

General Dental Practice Inspection Report (Announced)

Impress Cardiff Dental Practice

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Impress Cardiff Dental Practice on 3 December 2024.

Our team for the inspection comprised of a HIW healthcare inspector and a dental peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of four questionnaires were completed by patients or their carers and three were completed by staff. Due to the low number of responses, this feedback does not form a part of this 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 treated in a timely manner by respectful and professional staff. We saw arrangements in place to enable the effective communication between clinicians and patients. Practice policies and procedures outlined how the practice accepted patients, no matter what their background.

Patients were given the option to speak with staff confidentially away from the reception area in waiting 'pods', if needed. Information was available for patients regarding the treatments available, however we did not see a price list on display nor any information to promote a healthy dental lifestyle.

This is what we recommend the service can improve:

- The registered manager must ensure all required information is on display in a place which can be easily seen by patients.

This is what the service did well:

- We saw patients were treated with dignity and respect
- Patients received timely care and had access to clinicians via an online application.

Delivery of Safe and Effective Care

Overall summary:

The practice was in a good state of repair, clean, tidy and organised. However, we found immediate areas where we required the practice to improve. These included practice risk assessments, machinery servicing and medical training which resulted in the issue of a Non-Compliance Notice. We found additional areas to improve in the provision of Personal Protective Equipment for staff and the manual cleaning prior to sterilisation of equipment. The safeguarding policy was up to date, referenced the All-Wales procedures and included local support services. However, the sole dental nurse at the practice was untrained in adult and child safeguarding. The clinical equipment we inspected was in good condition, however, there were improvements needed with regards to their management.

Immediate assurances:

- The practice autoclave, compressor and oxygen cylinders had not been serviced within the last 12 months
- The health and safety risk assessment required improvement

- The two clinicians working at the practice had not have cardiopulmonary resuscitation training and no staff member was trained in first aid
- The sole practice nurse was untrained in safeguarding for adults and children.

This is what we recommend the service can improve:

- The registered manager must improve the facilities within the patient toilet
- The registered manager must put robust arrangements in place to support staff in the event of a sharps injury
- The registered manager must provide evidence of an up to date and complete radiation protection file
- The registered manager must ensure complete patient records are kept at all times.

This is what the service did well:

- The practice was visibly clean, organised and tidy
- Clinicians demonstrated a clear understanding of their responsibilities whilst being aware of where to seek relevant professional advice, if necessary.

Quality of Management and Leadership

Overall summary:

Staff told us they had confidence in managers and would know who to speak to, if they needed help or support. We noted some immediate improvements required regarding the pre-employment checks for employees and limited compliance with quality improvement activities. Other areas for improvement were found relating to the overall governance arrangements at the practice, the compliance with training as well as the completeness of some policies.

Patient feedback was routinely collected, and the responses were publicised at reception and online. There were no complaints for us to review but we were assured by the process staff outlined to us. However, the complaints policy did not contain reference to HIW as a point of contact.

Immediate assurances:

- The sole practice nurse had received a limited amount of training, and no member of staff had received an appraisal
- Reference checks for clinicians were either missing or insufficient
- There was no quality improvement policy in place and there was limited evidence to show clinical audits having taken place.

This is what we recommend the service can improve:

- The registered manager must review their governance arrangements to ensure the effective running of the practice and safe care is delivered to patients
- The registered manager must conduct a review of all practice policies to ensure they are up to date and develop a robust review procedure
- The registered manager must formalise the checks and induction procedures with regards to agency workers
- The registered manager must review and update their system for monitoring training and professional obligation compliance.

This is what the service did well:

- The system for the collection and review of patient feedback was suitable
- Induction procedures for employees were supportive.

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

Person-centred

Health promotion and patient information

We saw the practice statement of purpose was available for patients in the reception area of the practice. Information was available for patients regarding the treatments available, however, we did not see a price list on display. No information was available to patients to promote a healthy dental lifestyle nor how to contact the practice in an emergency. In addition, the nine principles prepared by the GDC were not displayed, the practice opening hours and the General Dentistry Council numbers for all clinicians were also not displayed. This meant that patients were unable to easily access relevant and important information.

The registered manager must ensure all required information is on display in a place which can be easily seen by patients.

Dignified and respectful care

We found patients were provided with dignified and respectful care throughout their patient journey. We noted separate reception and patient waiting areas and solid surgery doors, which were kept closed during appointments. Patients were given the option to speak with staff confidentially away from the reception area in waiting 'pods', if needed. These measures meant interactions between staff and patients could not be overheard and patient privacy maintained. Confidentiality agreements were included within staff contracts outlining the practice expectation to ensure the privacy of patient information.

