

# General Dental Practice Inspection Report (Announced)

Chapel Street Dental Practice,  
Swansea Bay University Health Board

Inspection date: 21 July 2026

Publication date: 21 October 2026



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

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

**In writing:**

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

**Or Via:**

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

**Digital ISBN 978-1-80853-510-9**

**© Crown copyright 2026**



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

---

## Our Purpose

We check the safety and quality of healthcare across Wales.

## 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 Vision

A future where healthcare in Wales is safe, effective, and high-quality for everyone.

## Our Priorities

**Putting People First** - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

**Learning and Working Together** - We will collaborate with partners to share learning and drive lasting improvements.

**Investing in Our People** - We will ensure our people feel supported, valued, and empowered.

**Taking Action That Matters** - We will take action to improve the quality and safety of healthcare for the future of Wales.



# Contents

|                                                                      |    |
|----------------------------------------------------------------------|----|
| 1. What we did .....                                                 | 5  |
| 2. Summary of inspection .....                                       | 6  |
| 3. What we found.....                                                | 9  |
| Quality of Patient Experience .....                                  | 9  |
| Delivery of Safe and Effective Care .....                            | 12 |
| Quality of Management and Leadership .....                           | 15 |
| 4. Next steps.....                                                   | 18 |
| Appendix A – Summary of concerns resolved during the inspection..... | 19 |
| Appendix B – Immediate improvement plan .....                        | 20 |
| Appendix C – Improvement plan .....                                  | 21 |



# 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 Chapel Street Dental Practice, Swansea Bay University Health Board on 21 July 2026.

Our team for the inspection comprised of one HIW healthcare inspector and one clinical 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 10 questionnaires were completed by patients or their carers and five were completed by staff. Feedback and some of the comments we received appear throughout the report.

## 2. Summary of inspection

### Quality of Patient Experience

#### Overall summary:

Feedback from patients was very positive, with all respondents rating the service as 'very good'. Patients described staff as friendly and welcoming, and we observed positive interactions between staff and patients throughout the inspection.

A wide range of health promotion information was available, treatment fees and patient information was clearly displayed, and patients told us they were involved in decisions about their care and treatment. The practice offered a range of appointment options, including emergency appointments, and demonstrated a commitment to supporting patients' individual needs through reasonable adjustments, bilingual information and alternative communication formats.

This is what we recommend the service can improve:

- Display clear out-of-hours contact information for private patients seeking advice or treatment outside of practice opening hours.

This is what the service did well:

- Provided a wide range of health promotion information and oral health education resources for patients, including oral health educational sessions for children during school holidays

# Delivery of Safe and Effective Care

## Overall summary:

We found the practice had appropriate arrangements in place to support the delivery of safe and effective care. Suitable systems were in place for risk management, infection prevention and control, medicines management, safeguarding and emergency preparedness. The practice was clean, well-organised and generally well maintained. Building maintenance issues identified had already been raised to the facilities team with an outcome pending.

Clinical equipment was maintained appropriately, and staff followed relevant professional, regulatory and statutory guidance when delivering care. Patient records were securely managed and the practice had arrangements in place to support service continuity and timely access to care.

However, we identified a small number of omissions within patient records. Patient language choice was not recorded in patient records, two records were missing baseline basic periodontal examination (BPE) records, and one record did not contain information regarding cancer screening documentation, radiograph information and obtaining informed consent.

This is what we recommend the service can improve:

- Investigate and address the suspected moisture ingress to maintain the premises in a good state of repair
- Ensure patient records are completed fully and consistently in line with professional standards and guidance.

This is what the service did well:

- Demonstrated effective infection prevention and control arrangements, including appropriate decontamination processes and staff training
- Maintained robust systems for medicines management, safeguarding and medical emergency preparedness.

## Quality of Management and Leadership

### Overall summary:

The practice demonstrated effective governance and leadership arrangements, supported by clear management structures and the wider Rodericks Dental Partners corporate framework. Staff spoke positively about the support provided by management and described a culture of open communication and teamwork. Recruitment, induction and training processes were well established, and systems were in place to support information governance, patient feedback, complaints management and risk oversight. The practice also demonstrated a commitment to quality improvement through a programme of clinical and operational audits, with learning shared locally and across the wider organisation.

However, opportunities were identified to strengthen the effectiveness of follow-up audit activity by focusing on areas requiring improvement to provide greater assurance that actions taken have been successful.

