Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Cox and Hitchcock Dental Group (Thornhill Road), Cardiff and Vale University Health Board

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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 Vision

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

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 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.



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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 Cox and Hitchcock Dental Group (Thornhill Road), Cardiff and Vale University Health Board on 25 August 2026.

Our team for the inspection comprised of one HIW healthcare inspector and one clinical peer reviewer.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. A total of 33 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found patients were well supported with information about orthodontic and cosmetic dentistry services and products. While patients reported that oral healthcare advice was easy to understand, opportunities were identified to broaden the oral health promotion available to patients.

We saw that staff treated patients with kindness, professionalism and respect, creating a welcoming environment. Appropriate measures were in place to support patient privacy, dignity and confidentiality.

In general, patients were able to access care in a way that considered their needs. Arrangements were in place to support timely appointments while effective processes were in place to communicate delays with patients and respond to urgent care needs.

We found the practice promoted equality and inclusion, with staff taking appropriate steps to meet the individual needs and preferences of patients. Reasonable adjustments were in place to support access and ensure patients could receive care in a suitable environment.

This is what we recommend the service can improve:

- To ensure that patients language preferences are identified and recorded, and that the option of receiving treatment in the Welsh language is offered.

This is what the service did well:

- Staff were polite, friendly and welcoming, treating patients with professionalism and respect
- Telephones lines were covered throughout the lunch period
- Protected appointment times for families with children and working patients
- Appropriate translation service available
- Numerous reasonable adjustments to enable equal access including adding wheelchair markers to patient notes so that appointments take place in ground floor surgeries.

Delivery of Safe and Effective Care

Overall summary:

We found the practice was well maintained, clean and fit for purpose, with appropriate arrangements to ensure service continuity during emergencies. Health and safety, and fire safety arrangements were comprehensive, with risk assessments, staff training and regular monitoring in place.

We saw high standards of cleanliness and effective IPC and decontamination arrangements. We identified issues with a damaged dental chair arm and an unsecured clinical waste compound, both of which the practice addressed promptly during the inspection.

There were effective arrangements for managing medicines, including secure storage, and clear recording of medicines administered. Appropriate emergency equipment was available and maintained, while staff had completed relevant training to respond to medical emergencies. We found well-maintained equipment and suitable processes to manage equipment failures.

The practice had appropriate arrangements for managing patient records and those we reviewed were generally of a good standard. Although we did identify some gaps in a small number of records and suggested a clinical records audit to assess whether these issues were linked to a recent change in software.

This is what we recommend the service can improve:

- To conduct an audit of clinical records.

This is what the service did well:

- Very clean, well-presented practice with well-designed surgeries
- Good fire safety compliance
- Good safeguarding arrangements with quick reference flowcharts available in each surgery.

Quality of Management and Leadership

Overall summary:

The practice demonstrated effective leadership and governance arrangements, with a clear management structure, a positive team culture and a commitment to delivering high-quality care. We found a good range of up-to-date policies and regular staff meetings were being held, although minutes could be developed further by recording and monitoring action points.

There were good arrangements for recruitment, staff training and professional compliance, with staff supported to maintain the skills and knowledge required for their roles. Training and appraisal processes were well managed, although induction records needed to be documented to provide assurance that the induction process had been fully completed.

Appropriate arrangements were in place for gathering patient feedback and managing complaints. Feedback and complaints were suitably reviewed, although the complaints recording system could be improved to make information easier to identify and monitor, while we discussed options to demonstrate how patient feedback has led to service improvements.

There was a wide range of quality improvement activities supported by various audits and recognised improvement tools. Audit activity demonstrated good data collection, although analysis of findings and the identification and monitoring of improvements were not always evident.

This is what we recommend the service can improve:

- To put in place appropriate arrangements to ensure staff remain fit to work at the practice
- To ensure that clinical audit processes are completed with data analysis and actions documented.

This is what the service did well:

- Good governance arrangements to ensure staff have read and understood practice policies
- Mandatory training compliance was very good with effective monitoring notification systems in place.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, patient feedback was highly positive, with respondents describing good access to appointments, respectful and informative care, a clean environment, and a high level of satisfaction with the service received. Respondents rated the service they received from the practice as 'very good' (29/32) or 'good' (3/32).

Patient comments included:

> *" Reception staff are always very welcoming and accommodating."*
>
> *"From reception staff to my amazing dentist, I've felt very welcome and have complete faith in my dental needs being met."*
>
> *"Amazing staff. Always feel so well looked after they are so calm and kind."*

Person-Centred

Health promotion and patient information

We saw lots of information relating to teeth alignment and oral cosmetics services available in the patient waiting area. NHS and private treatment charges were clearly displayed. However, we found a limited amount of relevant dental healthcare information available that largely consisted of smoking cessation advice. The practice could consider providing additional information on wider oral health topics, such as oral cancer awareness and healthy eating.