Timely

Timely care

We found a suitable appointment process in place to manage and utilise the time of practitioners appropriately. The majority of initial appointments were made online via the practice website, and once registered, patients had the option to book appointments via a mobile application. Any appointment was booked at a time which suited patients and automatically included into the practice calendar. Patients also had the option to telephone to make an appointment or arrange an appointment in person. Generally, no patient waited more than 2 weeks to see a clinician for a routine appointment.

Staff informed us they rarely ran behind with appointments. Where appointments did extend beyond the scheduled time, clinicians informed reception to make patients aware of any delays.

Due to the type of aligner-based orthodontic dentistry undertaken at this practice, emergencies were infrequent. However, the patient mobile application gave patients access to a live chat function where they could be triaged by a clinician. The option to speak with a clinician over the telephone was also available. If a patient did need to be seen in the event of an emergency, an appointment would be arranged with 24 hours.

Equitable

Communication and language

We saw arrangements in place to enable the effective communication between clinicians and patients. Language line was available for clinicians to communicate with patients whose first language was not English. The staff we spoke with demonstrated a keen understanding of the need to communicate with patients in a language they can understand. Documents in different formats would be made available upon request by patients.

Rights and equality

An appropriate equality and diversity policy outlined the practice approach to supporting the rights of patients and staff. A patient acceptance policy also outlined how the practice accepted patients, regardless of their background.

Posters outlining a zero tolerance to harassment were displayed around the practice. The staff we spoke with understood their responsibilities when it came to harassment or discrimination. We saw a specialist chair was available for any member of staff who required it for a reasonable workplace adjustment.

The rights of patients were further upheld by allowing patients to choose their preferred pronouns and names on their records.

Delivery of Safe and Effective Care

Safe

Risk management

We found a visibly clean and tidy practice which was set over the ground floor of a purpose-built setting with four surgeries, with only one currently in use due to the number of registered patients. Patients were able to wait in a variety of areas and there was sufficient seating to support the number of patients. The ventilation and signage were all satisfactory. However, we noted the lighting in some of the 'pod' areas where patients could wait kept turning off and back on. The lighting was controlled by an automatic switch which appeared to be faulty.

The registered manager must ensure all lighting in the practice premises are functioning correctly.

We saw a satisfactory staff changing area with lockers available. Staff also had access to a properly equipped and clean toilet. The toilets available for patients were appropriate for those with reduced mobility. However, the mixer tap for the patient sink was not secured correctly meaning when attempting to operate the tap, water spilled to the floor. Additionally, the flush for the toilet did not function correctly. We also saw there was no disposal available for the paper towels for hand drying. Practice staff advised us the feminine hygiene disposal bin was used, which was inappropriate.

The registered manager must improve the facilities within the patient toilet.

The practice undertook a specific form of orthodontics and as such a smaller amount of reusable equipment was needed and used. We saw dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We also saw that single use items were used where appropriate. We saw the equipment in use promoted safe and effective care of patients.

The practice had an appropriate business continuity plan in place and the staff we spoke with understood their responsibilities should there be an emergency. We also saw a building maintenance policy was in place to ensure the building was maintained to a suitable level.

We requested documentary evidence of a written risk assessment for health and safety by the registered management. The document provided was entitled 'Smile2Impress Clinics Ltd Health and Safety Handbook'. Within this document,

there were sections outlining the general hazards present within a dental practice. This document was not specific to this practice and was confirmed to be used for all their corporate practices. The hazard sections within the document contained employee responsibilities pertaining to these hazards and a general description of the hazard. However, there did not appear to be any assessment of the risk, any grading of the likelihood or impact of the risk, or any mitigating actions the registered manager is taking to reduce these risks.

From the evidence provided, we could not be assured the risk assessment was fit for purpose and in line with the expectations set out by the Health and Safety Executive. An increased level of harm to patients and staff existed due to the hazards identified not being correctly assessed.

On review of the practice fire risk assessment, we found it was completed on 30 January 2023. We saw no evidence this document had been reviewed since that date. In addition, no evidence was provided to show the issues raised within the risk assessment action plan by the assessor had been actioned. Two of these actions were graded as 'high - To be completed as soon as reasonably practicable'.

Due to the potential risks posed by having in-complete, unsuitable or out of date risk assessments, we issued Impress Cardiff with a Non-Compliance Notice. Further information on the actions taken by the service in respect of this matter are outlined in [Appendix B](#).

An appropriate fire safety equipment maintenance contract was in place and all the equipment we inspected were within their expiry dates. Weekly fire alarm testing was routine, along with annual fire evacuations. Fire exits were clearly signposted, and no smoking signs were on display. From the staff records we reviewed, no member of staff had received fire safety training. However, since the completion of this inspection, this training has been completed.

