

General Dental Practice Inspection Report (Announced)

Marlborough Dental Practice, Cardiff
and Vale Health Board

Inspection date: 11 March 2025

Publication date: 11 June 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.



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	13
• Quality of Management and Leadership	17
4. Next steps	21
Appendix A - Summary of concerns resolved during the inspection	22
Appendix B - Immediate improvement plan	23
Appendix C - Improvement plan.....	24

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 Marlborough Dental Practice, Cardiff and Vale Health Board on 11 March 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 six questionnaires were completed by patients or their carers and nine 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:

There was a good range of information provided to patients about healthy living and the services provided. We found staff at the practice were friendly, polite and committed to providing a positive experience for patients.

Most patients told us they were well informed about treatment options. We found communication with patients was managed effectively and emergency appointments were easily accessible, but information on out of hours emergency care needed to be more visible.

We found staff were aware and supported the implementation of the Active Offer, but there was limited Welsh language patient information available. The practice had reasonable adjustments in place to ensure they were accessible for patients.

This is what we recommend the service can improve:

- Patient information should be available in Welsh
- Out of hours emergency care information should be more visible
- Put in place appropriate translation services for patients requiring other languages.

This is what the service did well:

- We saw a wide range of health promotion information available to patients
- All patient feedback was positive
- Arrangements were in place to protect the privacy of patients.

Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well decorated, clean, organised and with no visible hazards. Renovation work was still ongoing to two rooms, we saw patients did not have access to those areas.

We found good fire safety processes in place, however staff had not completed fire safety training. The registered manager provided evidence of suitable staff fire safety training shortly following the inspection.

We saw evidence of satisfactory building maintenance certificates and dental equipment was in good working order. We found good decontamination

processes were in place to protect patients. Infection, prevention and control (IPC) audits and training had been completed and from the HIW questionnaire all respondents said the practice was 'very clean'.

The practice had an appropriate medicines management policy in place. Emergency equipment was well maintained, and all staff had completed CPR training.

We found the practice had suitable safeguarding policies in place, however external contact details needed to be added to the adult safeguarding policy. We saw all staff had completed safeguarding training to an appropriate level.

Medical devices were well maintained and x-ray equipment had adequate maintenance records. We found effective care policies and staff members followed professional guidelines.

This is what we recommend the service can improve:

- External safeguarding contact details need to be added to the safeguarding policy.

This is what the service did well:

- Clinical equipment was maintained appropriately
- The practice was visibly clean, tidy and fit for purpose
- Patient records were of a good standard.

Quality of Management and Leadership

Overall summary:

We saw there was a clear management structure in place with clear lines of accountability. On the day of the inspection we found the practice manager to be welcoming, friendly and committed to providing a positive patient experience. All staff who responded to the HIW questionnaire said they would recommend the practice as a good place to work.

Digital systems were used for staff training and compliance. We found a comprehensive range of policies and procedures in place which were reviewed regularly. Practice meetings were only documented once a year. We found suitable checks of staff records, however we noted areas for improvement such as staff appraisals, reference checks and pre-employment history.

Staff had up-to-date and complete training records, however the practice did not have a process in place to monitor compliance of this in the way of a training matrix. We found evidence of audits such as infection prevention and control

(IPC), healthcare waste management, and antimicrobials. However, other required audits were missing or required reviewing.

This is what we recommend the service can improve:

- Pre-employment checks to be appropriately completed
- Implement a training matrix.

This is what the service did well:

- A suitable system in place for the collection and review of patient feedback
- A range of policies and procedures were regularly reviewed and available for staff.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW questionnaire were positive. In total, we received six responses from patients at the setting. All respondents rated the service as ‘very good’.

One patient said:

" The whole service is exemplary"

A carer for a patient told us:

"...coming here he has gained confidence and now loves coming to the dentist..."

Person-centred

Health promotion and patient information

We saw a comprehensive range of patient information in the reception area. This included smoking cessation, eating well and information on dental procedures. The practice had a satisfactory patient information leaflet and statement of purpose, which were available at reception.

Information on NHS and private charges were available behind reception, although they were not easily visible for patients. We advised the setting to move the information to an easily accessible notice board for patients which was completed during the inspection. Further details on actions undertaken are in Appendix A.

The names and General Dental Council (GDC) registration numbers of the dental team were displayed outside the practice. We saw signs displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with current legislation.