The practice had an up-to-date statement of purpose whilst the patient information leaflet was under review at the time of the inspection. We found the current practice website did not feature either document but were told that the website was in the process of being redesigned. We were assured that both will be included on the new website when launched.

We saw that the names and General Dental Council (GDC) registration numbers of the dental team were clearly displayed for patients.

Most respondents who answered the HIW patient questionnaire told us they had their oral care explained to them in a way they could understand and were given aftercare instructions on how to maintain good oral health.

Dignified and respectful care

We observed staff interactions with patients throughout the inspection and found staff were polite, friendly and welcoming, treating patients with professionalism and

respect. We felt this was a strength of the practice, and particularly with regards to reception staff.

The reception desk and two waiting areas were adjoined with no separation for privacy when reporting to reception. We were told that if patients required greater privacy for confidential discussions, then a spare surgery or an office on the first floor could be used.

We observed that surgery doors were kept closed during treatment and consultations to maintain patient privacy and dignity, while all windows were fitted with blinds to restrict the view into surgeries from outside.

The GDC nine standards for the dental team were clearly displayed in the waiting area, while all staff had signed a confidentiality agreement to ensure patient information was protected.

All except one respondent who completed a HIW patient questionnaire felt they were treated with dignity and respect at the practice.

Individualised care

All respondents who completed a HIW patient questionnaire said that they were given enough information to understand the treatment options available, and the risks and benefits associated with those treatment options. Where applicable, all respondents agreed that charges were made clear prior to commencing treatment.

All except two respondents told us they had been involved as much as they had wanted to be in decisions about their treatment, whilst all confirmed they had their medical history checked prior to treatment.

Timely

Timely care

The practice opening times and out of hours contact arrangements were displayed at the practice entrance. We were told that certain time periods were ringfenced for families with children and working patients. We were told that waiting times between treatment appointments was about four weeks depending on treatment and clinician.

We were told that delays to appointments were communicated to patients promptly. This was enabled with the use of an instant messaging system between the clinical and reception teams.

Patients who required emergency treatment would need to telephone early with the aim to be seen on the same day, with children and patients reporting bleeding and swelling being given priority. We were told that the telephones were covered throughout the lunch period, which we considered good practice.

All except one respondent who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one. Two thirds of respondents said that they knew how to access the out of hours dental service for urgent dental problems, although eleven respondents said they did not. The registered manager should reflect on the issues raised in this feedback to ensure patients are aware of how to access the out of hours dental service.

Equitable

Communicating and language

We found signage in the practice was predominantly in English. There was a sign promoting the Active Offer which advised patients to request their treatment in the Welsh language if preferred. We were told that there were Welsh speaking staff in the practice and at a nearby branch practice if required. Relevant information was displayed in the staff room to support staff in delivering the Active Offer.

We were told that the practice also had access to staff who could speak several other languages including Polish, Romanian and Arabic. We found an appropriate translation service in place for patients whose first language was not English, and reception staff knew how to arrange this service.

However, during our review of eight patient records, we found that patient language preference was missing from all records. In addition, one respondent who answered the HIW patient questionnaire whose preferred language was Welsh, said they had not been offered the opportunity to speak Welsh at the practice.

The registered manager must ensure patients' language preferences are routinely identified and recorded within patient records, and that arrangements support the proactive recognition and provision of patients' communication needs, including Welsh language requirements.

Appointments could be booked by telephone or in person at reception, ensuring patients without digital access could arrange treatment. Patients who were hard of hearing could arrange appointments via email or text. Only private patients were permitted to book appointments online via the practice website.

Rights and equality

It was clear the practice was committed to providing dental care in a way that recognised the rights and needs of their patients. We were told that patients had the option to be called by their preferred name and pronouns. The practice had an up-to-date equality and diversity policy in place with training on the subject completed by staff.

We were given further examples of how the practice had made reasonable adjustments to assist patient access including levelled access to the premises and helping patients

to read forms and other documentation. We observed the loan of reading glasses to a patient who had forgotten their own glasses.

The practice was located on the ground and first floor of the building with two surgeries each located on both floors. A well-equipped accessible toilet was also available on the ground floor. We were advised that patients in wheelchairs and with impaired mobility would have a marker added to their notes so staff would be aware to schedule their treatment in one of the ground floor surgeries. We found these arrangements were communicated via the practice patient information leaflet.