We saw portable appliance testing of all equipment had taken place on 28 March 2023 and a five-yearly electrical inspection test report was valid. The practice employer liability insurance certificate and Health and Safety Executive poster were both on display.

Infection, prevention and control (IPC) and decontamination

We found the practice was kept to a good state of repair to enable effective infection control and cleaning. We saw a broadly appropriate infection prevention and control (IPC) policy in place. However, the practice IPC lead listed in the policy no longer worked in the practice.

The registered manager must ensure the infection, prevention and control policy is kept up to date.

Daily surgery checklists and routine cleaning schedules were in place to support the effective cleaning of the practice. We saw appropriate hand hygiene arrangements and signage were also in place.

Most Personal Protective Equipment was available to all staff. However, there were no aprons nor visors available for staff to use within the decontamination room. This could expose staff to potentially harmful infectious diseases while processing equipment.

The registered manager must ensure Personal Protective Equipment is available for all staff.

Safety plus syringes were in use by the practice to prevent needlestick injuries. Sharps injury protocols were on display within the active surgery, which outlined the steps staff should take in the event of such an event. The poster advised staff contact their occupational health service in the event of a sharps injury, however, there was no telephone number listed in the space allocated for the information. We established that the practice did not have an occupational health provider.

The registered manager must put robust arrangements in place to support staff in the event of a sharps injury.

We saw daily surgery checklists were available for the rooms which were in use and a designated decontamination room was in operation. 'Dirty' and 'clean' boxes were used to transport sterilised equipment between the room and surgeries and manual cleaning took place on the reusable dental equipment prior to sterilisation in an autoclave. During the cleaning process, items were manually cleaned in a sink but there was no thermostat available to measure the temperature of the water. This meant that clinical equipment was being hand washed in water which may not have been at the correct temperature.

The registered manager must ensure items are cleaned in line with the Welsh Health Technical Memorandum 01-05.

The practice autoclave cycles were recorded digitally. However, we saw no evidence these records were checked by staff on a routine basis.

The registered manager must ensure practice autoclave cycles records are checked routinely.

In discussion with the registered manager, we were informed that due to financial pressures in the last year, the parent company for Impress Dental had not paid contractors to undertake equipment testing. No documentary evidence was provided to assure HIW that the practice autoclave nor the practice compressor had been serviced or assessed by a competent person within the last 12 months.

This meant equipment used for intra oral treatments was being sterilised in an autoclave that could potentially not be functioning correctly, posing a risk to patient safety. A compressor which had not been serviced also had the potential to cause harm to patients and staff as the machine could be faulty.

Upon inspection of the practice oxygen cylinder, we identified the oxygen level was within the red parameters and below the half full level. This risked harm to any patient in need of oxygen in the event of an emergency. It was also confirmed by the practice manager that the oxygen cylinders had not been serviced within the last 12 months.

Machinery pertinent to maintaining the safety of patients were either past their service date or were not in a suitable condition presented an immediate risk to patient safety. As a result, we issued Impress Cardiff with a Non-Compliance Notice. Further information on the actions taken by the service in respect of this matter are outlined in [Appendix B](#).

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

Medicines management

Medicines were not routinely dispensed, except for those used in an emergency. We found an easily accessible practice emergency kit, which was suitably equipped, and all items were within their expiry dates. However, we did not see a razor available alongside the defibrillator, which is not in line with Resus Council UK guidance.

The registered manager must ensure all required emergency equipment is available.

The two sole clinicians working at the practice did not have cardiopulmonary resuscitation (CPR) training. The practice manager who works in both the Bristol and Cardiff practices was trained in CPR. There was no first aid trained member of staff working at the practice. Due to the immediate risk to patient safety, we issued Impress Cardiff with a Non-Compliance Notice. Further information on the actions taken by the service in respect of this matter are outlined in [Appendix B](#).

Safeguarding of children and adults

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

The staff we spoke with demonstrated an understanding of the safeguarding procedures and said they would know how to raise a concern and would feel supported to do so. However, there was no evidence to show the sole nurse had received training in the safeguarding of children and adults. Due to the risk to patient safety, we issued Impress Dental with a Non-Compliance Notice. Further information on the actions taken by the service in respect of this matter are outlined in [Appendix B](#).

Management of medical devices and equipment

The clinical equipment we inspected was in good condition and suitable for the purpose for which it was used, other than those mentioned elsewhere in this report. There were contact numbers available to respond to any failure and the procedures for managing ionising radiation were suitable. However, we were not provided with evidence that an equipment inventory was in place for the ionising radiation equipment nor a suitable risk assessment. We saw radiation risk assessments forms were available but that none had been completed.

The registered manager must provide evidence of a suitable risk assessment and equipment inventory for the ionising radiation equipment.