This is what the service did well:

- Maintained clear governance arrangements with regular staff meetings, effective communication systems and accessible management support
- Good levels of compliance achieved with mandatory training.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

The responses from the HIW questionnaire were all positive. We asked patients how they would rate the service provided by the setting. All respondents rated the service as 'very good'.

Patient comments included:

*"Lovely friendly staff, always smiling."*

*"Friendly."*

#### Person-Centred

##### Health promotion and patient information

We found a wide range of patient information leaflets available within the waiting area. The local health board supplied the practice with information and some health promotion materials, including advice on toothbrushing, fluoride application, healthy eating, smoking cessation, heart health, alcohol awareness, blood pressure, sepsis awareness and flu vaccination. Leaflets from local health and wellbeing services, including eye care, podiatry and massage therapy providers, were also available for patients to take away. We also noted a display cabinet illustrating the sugar content of common foods and drinks to support oral health education.

A patient information folder was available in the waiting room that contained a statement of purpose, a range of treatment information and fees. Treatment fees were also displayed bilingually within the waiting area and on the practice website. However, we found that the statement of purpose was not accessible via the practice website at the time of the inspection. This issue was raised with the practice manager and was resolved promptly during the inspection.

Information regarding the practice's cancellation and failure-to-attend policy was also available for patients.

Signs were displayed in both Welsh and English asking patients to inform the practice of any changes to their medical history to help ensure appropriate and safe care.

The names and General Dental Council (GDC) registration numbers of the current dental team were clearly displayed on the patient information board and on the practice website. Information was available advising NHS patients to contact NHS 111 for urgent dental care outside of the practice's opening hours. However, we noted that equivalent out-of-hours information for private patients was not displayed.

**The registered manager must display contact information for private patients seeking care outside of practice opening hours.**

## **Dignified and respectful care**

We observed positive interactions between staff and patients throughout the inspection. Private spaces were available for confidential discussions, and surgery doors were kept closed during treatments to help maintain patient privacy and dignity.

We saw evidence that all staff had signed confidentiality agreements as part of their induction and had renewed these in October 2025.

The GDC's nine ethical principles were displayed in both Welsh and English within the waiting areas and staff room, where they were easily accessible to patients and staff.

## **Individualised care**

All respondents to the HIW patient questionnaire agreed that they had received sufficient information to understand the treatment options available to them, including the associated risks and benefits. All respondents confirmed that their medical history had been checked prior to treatment and that staff explained procedures throughout their appointment, listened to their concerns and answered any questions they had. All respondents also indicated that they had been involved in decisions about their treatment to the extent they wished.

## **Timely**

### **Timely care**

We were told that patients could book appointments online, by telephone or in person at the practice. The practice reserved a 30-minute emergency appointment slot before lunch each day and, where necessary, would direct patients to NHS 111 or other appropriate urgent care services. Patients were also able to send photographs to the practice for triage by the clinical team before their appointment. Additional support was available from other practices within the corporate group should emergency appointment capacity be reached.

We were told that private patients typically waited up to 10 days for an appointment. The practice used a 'smart diary' system for NHS appointments, enabling examination and treatment appointments to be pre-scheduled efficiently and supporting effective workflow management.

Patients were informed of any delays either in advance or on arrival at the practice. We were told that clinicians would adjust their working day where necessary to minimise disruption to patients. The practice also maintained a cancellation list to maximise appointment availability, and patients were usually offered their next appointment before leaving the practice to support continuity of care and future recalls.

The practice accommodated after-school appointments and ran children's oral health sessions during school holidays, which we noted as a positive initiative. This included oral health education, toothbrushing demonstrations and the application of fluoride varnish to promote good oral health.

## **Equitable**

### **Communicating and language**

Patient information was displayed throughout the practice in both Welsh and English. Easy-read information was available within the patient information folder in the waiting area, and we were told information could be provided in alternative formats on request to meet patients' individual communication needs.

The practice had recognised that its ability to provide the Welsh Language Active Offer was currently limited, as there were no Welsh-speaking staff working at the practice. We were informed that staff had taken interest in Welsh language training. Information was available bilingually throughout the practice, and arrangements were in place to refer patients to a Welsh-speaking dental professional within another local practice in the corporate group should they wish to receive care in Welsh. The practice had use of language line services.