The practice opening times and telephone number were displayed clearly outside the premises. The number for emergency out of hours care was not made available to patients outside of the practice nor on their website. Three out of six patients who responded to the HIW questionnaire said they did not know how to access the out of hours dental service if they had an urgent dental problem. We noted the

information was provided on the practice voicemail. However, we could not be assured patients would know how to contact the practice in the event of an emergency.

The registered manager must ensure details of how to access out of hours emergency care are clearly displayed by the entrance.

Dignified and respectful care

During the inspection we observed staff were polite, friendly and treated patients with kindness and respect.

We viewed a robust confidentiality agreement had been signed by all staff members. The reception desk was within the waiting room and there was a separate waiting room upstairs. We were told patients were given the option to discuss confidential information in the office away from the reception area if needed. Doors to clinical areas were kept closed during treatment to maintain privacy and window coverings were in place in the downstairs surgery.

The GDC nine principles were displayed behind reception in English. However, we discussed with staff how providing this information in Welsh would be beneficial for patients.

Individualised care

We reviewed a sample of five patient records and confirmed appropriate identifying information and medical histories were included. All respondents who completed a HIW patient questionnaire said they were given enough information to understand the treatment options available to them and most (5/6) said the cost was made clear to them before treatment.

Timely

Timely care

The practice arranges appointments by telephone or in person at reception, there was no online booking system available to patients.

We were advised the average waiting time between treatment appointments was four weeks. We were told appointments in the morning and at the end of the day were kept for children. Patients can access emergency appointments by calling the practice at any time during opening hours. We were informed patients would be offered the first available appointment.

Staff in the surgery communicate using an instant messaging system to update reception staff on any delays. We were told reception staff would then inform

patients verbally in person or by telephone and offer an alternative appointment where requested. Most respondents (5/6) said they found it very easy to get an appointment when they needed one.

Equitable

Communication and language

We were informed one staff member spoke Welsh at the practice. We saw 'Iaith Gwaith' signage on doors to show where staff members spoke Welsh as well as signage in reception. We were informed patients were asked their preferred language and this was noted in patient medical histories.

We found patient information was available in English but there was limited information available in Welsh. We recommended providing information in Welsh to further promote the 'Active Offer'.

The registered manager must provide HIW with evidence that patient information has been made available in Welsh.

We were told non-English speaking patients were encouraged to bring a translator to their appointments. Where this was not possible, an online translation tool was used. We discussed the need to use an appropriate translation service to protect patients, staff and the practice from any misunderstanding including the Language Line service from the NHS.

The registered manager must review appropriate translation services for patients requiring other languages, utilising the support available to them.

Rights and equality

The practice had up to date policies and procedures in place to promote equality and diversity. We viewed evidence of appropriate training completed by all staff on equality and harassment, and bullying.

We were told documents were available in alternative formats such as large font when requested at reception. Staff told us preferred names and/or pronouns were recorded on patient records, to ensure transgender patients were treated with respect.

All respondents who answered the HIW questionnaire told us they had not faced discrimination when accessing services provided by the practice.

We found the practice had reasonable adjustments in place to ensure the setting was accessible to all. A ramp was available at the entrance to the building when

requested and disabled toilet facilities were provided. There were three surgeries on the ground floor allowing wheelchair access.

All respondents who completed the HIW questionnaire told us they considered the building accessible.

Delivery of Safe and Effective Care

Safe

Risk management

All areas internally and externally were well decorated and visibly tidy with no obvious hazards. The practice had been recently renovated with renovations to two rooms still ongoing. We saw a large staff room which was kept locked and toilet facilities on the first floor that staff were able to use as changing facilities.

We viewed a comprehensive range of health and safety risk assessments and health and safety posters were displayed in multiple rooms.

We saw in-date gas safety records, Portable Appliance Testing (PAT) and five yearly fixed wire testing.

We examined fire safety documentation and found adequate maintenance contracts in place. Fire extinguishers were stored correctly around the premises and were well maintained. We saw appropriate fire signage displayed and evidence was seen of weekly checks on fire equipment. We noted staff had not completed fire safety training at the time of the inspection. Certification of fire safety training for all staff members was provided shortly following the inspection.

We found dental equipment was in good working condition and single use items were in use where appropriate.

Infection, prevention and control (IPC) and decontamination

We found appropriate infection prevention and control policies and procedures in place to maintain a safe and clean environment.

Cleaning schedules were available to support the effective cleaning of the practice and we noted there was a designated infection control lead.

We saw personal protective equipment (PPE) was readily available for all staff and the practice had suitable hand hygiene facilities available in each surgery and in the toilets. Whilst the practice does not use Safety Plus syringes, we saw a risk assessment to help mitigate any associated risk.