The practice radiation protection file was in paper format and was incomplete. The critical examination report for the ionising radiation equipment was not available for review on the day of inspection nor were the maintenance records for the equipment. These were provided to HIW following the inspection. However, the local rules were missing dates and staff signatures to confirm they had read and understood them. We also did not see evidence of actions having been taken to address the recommendations within the critical examination report for the dental Cone Beam Computed Tomography (CBCT) scanner.

The registered manager must provide evidence of an up to date and complete radiation protection file.

The practice medical emergencies, resuscitation & collapse policy was correctly dated. However, the document appeared to be an incomplete template. The

location of the medical emergency equipment and drugs was not populated, and the template outlined how all staff will receive basic life support training annually when this does not take place from the certification we reviewed. Further information on the actions we require the service to take in respect of this matter are outlined elsewhere in this report.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patient needs. The clinical staff we spoke to demonstrated clear understanding of their responsibilities whilst being aware of where to seek relevant professional advice, if necessary.

We found suitable processes in place to record patient understanding and consent to the orthodontic procedures.

Patient records

We reviewed a total of five patient records which were all held in a secure digital system, in line with the General Data Protection Regulations. Overall, these records formed a contemporaneous and complete record of the specific treatments provided to this patient group. However, we noted the following areas which required improvement:

- There was no record of patient medical history forms having been checked by clinicians on any of the records reviewed
- Only one record included intra and extra oral checks having taken place
- None of the records we reviewed noted cancer screening as taking place.

Furthermore, there was no record of full base charting taking place on any patient record reviewed. General dentistry was not undertaken at this practice, however, the means were available to do so and full base charting would be required in these instances.

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

The registered manager must develop a formal oral cancer referral process.

Quality of Management and Leadership

Leadership

Governance and leadership

There were clear management structures in place and team meetings were routine. The practice operated a specialist form of aligner-based orthodontics and had three employees. Therefore, the leadership arrangements in place were suitable and the management team explained they felt they had the right skills and experience. However, as outlined elsewhere in this report, we found consistent failures in the effective management of practice equipment, staff training and the practice compliance with General Dentistry Council requirements. As such HIW were not assured that the current governance arrangements in place at the practice delivered safe care to patients.

The registered manager must review their governance arrangements to ensure the effective running of the practice and safe care is delivered to patients.

We saw the practice created and maintained their policies using an online compliance tool. However, as mentioned elsewhere in this report, we saw examples where policies were either incomplete templates, were not specific to the practice or had not been recently reviewed. From the sample we reviewed, we could not be assured the practice policies and procedures were being reviewed comprehensively and in a timely manner.

The registered manager must conduct an assessment of all practice policies to ensure they are correct and up to date.

The registered manager must develop a robust policy review procedure.

Workforce

Skilled and enabled workforce

We found an appropriate system in place to ensure a suitable number of qualified staff were working at any one time. This included the use of agency workers or employees from their other practices in England. The practice manager explained the process for checking the identification of and inducting agency workers, and this appeared suitable. However, we saw no written evidence to support these checks and inductions took place.

The registered manager must formalise the checks and induction procedures with regards to agency workers.

The practice whistleblowing policy was included within the employee handbook and clearly outlined the procedure staff should follow. The staff we spoke with felt confident to raise concerns and the practice managers confirmed they felt supported by their corporate body to raise concerns.

Inductions for employees were managed by the corporate body for this practice and was suitable. Employees were supported over a three-to-four-month period, post induction, and had access to a training officer to support them.

We reviewed three staff training records, and identified the practice nurse had received a limited amount of training and was untrained in radiographic treatments. The nurse had undertaken one hour of infection, prevention and control training. As mentioned elsewhere in this report, the practice nurse was untrained in child or adult protection, cardiopulmonary resuscitation and first aid.

Furthermore, we did not see evidence of any written appraisals having taken place for any of the staff at the practice. Staff being untrained and not receiving formal appraisal presented a risk of potential harm to patients. This was because staff who may not be confident in their roles or who do not possess the correct qualifications for the service being provided. We issued Impress Cardiff with a Non-Compliance Notice. Further information on the actions taken by the service in respect of this matter are outlined in [Appendix B](#).

Due to the number of omissions in the mandatory training of staff at this practice, HIW could not be assured that the current system in place for monitoring training compliance was robust.

The registered manager must ensure a robust system is in place so that all mandatory training takes place.

Most of the professional obligations expected to have been completed were found to be present. However, we found the practice had not completed appropriate pre-employment checks for all staff. We reviewed all four staff records and found that:

- The principal dentist, practice nurse and the operations director had no reference checks recorded
- The practice manager had two references on file. However, the content of the letters provided were identical but with different names included.