### **Rights and equality**

We saw evidence that the practice had considered equality, diversity and inclusion (EDI), and all staff had completed EDI training. Staff also had access to a 24-hour employee assistance programme.

The premises had features to support accessibility, including ramp access to the building, level access to ground-floor surgeries and an accessible toilet.

We were told that reasonable adjustments could be made to accommodate patients' individual needs, such as allocating ground-floor surgery appointments for wheelchair users or scheduling appointments at quieter times of the day. Staff informed us that these requirements were recorded within patient records to support future appointments.

We also saw evidence that the practice had made reasonable adjustments to support a member of staff with a health condition, enabling them to continue in their role. This demonstrated the practice's commitment to promoting equality and supporting staff wellbeing.

# Delivery of Safe and Effective Care

## Safe

### Risk management

We found the practice environment to be welcoming, clean, well-organised and free from clutter and the waiting area was spacious and suitable for the size of the practice. Staff had a locker room separate from their break room for storage of personal items.

We found that the main entrance to the practice was accessible to wheelchair users. A side door was also present, which served as an emergency exit onto the adjacent main street. During the inspection, we noted that signage directing patients to the main entrance was not clearly visible, as it was displayed on a window next to the door, rather than the door itself. This was addressed during the inspection by relocating the sign to the external side of the door to provide clearer direction for patients accessing the practice.

The practice had dental surgeries on the ground and first floor of the premises. On the first floor, we noted that the wall on the upstairs landing area needed repair. Wallpaper was peeling away from the wall, and there were signs which may indicate moisture ingress from the adjoining side of the terraced building. While this was not having an immediate impact on patient care, it affected the overall condition of the premises and could deteriorate further if not addressed. We were informed that the practice was in the process of obtaining quotations to determine the extent of any remedial work required and to facilitate necessary repairs.

**The registered manager must ensure the cause of the suspected moisture ingress is investigated and that appropriate remedial works are undertaken to maintain the premises in a good state of repair.**

We saw annual gas safety records, five yearly electrical inspection and Portable Appliance Testing (PAT) records, all of which were current and in date. Approved health and safety posters were displayed for staff and certificates of current employer's and public liability insurance could be seen in patient areas. A fire risk assessment had been recently completed, and we saw evidence that fire safety equipment was being serviced annually. Fire exit signs, no smoking signs and instructions on what to do in the event of a fire were clearly displayed throughout the premises.

### Infection prevention and control (IPC) and decontamination

We found policies and procedures supported infection prevention and control and decontamination. Cleaning schedules and records evidenced that comprehensive cleaning was being completed on a regular basis. Handwashing facilities and Personal Protective Equipment (PPE) were suitably available.

There was a designated decontamination room at the practice with a suitable system in place to safely transport used instruments between the decontamination room and the surgeries. Staff had been trained and assessed as competent in decontamination protocols for reusable instruments. Periodic tests were completed in line with Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

Waste disposal arrangements were suitable, with contracts in place for clinical waste, amalgam, sharps, and other hazardous materials.

All patients who completed an HIW questionnaire thought that in their opinion, the practice was 'very clean', and that infection prevention and control measures were consistently followed.

## **Medicines management**

We saw up to date policies were in place for the management of medicines at the practice underpinned by suitable processes for the obtaining, storing, handling and disposal of drugs. Medicines requiring refrigeration were stored in a dedicated medicines fridge and regular temperature checks completed. Emergency drugs and equipment at the practice were maintained in line with national guidance.

Resuscitation policies were in date, and all staff had completed resuscitation training within the last year. Required staff had also undertaken oxygen cylinder training. Practice first aiders had been designated and trained, and first aid kits were available.

## **Safeguarding of children and adults**

We found that the practice had appointed a designated safeguarding lead and the staff we spoke with were aware that they should report any safeguarding concerns to the lead. We saw evidence that staff had undertaken suitable training. There was a written policy with procedures in place and flowcharts available in the staff room for staff to follow in the event of a safeguarding concern.

## **Management of medical devices and equipment**

We found that dental equipment was suitable for the services provided and arrangements were in place to manage equipment maintenance and respond to equipment failures.

We noted that elevated radiation dose readings and a cracked casing on the X-ray tube head had been identified during routine servicing of one X-ray unit. The service advised that the unit's critical examination had been completed at the time of installation.

