must ensure all autoclave testing takes place in line with the Welsh Health Technical Memorandum (WHTM) 01-05.

We found the process for the Control of Substances Hazardous to Health (COSHH) was satisfactory. All practice waste was stored and disposed of correctly through a suitable waste disposal contract.

Medicines management

A suitable policy was in place for the safe handling, storage and use of medicines. We found expired emergency medicines were disposed of at a local pharmacy, which included those scheduled as controlled drugs under misuse of drugs legislation. Staff told us that they received no receipts when disposing of these controlled drugs and we saw no evidence of the disposal on file.

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

The fridge designated for the storage of medicines was in a suitable location and kept clean and organised. However, we did not see record of any temperature checks being suitably logged. This matter was resolved on the day of inspection, with the actions taken outlined in Appendix A of this report.

We found comprehensive measures in place to ensure medical emergencies were safely and effectively managed. Staff records evidenced suitable qualifications in cardiopulmonary resuscitation for all staff and a satisfactory number of trained first aiders. On inspection of the emergency equipment, we found all items were present, easily accessible and within their expiry dates. We noted routine checks took place on all emergency equipment.

Safeguarding of children and adults

Suitable and up to date safeguarding procedures were in place to protect children and adults. The procedures included contact details for local support services, identified an appointed safeguarding lead and referenced the All-Wales Safeguarding Procedures. Updates to procedures were communicated to the practice via the health board and any changes were communicated to staff via an online compliance tool and through team meetings.

Within the records we reviewed, we saw staff were suitably trained in the safeguarding of children and adults. The staff we spoke with demonstrated an understanding of the safeguarding procedures and said they would know how to raise a concern and would feel supported to do so do.

Management of medical devices and equipment

We saw the medical devices and clinical equipment were safe, in good condition and fit for purpose. Reusable dental equipment was used in manner which promoted safe and effective care. The staff we spoke with were confident in using

the equipment and respondents to the staff questionnaire said they had adequate materials, supplies and equipment to do their work. Appropriate arrangements were in place for servicing and the prompt response to system failure for all equipment.

The practice radiation protection folder was up to date and comprehensive. Clinicians indicated patients were suitably informed of the risks and benefits of radiation and we saw that radiation exposures were correctly captured within patient records. We noted the local rules were easily locatable in each surgery. The training records we inspected confirmed all staff had received suitable training for their roles.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patient needs. The patient records we reviewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance.

The clinical staff we spoke with demonstrated a clear understanding of their responsibilities whilst being aware of when to seek relevant professional advice, where necessary.

We found suitable processes in place to record patient understanding and consent to surgical procedures. We saw appropriate use of clinical checklists to prevent wrong tooth site extractions.

Patient records

We reviewed a total of nine patient records during our inspection. The records were being held in a secure digital system, in line with the General Data Protection Regulations. Overall, these records formed a contemporaneous and complete record of the care provided to patients. However, we noted the following areas which required improvement:

- The treatment options for five of the nine patients were not recorded
- The clinical quality grading of radiographs or the justifications were not recorded in six of the nine records we reviewed
- We did not see a consistent justification of antibiotic prescribing recorded in the relevant records we reviewed.

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

The recording of patient language preferences 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.

Respondents to the HIW patient questionnaire confirmed their medical history was checked prior to any treatment taking place. All patients agreed they provided informed consent, and their treatments were explained in a manner which they could understand.

Efficient

Efficient

We found clinicians were delivering a suitable service for the needs of their patients in a satisfactory premises. Patients progressed through internal and external treatment pathways efficiently. We saw how these different treatment pathways were utilised effectively by an appropriate skill 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 to support the effective running of the practice. The practice owner explained they felt supported to undertake their leadership role effectively. Staff meetings were held every three months and attended by all staff. On review of staff meeting minutes, we noted suitable discussions around waste management, patient records and sickness reporting. We saw the practice applied to take part in the Maturity Matrix Dentistry in January 2025 and was awaiting a start date.

The staff we spoke with were engaging, knowledgeable and supportive of one another. Staff told us they had confidence in managers and would know who to speak to, if they needed help or support.