We were not assured there are sufficient arrangements in place to ensure staff who may come in contact with vulnerable persons were of suitable integrity and

good character. Due to the immediate concern to patient safety, we issued Impress Cardiff with a Non-Compliance Notice. Further information on the actions taken by the service in respect of this matter are outlined in [Appendix B](#).

We found the system used to record staff professional obligations was out of date for the staff records we reviewed, or information was held in different or inaccessible places. Due to this and the omissions identified during the inspection, we could not be assured that the process in place for the management of these professional obligations was robust.

The registered manager must ensure a robust assurance system is in place in regards to staff professional obligations.

Culture

People engagement, feedback and learning

A suitable system for the collection and review of patient feedback was in place. We saw patients could scan a QR code to provide feedback online and patients were also sent customer service reviews to complete online post-treatment. Feedback was reviewed weekly by the practice manager and routinely overseen by their corporate body. Responses to feedback were publicised within the reception area and online.

The complaints procedure was available for patients to view at reception. There was a clearly defined timescale for an acknowledgement and a response to a complaint, along with how to raise a complaint. The details for the General Dental Council and the Dental Complaints Service were included in the practice complaints leaflet for patients. However, there was no reference made to HIW.

The registered manager must ensure the name, address and telephone number for HIW are included within their complaints policy.

Complaints were overseen by the practice manager and collated using a suitable online compliance system. Verbal complaints were escalated to the practice manager and then recorded in the practice complaints log. There were no recent complaints for us to review during the inspection, but we were assured by the processes in place as outlined by staff.

Learning, improvement and research

Quality improvement activities

We did not find a quality improvement policy in place, nor any documentary evidence to show clinical audits having taken place for:

- Ionising radiation
- Healthcare waste
- Health and safety
- Smoking cessation.

Additionally, no evidence was available to indicate whether quality improvement activity had taken place. Furthermore, on review of the documents provided to evidence a disability access audit, there was no completion date present. The registered manager informed inspectors that the audit took place on 1 January 2024 and a review date was noted within the document of 1 January 2025.

However, document data indicates the document was created on 2 December 2024 at 17:54 and last modified on 2 December 2024 at 17:57, with a total editing time noted as 2 minutes. Therefore, HIW could not be assured of the date in which this audit took place.

Quality improvement activities, such as audits, are there to ensure the activities undertaken at a dental practice are routinely compliant and to avoid the potential risk of harm to patients through bad practice. Therefore, without completion of routine quality improvement activity patient are placed at a greater risk of harm. Due to this concern to patient safety, we issued Impress Cardiff with a Non-Compliance Notice. Further information on the actions taken by the service in respect of this matter are outlined in [Appendix B](#).

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 resolved on the day of inspection.			

Appendix B - Immediate improvement plan

Service: Impress Cardiff

Date of inspection: 3 December 2024

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 documentary evidence was provided to assure HIW that the practice autoclave nor the practice compressor had been serviced or assessed by a competent person within the last 12 months. Equipment used for intra oral treatments which were being sterilised in the autoclave that could potentially not be functioning	The registered manager must ensure annual checks take place on the practice autoclave, compressor and oxygen cylinders.	Regulation 13 (2) (a) of the Private Dentistry (Wales) Regulations 2017.	Oxygen service is scheduled to take place on Tuesday Dec 17th Autoclave service is scheduled for Jan 7th Compressor servicing is scheduled for the second half of December by Alpha Air Systems- exact date to be confirmed before 13th December Xray servicing is scheduled for Dec 17th	Bruce Bower	7th of January at the latest

	correctly risked patient safety. A compressor which had not been serviced also had the potential to cause harm to patients and staff as the machine could be faulty.					
2.	Upon inspection of the practice oxygen cylinder, it was observed the oxygen level was within the red parameters and below the half full level. This risked harm to any patient in need of oxygen in the event of an emergency. It was also confirmed by the practice manager that the oxygen cylinders had not been serviced within the last 12 months.	The registered manager must ensure the level of oxygen within the cylinder remains at a safe level for use in an emergency.	Regulation 13 (2) (a) of the Private Dentistry (Wales) Regulations 2017.	Oxygen service is scheduled to take place on Tuesday Dec 17th. Email attached.	Bruce Bower	17th December