We were informed there was appropriate Occupational Health support available to staff if required.

The practice had a designated room for the decontamination and sterilisation of dental instruments. The decontamination room was well maintained with appropriate processes and equipment in place to safely transport instruments around the practice.

We found decontamination equipment was regularly tested and was being used safely. It was noted there were four autoclaves located outside of the decontamination room in the practice. We were assured those outside of the designated decontamination room were not in use. It was recommended the registered manager arrange for the decommissioned autoclaves be collected for disposal to ensure they would not be used in the future.

The registered manager must review the provision of the decommissioned equipment and arrange for disposal where necessary.

We saw evidence of staff IPC training and the practice had completed a Welsh Health Technical Memoranda 01-05 audit.

We found the practice had an appropriate contract in place for handling and disposing of waste, including clinical waste. Laundry facilities were available to staff at the practice. All uniforms were washed at the setting and we saw an 'IPC laundering uniforms' risk assessment. We saw evidence of appropriate arrangements in the practice for handling substances which are subject to Control of Substances Hazardous to Health (COSHH).

All respondents to the HIW questionnaire said the practice was very clean and infection prevention and control measures were being followed.

Medicines management

We found the practice had an appropriate medicines management policy in place. The procedures for ordering, storage and disposal of drugs were satisfactory.

We saw evidence staff recorded medicines administered in patient notes. It was noted staff had an alert on the patient notes to let them know if there were any adverse effects.

We found the practice had a designated medical fridge which was kept locked, and staff kept a daily record of temperatures. Staff were able to explain the procedure in place in the event of a failed temperature.

We saw the practice had an up-to-date medical emergency policy in place which is reviewed annually. This is made available to patients when requested.

We looked at staff training records and found all staff members had up-to-date training in cardiopulmonary resuscitation (CPR). Two members of staff had completed first aid training and their certificates were available at reception.

We inspected the equipment in place to deal with a medical emergency and found all items available and in date. We saw evidence regular checks were being carried out on all emergency equipment.

Safeguarding of children and adults

We saw evidence the practice had an up-to-date safeguarding children policy in place. It was noted the safeguarding adults policy did not have any external contact details for the local safeguarding teams, however contact details were made available on a quick reference flow chart posters in staff areas. We recommended the registered manager add the relevant contact details to the policy.

The registered manager must add external contact details for adult safeguarding to the safeguarding policy.

The practice had an appointed safeguarding lead who told us they had access to the All Wales Procedures through the smartphone app. We were told the safeguarding lead shares this information with other staff members.

We looked at a sample of staff training records and saw staff had up-to-date safeguarding training to an appropriate level. The safeguarding lead had completed the training to level three which is considered good practice.

Management of medical devices and equipment

We found medical devices and clinical equipment were in good working condition and suitable for purpose. Reusable medical devices were disinfected appropriately, and arrangements were in place to promptly address any system failures.

We viewed evidence of servicing documents for the compressor which had been completed within the last year.

Documentation was in place to evidence the safe use of x-ray equipment and appropriate signage was available at each surgery. We viewed evidence of maintenance records for x-ray equipment and local rules were displayed near to each x-ray set in each surgery.

Effective

Effective care

We found the practice had safe arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. We found staff were following advice of relevant professional bodies and knew where to find information when required. We saw the practice used checklists to help minimise the risk of wrong tooth extractions.

Patient records

We saw a suitable system in place to ensure the safety and security of patient records. The practice had an appropriate records management and consent policy in place.

We reviewed the dental records of five patients. Overall, the recording of information was clear and maintained a good standard. Each had patient identifiers and reason for attending was recorded and medical histories were updated at each visit. We saw evidence smoking cessation and oral hygiene advice had been recorded where necessary.

Efficient

Efficient

We found the facilities and premises were appropriate for the services being delivered. Clinical sessions were managed efficiently, and the number of clinicians was sufficient for the service provided. We were told the practice had a system in place to offer patients appointments where cancellations took place. Staff told us patients requiring urgent care were prioritised where possible.

Quality of Management and Leadership

Staff feedback

Staff who responded to the HIW questionnaire provided generally positive comments. All those who responded felt the facilities and environment were appropriate to ensure patients received the care required. Staff felt patient care was a top priority and patients were informed and involved with care decisions. All those who responded agreed the practice is a good place to work and would be happy for family to receive care at the practice.

One member of staff commented:

" Everyone works well as a team..."