All respondents who answered the question on the HIW patient questionnaire confirmed that they had not faced discrimination at the practice.

Delivery of Safe and Effective Care

Safe

Risk management

Overall, we considered the dental practice to be in a good state of repair with well designed, spacious surgeries and waiting areas that were comfortable and clutter free. All areas were decorated and furnished to a good standard. A lockable room was available to staff to change their clothes and store their personal belongings.

The practice had an up-to-date buildings maintenance policy that helped ensure the premises remained fit for purpose. We also saw a business continuity policy that contained procedures to be followed should it not be possible to use the practice due to an emergency. This included the use of nearby branch practices to ensure the continuation of services for patients.

The practice provided suitable up-to-date health and safety risk assessment and policy while an approved health and safety poster and employer's liability insurance were displayed as required. A five yearly Electrical Installation Condition Report (EICR), Portable Appliance Testing (PAT) records and an annual gas safety certificate were all current and available.

We found good arrangements for fire safety that included a fire risk assessment with action points completed and signed off. Fire extinguishers were available and had been serviced within the last year. Fire exits were clear and signposted while weekly fire alarm checks and regular fire drills were logged. No smoking signs were displayed in accordance with legislation. We reviewed staff training records and confirmed that all staff had completed relevant fire safety training.

Infection prevention and control (IPC) and decontamination

We found all areas to be very clean, tidy and appropriately furnished to enable effective cleaning. However, the upholstery on the arm of one dental chair had been slightly damaged, while an incorrect arm fitting provided by the supplier needed to be replaced. We discussed suitable options to enable the practice to continue using the chair whilst awaiting the replacement arm.

There was an appropriate infection protection and control (IPC) policy in place with a practice lead appointed. Current practices for the management of respiratory illnesses were considered to be appropriate and of a good standard. However, these arrangements were not clearly documented within the IPC policy. The practice may wish to review its IPC documentation to ensure that arrangements for managing respiratory infections are adequately referenced.

Schedules were used to help support cleaning routines while personal protective

equipment (PPE) was available for staff as necessary. We discussed how the practice must ensure that new mops found in the decontamination room at the time of the inspection are stored appropriately when not in use.

We found sharps bins suitably stored and labelled with needlestick protocols displayed in each surgery to aid staff in the event of an incident. We were told that support from occupational health was available to staff.

Suitable arrangements were demonstrated for the decontamination of reusable dental instruments with daily checks and digital recording of cycles retained. An appropriate system was described for transporting instruments safely between the surgeries and decontamination area. We saw evidence that the decontamination equipment was maintained as required and that an IPC audit had been conducted within the last year, in accordance with the Welsh Technical Health Memorandum (WTHM) 01-05.

Appropriate arrangements were in place to dispose of waste generated by the practice. However, we found the lock to the clinical waste compound had not been engaged leaving the area unsecure. We raised this with the registered manager who arranged for the matter to be rectified. Our concerns regarding this were dealt with at the time of the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A.

We found substances subject to Control of Substances Hazardous to Health (COSHH) were stored safely. All staff working at the practice had completed relevant IPC training.

Medicines management

The practice had a medicines management policy in place. Suitable processes were in place for managing medicines including secure storage and the safe disposal of expired stock with a local pharmacy. The practice had a dedicated medicines fridge, and we saw that temperature checks were being recorded daily.

Medicines administered were clearly recorded within patient records and notices were displayed on information screens to remind patients to inform the practice of any changes to their medical history which we considered good practice.

There was an appropriate medical emergencies policy at the practice that was based on the national resuscitation guidelines. We found emergency drugs and equipment were available and in date, while all staff had completed resuscitation training.

A first aid kit was available and appropriately stocked with all items in date. Oxygen cylinders had been serviced, while staff had completed relevant training in their use.

Management of medical devices and equipment

All surgeries were well equipped to provide safe and effective dental treatment. Clinical equipment appeared clean and well maintained, and we found suitable processes for

managing any equipment failure.

The practice provided documentation to show that safe arrangements were in place for the use of the X-ray equipment. This included an equipment inventory, up-to-date local rules, radiation risk assessment and X-ray equipment maintenance records. X-ray warning signs were displayed on each surgery door while information about the risks and benefits of dental X-rays was displayed during the inspection. However, the practice was unable to provide written arrangements for carers and comforters who help patients during X-ray exposures.

The registered manager must ensure documented arrangements are put in place for carers and comforters who help with X-rays and provide a copy to HIW when complete.

All staff who were involved in the use of X-rays had completed the necessary training and we saw evidence of this within the staff files we reviewed.