3.	<p>The two sole clinicians working at the practice did not have cardiopulmonary resuscitation (CPR) training. The practice manager who works in both the Bristol and Cardiff practices was trained in CPR. There was no first aid trained member of staff working at the practice.</p>	<p>The registered manager must ensure all staff are trained in cardiopulmonary resuscitation and at least one member of staff receives a first aid qualification.</p>	<p>Regulation 31 (3) (a) of the Private Dentistry (Wales) Regulations 2017.</p>	<p>Practice manager had CPR training on December 5th Dental nurse has training booked for December 19th The Dentist completed it on 1st August</p>	Amr Elroudeny	19th December
4.	<p>We did not find a quality improvement policy in place, nor any documentary evidence to show clinical audits having taken place for:</p> <ul style="list-style-type: none"> • Ionising radiation • Healthcare waste • Health and safety • Smoking cessation 	<p>The registered manager must put a suitable clinical governance policy in place and commence the required clinical audits without delay.</p>	<p>Regulation 16 (1) (a) of the Private Dentistry (Wales) Regulations 2017.</p>	<p>The radiograph audit will be completed by end of day December 13th The clinical waste, health and safety audit and smoking cessation audits have been completed and uploaded The clinical waste review was done with our clinical waste</p>	Amr Elroudeny	13th December

	No evidence was also available to indicate whether quality improvement activity had taken place.			provider in May, email attached		
5.	The document provided when a written risk assessment for health outlining the general hazards present within a dental practice. This document was not specific to this practice and was confirmed to be used for all their corporate practices. The hazard sections within the document contained employee responsibilities pertaining to these hazards and a general description of the hazard. However, there did not appear to be any assessment	The registered manager must provide suitable evidence of a written health and safety risk assessment, in line with the expectations set out by the Health and Safety Executive.	Regulation 16 (1) (b) of the Private Dentistry (Wales) Regulations 2017.	The updated health and safety risk assessment has been completed and updated	Amr Elroudeny	Immediate

	of the risk, any grading of the likelihood or impact of the risk or any mitigating actions the registered manager is taking to reduce these risks. From the evidence provided, we could not be assured the risk assessment was fit for purpose and in line with the expectations set out by the Health and Safety Executive.					
6.	On review of the practice fire risk assessment, we found it was completed on 30 January 2023. We saw no evidence this document had been reviewed since that date.	The registered manager must provide evidence of a formal review having taken place on the practice fire risk assessment.	Regulation 22 (4) (f) of the Private Dentistry (Wales) Regulation 2017.	The evidence is attached	Bruce Bower	Immediate
7.	No evidence was provided to show the	The registered manager must provide evidence that	Regulation 22 (4) (f) of the Private	I have attached the pictures of the clinic	Bruce Bower	13th December

<p>issues raised within the risk assessment action plan by the assessor had been actioned. Two of these actions were graded as 'high - To be completed as soon as reasonably practicable'.</p>	<p>the actions identified by the fire risk assessor have been completed, especially those graded as 'high'.</p>	<p>Dentistry (Wales) Regulation 2017.</p>	<p>from when we were registered. We did not install the CO2 originally as our fire maintenance company Optima did not recommend any changes to our original setup,i.e with 4x foam, so we deferred to them Since then, PHS has asked for two CO2 extinguishers to be installed, pls find order confirmation for them Originally I had put up the Fire Exit Keep Clear signs but they seem to have come down before the inspection. We have put some up again. The original FRA mentioned producing the electrical installation</p>		
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				certificate. I have attached just in case.		
8.	On review of the three staff training records, we the practice nurse had received a limited amount of training and was untrained radiographic treatments. The nurse had undertaken one hour of infection, prevention and control training. As mentioned elsewhere in this report, the practice nurse was untrained in child or adult protection, cardiopulmonary resuscitation and first aid.	The registered manager must evidence the progress made towards mandatory training being completed by all clinicians.	Regulation 17 (3) (a) of the Private Dentistry (Wales) Regulation 2017.	The evidence is attached.	Amr Elroudeny	Immediate
9.	We did not see evidence of any written appraisals having taken place for	The registered manager must evidence the progress towards all staff receiving an appraisal.	Regulation 17 (3) (a) of the Private Dentistry (Wales) Regulation 2017.	Appraisals attached. Amr is due for his appraisal at year end	Amr Elroudeny	Dec 31st

	any of the staff at the practice.					
10.	The principal dentist, practice nurse and the operations director had no reference checks recorded The practice manager had two references on file. However, the content of the letters provided were identical but with different names included.	The registered manager must provide suitable evidence to HIW that two reference checks are in place for all staff or suitable risk assessments have been put in place.	Regulation 18 (2) (e) of the Private Dentist (Wales) Regulations 2017.	Reference check attached for Sidera. The other one is in progress Two referees given for Amr Elroudeny, reference checks in progress One reference for Bruce Bower, the other in progress.	Bruce Bower	Dec 15th