We saw the practice statement of purpose was up to date and available for patients. A suitable online compliance tool was used to identify, record and manage the risks, issues and mitigating actions.

Workforce

Skilled and enabled workforce

We observed good staff 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 13 staff records and found full compliance with all mandatory training requirements. This was supported by respondents to the staff questionnaire issued by HIW who said they had access to appropriate training to undertake their roles. A suitable digital system and robust support arrangements were in place to monitor compliance with staff training and enable staff to remain trained to an appropriate level for their roles. Staff were supported through one to one meetings with the practice manager and given time to undertake their training.

We saw a robust procedure was in place to ensure the use of agency staff did not impact on patient care. Checks on agency staff were suitable and frequent.

The evidence we saw showed that induction procedures were managed correctly and in a supportive manner for new staff members. The staff we spoke with during

the inspection explained they would know what to do and who to speak to in the event of a concern over service delivery, treatment or management. A whistleblowing policy was in place to provide guidance on how staff can raise concerns.

Overall, there were suitable procedures in place to ensure staff professional obligations were kept up to date and accurate. Enhanced Disclosure and Barring Service checks, health screening documentation and professional indemnity insurance were all recorded. However, in three of the older staff records we reviewed during the inspection, we did not see any pre-employment reference checks stored on file. This risked patients coming in to contact with staff who had not received a suitable check on their character. We noted all newer appointed staff had their checks recorded.

The registered manager must ensure a robust system is in place for all pre-employment checks.

Culture

People engagement, feedback and learning

An appropriate system for the collection and review of patient feedback was in place. We saw a suggestion box in the waiting area and staff told us feedback was reviewed monthly by the practice manager. While we were informed changes had been made to services as a result of feedback, we did not see an active mechanism to communicate any changes to patients. It was suggested that a 'you said, we did' board to communicate any responses to feedback at reception would be beneficial.

The registered manager must implement a system to communicate any changes made as a result of feedback to patients.

The complaints policy was fully aligned with NHS Putting Things Right and was advertised to patients in the patient information folder. The complaints procedure for patients provided a point of contact when submitting a complaint. Verbal complaints were logged at reception and communicated to the complaints point of contact in a timely manner for resolution. The means of escalating a complaint were outlined within the patient complaint leaflet, including contact details for HIW and the patient advocacy service, Llais. We reviewed a sample of complaints and noted compliance with the practice policies and no common themes were evident.

The respondents to the HIW staff questionnaire demonstrated a clear understanding of their professional responsibilities regarding the Duty of Candour. Respondents said they knew and understood their role as part of the Duty of

Candour. Respondents also said they understood their role in meeting the Duty and the organisation encouraged them to share with patients when something had gone. Whilst there were no records of any recent complaints nor Duty of Candour incidents, we were assured the processes in place were satisfactory.

Learning, improvement and research

Quality improvement activities

We saw clinical audits for integrated smoking cessation, antimicrobials, record keeping and hand hygiene took place routinely. We saw in-house developed audits taking place for infection control. However, we did not see the practice taking advantage of the quality improvement tools available to them through Health Education and Improvement Wales (HEIW) for infection control. In addition, we did not see ionising radiation quality grading audits having taken place.

The registered manager should utilise the support available to them with regards to quality improvements and must commence ionising radiation quality grading audits.

Whole-systems approach

Partnership working and development

Staff explained how they maintained good working relationships with their local health board and other primary care services, including the local GP. 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 summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Fridge temperature checks were not being recorded.	Medicines stored in a fridge which was not at the correct temperature could make them unusable or bring harm to a patient, if used.	HIW escalated this to the practice manager on the day of inspection.	<p>A new procedure was set up by the practice manager to ensure daily checks took place on fridge temperatures by nursing staff.</p> <p>Copies of the new checklist and daily procure were seen by HIW and were appropriate.</p>

Appendix B - Immediate improvement plan

Service: The Laurels Dental Practice

Date of inspection: 4 March 2025

The table below includes any immediate 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
1.	No additional immediate concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: The Laurels Dental Practice