Safeguarding of children and adults

Suitable arrangements were in place for the safeguarding of children and vulnerable adults visiting the practice. We saw an up-to-date safeguarding policy that included the contact details of the local safeguarding teams. Safeguarding flowcharts were available in each surgery for staff to refer to in the event of a concern.

We found all staff were trained to appropriate levels in child and adult protection, while the practice had a safeguarding lead appointed. The Wales Safeguarding Procedures were downloaded, ensuring the current guidelines were available. We were told that support for staff in the event of a safeguarding concern was available both from the practice lead and via a third-party human resource provider.

Effective

Effective care

We were assured that staff were aware of their roles and responsibilities, with sufficient trained staff in place at the practice to provide patients with safe and effective care. There was a well-established mentoring system in place ensuring staff had access to professional advice when required, while statutory guidance was followed and evidenced in clinical notes

The practice used recommended checklists to help minimise the risk of wrong tooth extractions. We found treatment referrals were suitably monitored, followed up and documented within patient records.

Patient records

There was an appropriate records management system in place to ensure patient records were safely managed and retained in accordance with the Regulations. We saw

a consent to treatment policy in place, along with suitable processes for assessing and managing the rights of patients who lack capacity to consent.

We reviewed a sample of eight dental care records for a range of patients. Overall, we considered the quality of patient records to be good with suitable patient identifiers, full medical history, and oral cancer screening all recorded. Whilst we saw evidence of treatment planning, we found smoking cessation advice was not recorded on one record and antibiotic dosage was missing on two records where these were relevant. However, we noted that the practice has recently changed software which apparently created some problems where some information had not transferred across from the old system. We suggested conducting a new clinical records audit to help identify the reason and extent of this issue.

We recommend the practice conduct a clinical records audit and provide a copy to HIW when complete.

Efficient

Efficient

We considered the facilities and premises to be appropriate for the services delivered, with clinical sessions used efficiently. We found hygienists and therapists were effectively used as an intrinsic part of treatment pathways, while a patient co-ordinator based at a branch practice monitored referrals. A short notice list was managed by the receptionist to help fill any cancelled appointments.

Quality of Management and Leadership

Leadership

Governance and leadership

The practice is a partnership with several branch practices and a clear team structure in place. We considered the practice to be well led with a clear commitment to providing patients with a high standard of service. The management team appeared to be open and approachable to staff, while we noted a good team spirit among the practice team as a whole.

There were suitable arrangements in place for sharing relevant information and safety notices with the practice team, including both face-to-face and online meetings. We saw minutes of meetings were recorded and shared with staff who were unable to attend. We discussed developing the minutes by highlighting any action points and ensuring these were followed up at subsequent meetings.

We found a good range of up-to-date policies available to support staff in their roles. We saw that policies were covered as part of the staff induction process, with a policy index signed by staff. We also found personal folders contained a list of policies that was ticked and signed to confirm that they had been read. Updates were displayed on the staff notice board and discussed at quarterly nurse meetings.

Workforce

Skilled and enabled workforce

The practice had an up-to-date recruitment policy which covered pre-employment checks and the induction process, while employees were provided with staff handbooks that covered employment conditions, the disciplinary process and training obligations. We reviewed staff files and found signed contacts of employment held within each one, although we found inductions had not been documented. The practice should consider ensuring inductions are documented, signed and dated on completion by senior staff to provide evidence and assurance that the process has been fully completed and reviewed.

We were told compliance with GDC registration requirements was monitored by senior staff. Overall, compliance with professional obligations was considered good with evidence of health screening and immunisations held on file. We found that where written references were not always available for the employees, copies of these requests were retained to evidence adherence to the process. Whilst Disclosure and Barring Service (DBS) checks were in place for most staff, we noted three were dated 2021. We saw no evidence that other checks or declarations were obtained to identify any changes in the DBS status of staff.

The registered manager must ensure appropriate arrangements are in place to help the practice ensure staff remain fit to work at the practice.

We found that staff had completed training on a variety of subjects relevant to their roles at the practice. Additional training needs were identified through the annual appraisal process which was recorded and held in staff files. Overall, mandatory training compliance was very good and was suitably monitored by practice management with the aid of notifications from the practice compliance software.

Culture

People engagement, feedback and learning

Appropriate arrangements were in place for seeking the views of patients about the quality of care provided at the practice. We were told that the results were reviewed and discussed at staff meetings. We suggested the practice consider displaying a notice in the patient waiting area highlighting any actions taken in response to patient feedback.