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): Bruce Bower

Job role: Director of Operations

Date: 11/12/2024

Appendix C - Improvement plan

Service: Impress Dental

Date of inspection: 3 December 2024

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	We did not see a price list on display. No information was available to patients to promote a healthy dental lifestyle nor how to contact the practice in an emergency. In addition, the nine principles prepared by the GDC were not displayed, the practice opening hours and the General Dentistry Council	The registered manager must ensure all required information is on display in a place which can be easily seen by patients.	Regulation 6 (3), Regulation 13 (1) and Regulation 19 of the Private Dentistry (Wales) Regulations 2017.	Price list, information to promote a healthy lifestyle, emergency contact and GDC principles are on display (photos uploaded). Practice opening hours and GDC numbers for clinicians are also on display.	Amr Elroudny	4 th February

	numbers for all clinicians were also not displayed.					
2.	We noted the lighting in some of the 'pod' areas where patients could wait kept turning off and back on. The lighting was controlled by an automatic switch which appeared to be faulty.	The registered manager must ensure all lighting in the practice premises are functioning correctly.	Regulation 22 (2) of the Private Dentistry (Wales) Regulations 2017.	The lighting in pod areas is controlled by a motion sensor working on a timer to save energy. It turns off if no movement is detected (photos attached). All pods are working correctly	Amr Elroudeny	4 th February
3.	The mixer tap for the patient sink was not secured correctly meaning when attempting to operate the tap, water spilled to the floor. Additionally, the flush for the toilet did not function correctly. We also saw there was no disposal available for the paper towels for hand drying. Practice	The registered manager must improve the facilities within the patient toilet.	Regulation 22 (2) of the Private Dentistry (Wales) Regulations 2017.	Disposal for the paper towels was added to the toilet (photo attached). Arrangements for a plumber to check the mixer tap and flush are currently in process.	Amr Elroudeny	4 th February

	staff advised us the feminine hygiene disposal bin was used, which was inappropriate.					
4.	We saw a broadly appropriate infection prevention and control (IPC) policy in place. However, the practice IPC lead listed in the policy no longer worked in the practice.	The registered manager must ensure the infection, prevention and control policy is kept up to date.	Regulation 13 (5) of the Private Dentistry (Wales) Regulations 2017.	The infection prevention and control (IPC) policy has been assigned to a new IPC lead (the lead nurse).	Amr Elroudny	4 th February
5.	There were no aprons nor visors available for staff to use within the decontamination room. This could expose staff to potentially harmful infectious diseases while processing equipment.	The registered manager must ensure Personal Protective Equipment is available for all staff.	Regulation 13 (5) of the Private Dentistry (Wales) Regulations 2017.	Aprons were ordered and visors are available inside the surgery, more visors were added to the decontamination room (Photos attached)	Amr Elroudny	4 th February
6.	Sharps injury protocols were on display within the active surgery,	The registered manager must put robust arrangements in place to	Regulation 13 (5) of the Private Dentistry	Telephone number for occupational health provider was added to	Amr Elroudny	4 th February

	<p>which outlined the steps staff should take in the event of such an event. The poster advised staff contact their occupational health service in the event of a sharps injury, however, there was no telephone number listed in the space allocated for the information. We established that the practice did not have an occupational health provider.</p>	<p>support staff in the event of a sharps injury.</p>	<p>(Wales) Regulations 2017.</p>	<p>the poster (attached photo).</p>		
7.	<p>During the cleaning process, items were manually cleaned in a sink but there was no thermostat available to measure the temperature of the water. This meant that clinical equipment was being hand washed in water</p>	<p>The registered manager must ensure items are cleaned in line with the Welsh Health Technical Memorandum 01-05.</p>	<p>Regulation 13 (3) of the Private Dentistry (Wales) Regulations 2017.</p>	<p>Thermostats were ordered and delivered to the clinic (attached photo).</p>	<p>Amr Elroudeny</p>	<p>4th February</p>

	which may not have been at the correct temperature.					
8.	The practice autoclave cycles were recorded digitally. However, we saw no evidence these records were checked by staff on a routine basis.	The registered manager must ensure practice autoclave cycles records are checked routinely.	Regulation 13 (3) of the Private Dentistry (Wales) Regulations 2017.	The nurse has extracted the data into a USB stick and checking the autoclave cycles as advised (attached photo).	Amr Elroudeny	4 th February
9.	We did not see a razor available alongside the defibrillator, which is not in line with Resus Council UK guidance.	The registered manager must ensure all required emergency equipment is available.	Regulation 31 (3) (b) of the Private Dentistry (Wales) Regulations 2017.	Razors were ordered and delivered to the clinic (attached photo).	Amr Elroudeny	4 th February
10.	We were not provided with evidence that an equipment inventory was in place for the ionising radiation equipment nor a suitable risk assessment. We saw radiation risk assessments forms	The registered manager must provide evidence of a suitable risk assessment and equipment inventory for the ionising radiation equipment.	Regulation 13 of the Private Dentistry (Wales) Regulations 2017. Regulation 15 of the Ionising Radiation (Medical Exposure) Regulations 2017	Arrangements for a radiation risk assessment and equipment inventory are in process as requested.	Amr Elroudeny	14 th March