We were informed that the practice's Radiation Protection Supervisor (RPS) had implemented the advice of the Radiation Protection Adviser (RPA), including adjustments to the exposure settings to ensure the equipment operated within appropriate parameters. Single-use protective covers were also being used over the affected area to support infection prevention and control measures. The practice

provided evidence that these arrangements were acceptable to the RPA. We were informed that the practice planned to replace the unit as part of a longer-term equipment upgrade programme.

## Effective

### Effective care

We saw evidence that professional, regulatory and statutory guidance was being followed when providing treatment. The practice had implemented Local Safety Standards for Invasive Procedures (LocSSIPs), with flowchart posters displayed in each surgery and checklists available within surgery folders for staff reference. These measures supported the safe and consistent delivery of care.

### Patient records

We reviewed a sample of 10 patient records and confirmed appropriate identifying patient information, medical histories and treatment options were being recorded. We saw evidence that full base charting, soft tissue examination and oral health promotion information were recorded in all records reviewed. However, we identified some omissions in the records:

- Patient language choice was not recorded in patient records. Failure to note preferred language choice could inhibit effective and individualised patient care
- Two records were missing baseline basic periodontal examination (BPE) records
- Whilst most records included cancer screening documentation, radiograph information and obtaining informed consent, one record did not contain this information.

**The registered manager must provide HIW with details of the action taken to address our findings and ensure patient records are completed consistently in line with professional standards and guidance.**

## Efficient

### Efficient

We were told that arrangements were in place to ensure efficiency was upheld for quality of care. We were told that an additional dentist providing NHS treatment was due to commence employment in the autumn, which was expected to increase clinical capacity and improve access to care. Staffing rotas were monitored to ensure adequate cover was maintained, and the practice could access support from within the wider corporate group when required, helping to maintain service continuity and support the delivery of patient care.

## Quality of Management and Leadership

### Staff Feedback –

All respondents to the HIW staff questionnaire said that, if a friend or relative required dental care, they would be happy with the standard of care provided by the practice. All agreed that patient's privacy and dignity were maintained and that patient care was the practice's top priority. All respondents agreed that the practice was a good place to work and that they had the adequate resources to carry out their roles.

Staff comments included:

*"We are a very strong team that work well together."*

*"We are a very caring helpful happy team!"*

## Leadership

### Governance and leadership

Chapel Street Dental Practice is part of the Rodericks Dental Partners corporate group which operates across Wales and England. Day-to-day operation of the practice was managed by the practice manager with assistance from the area compliance manager.

We found governance and leadership arrangements were appropriate for the size of the service. Staff spoke positively about the support provided by management and described a culture of open communication and teamwork.

Monthly staff meetings were held, with agenda items shared in advance. Meetings were arranged on different days to maximise attendance, and virtual attendance was available when required. Minutes were recorded, shared with staff via the Dentistry Compliance system and displayed in the staff room.

The practice used an electronic compliance system to manage policies, procedures and governance documentation. This enabled version control, staff review of documents and monitoring of important updates.

## Workforce

### Skilled and enabled workforce

We found there were sufficient numbers of suitably qualified and skilled staff working at the practice. All clinical staff held appropriate GDC registration and staffing rotas were planned to support service continuity. Disclosure and Barring Service (DBS) checks were completed prior to formal appointment to a role and once in post staff would sign a self-declaration of good character on an annual basis.

Staff demonstrated flexibility in their roles, providing cover across reception and

clinical areas when required. Appropriate recruitment, induction and training arrangements were in place, and we saw evidence that staff had completed mandatory and role-specific training relevant to their responsibilities.

The practice promoted an open culture, with staff able to raise concerns with managers through a range of channels, including an organisational speaking-up process and access to a Freedom to Speak Up Champion.

## **Culture**

### **People engagement, feedback and learning**

We found the practice had arrangements in place to encourage patients to provide feedback about their experience of the service. Patients could share feedback through a suggestions box located in the practice, and we were informed that suggestions were reviewed on a weekly basis. In addition, digital patient feedback was collected and reviewed monthly, with reports provided to the practice manager for oversight and action where required.

We were told that patient feedback was discussed with staff and formally reviewed every six months during practice meetings. This enabled the team to reflect on patient experiences, identify learning opportunities and consider any improvements required to support the ongoing development of the service.