Leadership

Governance and leadership

We found a clear management structure in place to support the running of the practice. We were told staff meetings were held monthly, however, only one meeting a year was documented. On review of this meeting, we noted suitable discussions around policies, clinical processes and fire safety. We recommended the manager document all practice meetings to evidence they are happening frequently.

The registered manager must ensure all staff meetings are appropriately documented.

A suitable online compliance system was used to manage and update policies and procedures on a routine basis. Staff members were able to gain access digitally to read and sign policies.

We noted not all staff had received appraisals. We were told regular conversations were being held with staff members but were not documented. Out of the nine staff members who completed the HIW questionnaire, three stated they have not received an appraisal and two said they could not remember. One of the staff members who had not received an appraisal had been working at the setting for under one year.

The registered manager must ensure regular staff appraisals are completed.

Workforce

Skilled and enabled workforce

In addition to management, the team comprises of four dentists, two hygienists, five nurses and two receptionists. We were told the practice does not use any agency staff. We found an appropriate system in place to ensure a suitable number of staff were working at any time.

We saw a suitable recruitment policy which covered staff inductions and training requirements. The practice used a competency check list for the induction of new staff members to ensure staff understood their specific role and information relating to the practice. We were told any performance issues would be discussed with individual staff members and if needed, extra training would be provided.

We reviewed six staff member records and found suitable checks were in place for professional indemnity, vaccination status and disclosure and barring (DBS) checks. However, we observed the following areas require improvement:

- Three staff members did not have any reference checks available, and two staff members only had one reference available.
- Four staff members did not have any pre-employment history recorded
- Of the two associate dentist records we checked, the practice could not provide any contractual documentation.

The registered manager must review their employment procedures to ensure pre-employment checks are appropriately completed and records are routinely reviewed to ensure compliance.

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

We looked at a sample of six staff training records and found all staff members had up-to-date certification in place. Staff had access to an inhouse training system which could be monitored by management. We were told extra training is made available to staff when requested and we were informed a nurse had recently completed an implant course. Of those who responded to the HIW questionnaire staff said they felt they had appropriate training to undertake their role and said they had fair and equal access to workplace opportunities. On talking to the practice manager, we found they did not have a suitable training matrix in place to monitor the completion of mandatory training courses. We recommended they put this in place to ensure compliance with core training.

The registered manager must introduce a training matrix to ensure training can be monitored for all staff.

Culture

People engagement, feedback and learning

The practice had a suggestion box at reception with forms for patients to provide feedback. We were informed patients could also provide feedback verbally to staff members. We were told any feedback which had been completed was checked as it was completed and acted upon on the day.

We viewed a 'you said we did' board on the ground floor reception area which had a display of changes which had been made following patients feedback. An example we saw was 'changed radio station' as patients had said they disliked the previous music in reception.

The practice had an appropriate complaints policy which was reviewed yearly, this was available to patients in English and Welsh. The policy included timescales for complaints, an escalation process if required and contact information for external bodies.

We were informed the practice manager was responsible for complaints. We were told these are recorded within the patients file and within a dedicated folder where they were monitored for common themes.

We viewed a satisfactory duty of candour policy which outlined roles and responsibilities of staff members and staff had completed duty of candour training.

Information

Information governance and digital technology

The practice used an electronic system to manage patient records, policies and procedures and staff training records. There was an accident reporting system in place and we were told information was shared with staff members in team meetings or by email.

Learning, improvement and research

Quality improvement activities

We saw audits for antimicrobials, healthcare waste and x-rays. However, when examining the x-ray audit we found the practice were printing reports available to them on the computer system without reviewing the information. The practice did not provide any evidence of audits taking place for hand hygiene, smoking cessation and clinical notes. We also noted peer reviewing was not taking place,

and the practice was not taking advantage of quality improvement tools available to them through Health Education and Improvement Wales (HEIW).

The registered manager must ensure all mandatory quality improvement activities take place, utilising support available to them with regards to quality improvements.

The registered manager must review their quality improvement policy to ensure it is fit for purpose.

Whole-systems approach

Partnership working and development

We were told the practice maintains a good working relationship with their local health board and other primary care services such as the local GP. Referrals were made using an online system and an appropriate process was in place to follow up with 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
Ensure patient charge information is on display in a place which can be easily seen.	Patients may not understand the costs involved for NHS and private treatment.	Discussed with registered manager.	Patient charge posters moved to a notice board easily seen by patients.
Staff had not completed fire safety training.	Staff may not know what to do in the event of a fire.	Discussed with registered manager.	Certification of fire safety training for all staff members was provided shortly following the inspection.