The practice had a complaints procedure displayed for patients, which included appropriate time limits for responses and contact details for other organisations that patients could approach for support or if unhappy with any response. We were shown that complaints and any subsequent investigations were held on a practice computer as a set of emails. However, we found this system confusing to navigate and difficult to identify specific complaints. We saw that the other practices within the group used a complaints log and suggested that this be replicated for this practice.

The practice had a Duty of Candour policy in place which provide guidance for staff. We were told that to date, there had not been any incidents where this process had been triggered.

Information

Information governance and digital technology

The practice had an appropriate Data Protection policy in place. We were assured that the practice took confidentiality and data protection seriously and complied with all relevant legislation. We were told that records were suitably backed up using a secure cloud-based platform.

Suitable systems were in place for recording patient safety incidents. We found a secure process in place to share safety related information with other NHS bodies.

Learning, improvement and research

Quality improvement activities

The practice had an appropriate policy for governing quality improvement activities. We

were provided with evidence of a wide range of audits that included radiography, antibiotic prescribing, clinical waste and infection control. We discussed plans for conducting smoking cessation and Health and Safety audits. Overall, data collection was good, but we found in some cases the data was not assessed, and improvements were not identified, implemented nor monitored.

The registered manager must ensure that clinical audit processes are completed and documented.

We were told that the practice used the Health Education and Improvement Wales (HEIW) quality improvement tools but had not yet used some of the team development tools available. We discussed the benefits of utilising these tools to provide a structured framework for developing the practice and staff, as part of any future improvement activities.

Whole-systems approach

Partnership working and development

As part of a larger group of practices across South-East Wales, the practice was able to share knowledge, skills and experience, ensuring a consistent approach to providing dental care for patients. The practice manager described suitable arrangements in place for engagement with local healthcare service providers, safeguarding teams, and GP services. An arrangement with a centrally located pharmacy enabled a co-ordinated management of medicines across the group of practices.

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
The lock to the clinical waste compound had not been engaged leaving the area unsecure.	Patients and visitors could be at risk from healthcare associated infections.	We raised this with the registered manager who arranged for the matter to be rectified immediately.	Lock was set and area secured.

Appendix B – Immediate improvement plan

Service: **Cox and Hitchcock Dental Group (Thornhill Road)**

Date of inspection: **25 August 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	There was no immediate non-compliance issues found during this inspection		
Improvement needed		**Standard / Regulation**	
1.			
Service Action:		**Responsible officer**	**Timescale**

Appendix C – Improvement plan

Service: **Cox and Hitchcock Dental Group (Thornhill Road)**

Date of inspection: **25 August 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.	Patient language preference was missing from all records we reviewed. In addition, one respondent who answered the HIW patient questionnaire whose preferred language was Welsh, said they had not been offered the opportunity to speak Welsh at the practice.	The registered manager must ensure patients' language preferences are routinely identified and recorded within patient records, and that arrangements support the proactive recognition and provision of patients' communication needs, including Welsh language requirements.	Regulation 13(1(a)	Tick boxes have now been added to the exam template and assessment template. The clinicians are all aware that they must complete this at the start of any new courses of treatment.	Practice Manager	Completed

2.	The practice was unable to provide written arrangements for carers and comforters who help patients during X-ray exposures.	The registered manager must ensure documented arrangements are put in place for carers and comforters who help with X-rays and provide a copy to HIW when complete.	Regulation 8(1)(e)	Policy now in place.	Practice Manager	Completed
3.	The practice has recently changed software which has created some problems where some information had not transferred. We suggested conducting a clinical records audit to assess the reason and extent of the issue.	We recommend the practice conduct a clinical records audit and provide a copy to HIW when complete.	Regulation 16(1)(a) & (2)(b)(i)	The clinical audit is currently being undertaken. I will forward the findings as soon as possible.	Practice Manager	6 weeks (max)

4.	Whilst Disclosure and Barring Service (DBS) checks were in place for most staff, we noted three were dated 2021. We saw no evidence that other checks or declarations were obtained to identify any changes in the DBS status of staff.	The registered manager must ensure appropriate arrangements are in place to help the practice ensure staff remain fit to work at the practice.	Regulation 18(1)(a)	This was an oversight by us. The checks have not been completed yet. We are awaiting the certificates.	Practice Manager	Pending
5.	For some audits, there was no evidence that data was analysed, actions or improvements implemented, or that changes were monitored and re-audited.	The registered manager must ensure that clinical audit processes are completed and documented.	Regulation 16(1)(a)	All audits going forward will have recommended comment completed.	Practice Manager	Ongoing

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): Sarah Rees

Job role: Practice Manager

Date: 06 October 2026