A complaints procedure was in place to support the management of concerns raised by patients. The complaints procedure was displayed within the waiting area and was available within the patient information folder. Concerns and complaints received were acknowledged by the practice manager and input into a spreadsheet to enable subsequent response processes to be documented and themes arising to be identified for service learning. The practice manager was supported in their role as practice complaints lead by the wider corporate group complaints team. Learning from concerns and complaints was shared with patients through 'You said, we did' notices within practice waiting rooms and staff could also access an external employee assistance programme.

## **Information**

### **Information governance and digital technology**

We saw that the practice had a suitable data protection and information security policy to support the appropriate handling of all patient and staff information. Practice management was aware of retention schedules and the need to abide by these.

Suitable systems for information sharing internally within the practice and with external partners were in place. This included the use of secure digital systems.

## **Learning, improvement and research**

### **Quality improvement activities**

We found the practice had effective arrangements in place to support quality improvement. A programme of clinical and operational audits was undertaken, including patient satisfaction surveys, infection prevention and control, antimicrobial prescribing, radiography and health and safety checks. Audit findings were reviewed by the management team, with learning shared locally and across the wider organisation through 'The Smile Hub bulletin'. Findings were discussed with staff and used to drive service improvement. However, we found that follow-up audits generally repeated the full audit rather than focusing on areas identified for improvement, limiting the practice's ability to demonstrate that specific actions had been effective.

The practice may wish to consider that where audits identify areas requiring improvement, targeted follow-up audits are undertaken to assess the effectiveness of actions taken and provide assurance that identified issues have been addressed.

### **Whole-systems approach**

#### **Partnership working and development**

Suitable arrangements were described for engagement between the corporate group head office and other local practices. This helped the practice deliver quality and coordinated care for patients and maintain a positive approach to learning and development.

## 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 |
|-----------------------------------------------------------|-------------------------------------------------------|-------------------------------|------------------------------|
| No immediate concerns were identified on this inspection. |                                                       |                               |                              |

# Appendix B – Immediate improvement plan

**Service:** Chapel Street Dental Practice

**Date of inspection:** 21 July 2026

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.

|          |                                                                    |
|----------|--------------------------------------------------------------------|
| Findings | No immediate compliance issues were identified on this inspection. |
|----------|--------------------------------------------------------------------|

## Appendix C – Improvement plan

**Service:** Chapel Street Dental Practice

**Date of inspection:** 21 July 2026

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.                 | Out of hours contact information for private patients was missing from the external display board.                                                                                                        | The registered manager must display contact information for private patients seeking care outside of practice opening hours.                                                                          | The Private Dentistry (Wales) Regulations 2017<br>Regulation 6  | New poster was ordered to include the out of hours contact number for private patients needing urgent care outside of practice opening hours. | Practice Manager        | Complete  |
| 2.                 | The wall on the upstairs landing area needed repair. Wallpaper was peeling away from the wall, and there were signs which may indicate moisture ingress from the adjoining side of the terraced building. | The registered manager must ensure the cause of the suspected moisture ingress is investigated and that appropriate remedial works are undertaken to maintain the premises in a good state of repair. | The Private Dentistry (Wales) Regulations 2017<br>Regulation 22 | Investigation is in progress and remedial work will be explored based on findings                                                             | Facilities Co-ordinator | Ongoing   |

|    |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                 |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |          |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|
| 3. | <p>We identified some omissions in patient records:</p> <ul style="list-style-type: none"> <li>• Patient language choice was not recorded in patient records.</li> <li>• Two records were missing baseline basic periodontal examination (BPE) records</li> <li>• One record was missing cancer screening documentation, radiograph information and obtaining informed consent.</li> </ul> | <p>The registered manager must provide HIW with details of the action taken to address our findings and ensure patient records are completed consistently in line with professional standards and guidance.</p> | <p>The Private Dentistry (Wales) Regulations 2017<br/>Regulation 20</p> | <p>Custom screens are available on the patients notes to record Language preferences and any support required. We have also recently introduced a language preference question on our medical history forms.</p>                                                                                                                                                                                                | Practice Manager | Complete |
|    |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                 |                                                                         | <p>Individual templates are utilised to support comprehensive clinical records are completed in line with FGDP guidance. Annual audits are carried out to identify any omissions and promptly actioned, if necessary, with the support of clinical advisors within the company. Feedback has been provided to the clinicians and measures have been implemented with the aim to prevent further occurrence.</p> | Practice Manger  | Complete |

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): Rebecca Donne**

**Job role: Practice Manager      Date: 20 August 2026**