Appendix B - Immediate improvement plan

Service: Marlborough Dental Practice

Date of inspection: 11 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 further immediate assurance / non-compliance issues.					

Appendix C - Improvement plan

Service: Marlborough Dental Practice

Date of inspection: 11 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.	The number for emergency out of hours care was not made available to patients.	The registered manager must ensure details of how to access out of hours emergency care are clearly displayed by the entrance.	Regulation 13 (1) of the Private Dentistry (Wales) Regulations 2017 General Dental Council (GDC) standards	The updated number is now back on the front door and clearly visible to all patients.	Toni Spear	Completed
2.	There was limited available information in Welsh.	The registered manager must provide HIW with evidence that patient information has been made available in Welsh.	Regulation 13 (1)	All relevant posters in Welsh are in place.	Toni Spear	Completed
3.	We were told non-English speaking patients were	The registered manager must review appropriate translation services for	Regulation 13 (1)	If needed, we can use tell: 02920 872527 or email bilingualcardiff@cardiff.gov.uk	Whole Team	on-going

	encouraged to bring a translator to their appointments. Where this was not possible, an online translation tool was used.	patients requiring other languages, utilising the support available to them.				
4.	It was noted there were four autoclaves located outside of the decontamination room in the practice. We were assured those outside of the designated decontamination room were not in use.	The registered manager must review the provision of the decommissioned equipment and arrange for disposal where necessary.	Regulation 13 (3)	Autoclaves located outside the decontamination room have been removed. Spare units have been relocated to our sister practices where they are needed. Removed 25 th April 2025.	Toni Spear	Completed
5.	It was noted the safeguarding adults policy did not have any external contact details for the local safeguarding teams.	The registered manager must add external contact details for adult safeguarding to the safeguarding policy.	Regulation 14 (1)	The safeguarding adult's policy was updated immediately to include all necessary external contact details for the local safeguarding teams.	Toni Spear	Completed
6.	We were told staff meetings were held monthly, however,	The registered manager must ensure all staff meetings are	Regulation 16(2)	We confirm that monthly staff meetings are held, and we acknowledge the need for	Whole Team	On - going

	only one meeting a year was documented.	appropriately documented.		proper documentation. Moving forward, all meetings will be formally recorded to ensure compliance.		
7.	We noted not all staff had received appraisals.	The registered manager must ensure regular staff appraisals are completed.	Regulation 17 (4)	Appraisals are all planned in the diary for all staff.	Toni Spear	On - going
8.	We observed the following areas require improvement: •Four staff members did not have any pre-employment history recorded •Of the two associate dentist records we checked, the practice could not provide any contractual documentation.	The registered manager must review their employment procedures to ensure pre-employment checks are appropriately completed and records are routinely reviewed to ensure compliance.	Regulation 18	Risk assessments are in place to address any missing documentation, and steps have been taken to mitigate associated risks. All contracts and records are completed and up to date.	Toni Spear	Completed
9.	Three staff members did not have any reference checks available, and two	The registered manager must provide evidence of suitable reference checks or assurance to HIW of	Regulation 18	Risk assessment in place.	Toni Spear	Completed

	staff members had one reference available.	the risk mitigation in place relating to missing pre-employment check records.				
10.	We found the practice manager did not have a suitable training matrix in place to monitor the completion of mandatory training courses.	The registered manager must introduce a training matrix to ensure training can be monitored for all staff.	Regulation 17 (3)	We have implemented an annual full day training session during which the practice will close to allow all staff to complete their mandatory training. Attendance and completion will be documented in each staff member's HR file, supported by a checklist to ensure all required training is tracked and up to date.	Whole Team	On - going
11.	The practice did not provide any evidence of audits taking place for hand hygiene, smoking cessation and clinical notes. the practice was not taking advantage of quality improvement tools available to them	The registered manager must ensure all mandatory quality improvement activities take place, utilising support available to them with regards to quality improvements.	Regulation 16 (1)	We will ensure that audits are carried out and appropriately documented moving forward.	Whole Team	On - Going

	through Health Education and Improvement Wales (HEIW).					
12.	The practice did not provide any evidence of audits taking place for hand hygiene, smoking cessation and clinical notes.	The registered manager must review their quality improvement policy to ensure it is fit for purpose.	Regulation 8 (1)(n)	Going forward, we will carry out on all audits, to ensure compliance. Additionally, the registered manager will review and update our quality improvement policy to ensure it is fit for purpose.	Toni Spear	On - Going

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): Toni Spear

Job role: Practice Manager

Date: 28/04/2025