	were available but that none had been completed.					
11.	The practice radiation protection file was in paper format and was incomplete. The critical examination report for the ionising radiation equipment was not available for review on the day of inspection nor were the maintenance records for the equipment. These were provided to HIW following the inspection. However, the local rules were missing dates and staff signatures to confirm they had read and understood them. We also did not see evidence of actions having been taken to address the	The registered manager must provide evidence of an up to date and complete radiation protection file.	Regulation 13 of the Private Dentistry (Wales) Regulations 2017. Regulation 15 of the Ionising Radiation (Medical Exposure) Regulations 2017	The local rules are signed by the staff to confirm they read and understood them. Arrangements are in process for addressing the recommendations as requested.	Amr Elroudeny	21 st March

	recommendations within the critical examination report for the dental Cone Beam Computed Tomography (CBCT) scanner.					
12.	<p>We noted the following areas within the patient records which required improvement:</p> <p>There was no record of patient medical history forms having been checked by clinicians on any of the records reviewed</p> <p>Only one record included intra and extra oral checks having taken place</p> <p>None of the records we reviewed noted</p>	<p>The registered manager must ensure complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines.</p> <p>The registered manager must develop a formal oral cancer referral process.</p>	Regulation 20 of the Private Dentistry (Wales) Regulations 2017.	A new template for visit notes was advised to all clinicians, it includes medical history checks, intra oral and extra oral checks and oral cancer screening as requested. Oral cancer referral process is being implemented as advised on the inspection day.	Amr Elroudny	4 th February

	<p>cancer screening as taking place.</p> <p>There was no record of full base charting taking place on any patient record reviewed. General dentistry was not undertaken at this practice, however, the means were available to do so and full base charting would be required in these instances.</p>					
13.	<p>We found consistent failures in the effective management of practice equipment, staff training and the practice compliance with General Dentistry Council requirements. As such HIW were not assured that the current governance</p>	<p>The registered manager must review their governance arrangements to ensure the effective running of the practice and safe care is delivered to patients.</p>	<p>Regulation 12 and Regulation 13 (1) of the Private Dentistry (Wales) Regulations 2017.</p>	<p>Governance arrangements are being reviewed to ensure the effective running of the practice.</p>	<p>Amr Elroudny</p>	<p>21st March</p>

	arrangements in place at the practice delivered safe care to patients.					
14.	We saw examples where policies were either incomplete templates, were not specific to the practice or had not been recently reviewed. From the sample we reviewed, we could not be assured the practice policies and procedures were being reviewed comprehensively and in a timely manner.	<p>The registered manager must conduct an assessment of all practice policies to ensure they are correct and up to date.</p> <p>The registered manager must develop a robust policy review procedure.</p>	Regulation 8 (1) of the Private Dentistry (Wales) Regulations 2017.	All policies and procedures are currently being assessed and reviewed.	Amr Elroudeny	21 st March
15.	The practice manager explained the process for checking the identification of and inducting agency workers, and this appeared suitable.	The registered manager must formalise the checks and induction procedures with regards to agency workers.	Regulation 18 of the Private Dentistry (Wales) Regulations 2017.	A form is currently being used to support the checks and inductions of agency nurses, it includes the name of the nurse and the agency, GDC	Amr Elroudeny	4 th February

	However, we saw no written evidence to support these checks and inductions took place.			number, indemnity, immunisation.		
16.	Due to the number of omissions in the mandatory training of staff at this practice, HIW could not be assured that the current system in place for monitoring training compliance was robust.	The registered manager must ensure a robust system is in place so that all mandatory training takes place.	Regulation 17 of the Private Dentistry (Wales) Regulations 2017.	The system is currently being reviewed and updated as we have new team members joining.	Amr Elroudeney	21 st February
17.	We found the system used to record staff professional obligations was out of date for the staff records we reviewed, or information was held in different or inaccessible places. Due to this and the omissions identified during the inspection,	The registered manager must ensure a robust assurance system is in place in regards to staff professional obligations.	Regulation 18 of the Private Dentistry (Wales) Regulations 2017.	The current system is being reviewed and updated as we have new team members joining.	Amr Elroudeney	21 st February

	we could not be assured that the process in place for the management of these professional obligations was robust.					
18.	There was no reference made to HIW with the practice complaints policy.	The registered manager must ensure the name, address and telephone number for HIW are included within their complaints policy.	Regulation 21 (4) of the Private Dentistry (Wales) Regulations 2017.	The name, address and telephone number for the HIW were added (attached photo).	Amr Elroudeny	4 th February

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): Amr Elroudeny

Job role: Practice manager

Date: 5th February 2025