Date of inspection: 4 March 2025

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
1.	One patient indicated the costs were not made clear to them prior to treatment.	The registered manager must ensure robust processes are in place so that all patients are aware of the costs prior to any treatment taking place.	Regulation 13 (1) (a)	We will review this process of cost discussions and treatment planning. Possibly routinely adding emailed treatment plans alongside written ones.	Andrew Williams	Immediate, but with ongoing reviews following progress meetings.
2.	We noted there was no designated storage for staff personal belongings.	The registered manager must review the provision of storage for staff personal belongings.	Regulation 22 (3) (b)	We will assess the premises for the best location, and appropriate size of lockers for staff.	Andrew Williams	6months
3.	We noted autoclave pressure tests were	The registered manager must ensure all autoclave	Regulation 13 (3) (b)	Pressure tests started immediately. Protein	Andrew Williams	3months

	not routinely being checked on the data logger nor did we see frequent protein tests taking place. It was advised these tests were added to the practice decontamination checklists.	testing takes place in line with the Welsh Health Technical Memorandum (WHTM) 01-05.		tests are to be added once correctly sourced and inserted appropriately into decontamination logs with appropriate training.		
4.	We found expired emergency medicines were disposed of at a local pharmacy, which included those scheduled as controlled drugs under misuse of drugs legislation. Staff told us that they received no receipts when disposing of these controlled drugs and we saw no evidence of the disposal on file.	The registered manager must maintain a robust audit trail when disposing of medicines, in particular controlled drugs.	Regulation 13 (4) (a)	Next time expired medication need disposing of I will liaise with pharmacy for appropriate paper work, I will also enquire about the process via our clinical waste carrier.	Andrew Williams	Immediate/rolling as required.
5.	We noted the following areas within	The registered manager must ensure complete	Regulation 20 (1)	A note taking review meeting will be had	Andrew Williams	3 months

	<p>patient records which required improvement:</p> <ul style="list-style-type: none"> • The treatment options for five of the nine patients were not recorded • The clinical quality grading of radiographs or the justifications were not recorded in six of the nine record we reviewed • We did not see a consistent justification of antibiotic prescribing recorded in the relevant records we reviewed. 	<p>patient records are kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines at all times.</p>		<p>with all clinical staff to cover the areas of concern mentioned and improvements actioned.</p>		
6.	<p>The recording of patient language preferences and any actions taken in response to this</p>	<p>The registered manager must ensure language and communication needs of patients are recorded.</p>	<p>Regulation 13 (1) (a)</p>	<p>An ongoing difficult way to manage. Will seek further advice on this process from other practices I have links with to</p>	<p>Andrew Williams</p>	<p>3 months</p>

	preference were not recorded.			ascertain better working pattern.		
7.	In three older staff records we reviewed during the inspection, we did not see any pre-employment reference checks stored on file. This risked patients coming in to contact with staff who had not received a suitable check on their character. We noted all newer appointed staff had their checks recorded.	The registered manager must ensure a robust system is in place for all pre-employment checks.	Regulation 18 (1)	All staff have enhanced DBS checks and often have had verbal recommendations. Where references have not been achievable, sometimes via no response a written checklist will be added to HR pathway.	Andrew Williams	Immediately
8.	While we were informed changes had been made to services as a result of feedback, we did not see an active mechanism to communicate any changes to patients. It	The registered manager must implement a system to communicate any changes made as a result of feedback to patients.	Regulation 16 (1) (a)	The next time we make changes to processes or settings as a result of patient feedback we will post this on the waiting room noticeboard.	Andrew Williams	When action occurs

	was suggested that a 'you said, we did' board to communicate any responses to feedback at reception would be beneficial.					
9.	We did not see the practice taking advantage of the quality improvement tools available to them through Health Education and Improvement Wales (HEIW) for infection control. In addition, we did not see ionising radiation quality grading audits having taken place.	The registered manager should utilise the support available to them with regards to quality improvements and must commence ionising radiation quality grading audits.	Regulation 16 (1) (a)	We have applied for Maturity matrix, without response. We will follow this up later in the year when we have a practice co-ordinator starting and staff returning from maternity. We will review our existing ionising grading audit.	Andrew Williams Andrew Williams	6 months 3 months

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): Andrew Williams

Job role: Practice Principal

Date: **7/5/25**