

# General Dental Practice Inspection Report (Announced)

Opal Dental Practice, Cardiff and  
Vale University Health Board

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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 Opal Dental Practice, Cardiff and Vale University Health Board on 14 January 2025.

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. In total we received five responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had responses. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

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

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

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

Patients provided positive feedback about the care and service provided by the dental practice. All respondents to the HIW questionnaire rated the service as 'very good.'

There was a good range of relevant healthcare promotion and patient information available. Patients confirmed that they had received aftercare instructions on how to maintain good oral health.

The reception and waiting areas were separate, and doors to surgeries were kept closed during treatment, which helped to maintain patient privacy and dignity.

Emergency appointments were available each day and could be booked via telephone and on the practice website. A short notice list was maintained to utilise cancelled appointment slots.

We found the practice to be accessible, although one patient reported that cars could be parked too close to the exit on occasions, which created an obstacle to patients with impaired mobility and was a potential risk to safe evacuation in the event of a fire.

This is what we recommend the service can improve:

- To ensure that the practice website includes a copy of the statement of purpose
- To ensure cars are not parked in a way that hinders access to and from the building.

This is what the service did well:

- Staff able to provide treatment in Arabic
- Good accessibility throughout the practice for patients with impaired mobility.

### Delivery of Safe and Effective Care

Overall summary:

In general, the dental practice was well maintained, clean and decorated to a good standard. However, we found areas of flaking paint in one of the surgeries which needed to be rectified urgently to uphold effective infection prevention and

control measures. We found the decontamination processes were well organised and suitably documented. However, there was a lack of appropriate airflow into the room.

There was a suitable policy in place for the safe management of medicines, however, we found fridge temperatures were not being monitored. Equipment for use in an emergency was readily available and in good order, although we found some refresher training was required.

Medical equipment appeared clean and in good condition. Whilst we saw risk assessments and annual maintenance records for X-ray equipment, the practice could not provide copies of the critical examination or three yearly quality assurance reports.

We reviewed patient records and noted some areas of treatment were inconsistently recorded and that language preference was not being recorded at all.

This is what we recommend the service can improve:

- To develop the buildings maintenance policy to account for the age and listed status of the premises
- To consider installing an appropriate ventilation system for the decontamination room
- To arrange for three yearly quality assurance tests to be carried out on the X-ray equipment in each surgery
- To implement an inventory of X-ray equipment
- To arrange for staff to complete outstanding refresher training
- Ensure patient records are fully completed at all times.

This is what the service did well:

- Spacious, well-lit surgeries
- Needlestick protocols were readily available in each surgery
- Evidence of regular fire alarm tests and fire drills
- Clinical waste was being stored and disposed appropriately.

## **Quality of Management and Leadership**

Overall summary:

On the day of our visit, we found a clear management structure with managers approachable to staff. There appeared to be a good team spirit at the practice.

There was a range of policies that had good version control and had been signed by staff to confirm that they had been read and understood.

There was a suitable recruitment process in place. However, the induction process described was not documented or signed-off by a competent member of staff.

We found good levels of compliance with staff professional obligations, including General Dental Council registration and indemnity insurance, however some Disclosure and Barring Service (DBS) checks needed to be renewed.

This is what we recommend the service can improve:

- To ensure the induction process is appropriately recorded and signed off when completed
- To ensure all staff have an enhanced DBS check renewed every three years to help ensure staff remain fit to work at the practice
- To ensure all staff have an annual appraisal.

This is what the service did well:

- Automated feedback requests were sent to patients following each treatment appointment
- There was a detailed complaints policy available and on display
- An appropriate data protection policy was in place to ensure patient information was handled correctly.



## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All five respondents rated the service as ‘very good.’

Some of the comments provided by patients on the questionnaires included:

*“Always a friendly face. Very professional dentist.”*

*“Always greeted by friendly, helpful staff. I was initially very apprehensive in seeing a new dentist following the retirement of my own dentist. However, I feel very pleased with the attention and care given to me.”*

#### Person Centred

##### Health Promotion

There was a good range of healthcare information available in the patient waiting area, which included smoking cessation and healthy diet guidance. The practice also used digital screens within waiting areas to provide additional information which ran on a continual loop. We saw that the costs for NHS and private treatment were also on display.

The practice website contained lot of useful information about the service with a price guide for each of the services offered. The practice statement of purpose was readily available from reception but was not included on their website.

**The registered manager must ensure that the practice website includes a copy of their statement of purpose.**

The names and General Dental Council (GDC) registration numbers for the dental team were displayed.

All respondents who completed a HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand, and that staff

had provided them with aftercare instructions on how to maintain good oral health.

### **Dignified and Respectful Care**

During the inspection we found staff were polite and treated patients with respect. Doors to surgeries were kept closed during treatment and windows suitably covered, ensuring patient privacy and dignity.

The reception desk was separate to the waiting room giving patients privacy when checking-in. We were told confidential discussions would be conducted in a spare surgery and that patient confidentiality was included as part of the staff induction process.

The GDC core ethical principles of practice were clearly displayed in the waiting area in both Welsh and English.

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

### **Individualised care**

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

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment and confirmed that their medical history was checked before receiving treatment.

## **Timely**

### **Timely Care**

We were told that reception staff would inform patients of any delays to appointments and would offer patients to either see another dentist in the practice or to reschedule if necessary. We were advised that the average waiting time between each treatment appointment was approximately one week.

The opening hours and emergency out-of-hours telephone number were clearly displayed and visible from outside the premises.

We were told emergency appointments were available each day which could be arranged by telephone or via the practice website. All respondents who completed

the HIW patient questionnaire said it was easy to get an appointment when they needed one and that they knew how to access the out of hours dental service if they had an urgent dental problem.

## Equitable

### Communication and Language

We were told the practice information technology enabled documents to be adjusted to assist patients with visual impairment. A translation service was available, although we noted the sign informing patients about the service was small. We discussed enlarging this sign to make it more prominent for patients.

Whilst there were no Welsh speaking staff at the practice, there were staff who could communicate with patients in Arabic which was of great benefit considering the patient demographics. We found the 'Active offer' of treatment in Welsh was not promoted, and that staff did not check patients' language preference. We raised this with senior staff who arranged for appropriate signs to be displayed and advised reception staff accordingly.

The practice arranged appointments by telephone or in person at reception, which enabled patients without digital access to arrange treatment. Patients could also arrange appointments online via the practice website.

### Rights and Equality

We found dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients. The practice had both an equality and diversity, and a disability discrimination policy. Both were up-to-date and were signed by staff to confirm they had read and understood the contents.

Staff told us that preferred names and/or pronouns would be recorded in patient records which helped to ensure transgender patients were treated with respect.

We found access into, and around, the practice was wheelchair friendly with a wide entrance and a fully accessible toilet. All surgeries were located on the ground floor with ramps and level flooring throughout.

Most respondents (4/5) who completed the HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice. The remaining respondent preferred not to say. Most respondents (4/5) told us they considered the building accessible, whilst the other respondent was unsure. One patient commented:

*"...sometimes there are cars too close to the [back] exit."*

This raised an additional concern that evacuation in the event of a fire could be compromised by this same issue.

**We recommend the registered manager reflects on the issues raised in this feedback to ensure patients can easily access and depart the premises.**

# Delivery of Safe and Effective Care

## Safe

### Risk Management

The dental practice was within a listed property with planning rules that limited maintenance and upgrades to the practice. However, we found the buildings maintenance policy was a very brief document. Considering the listed status of the property, and the potential issues associated with an older structure, we considered this lacked sufficient detail to be assured that the premises would always be fit for purpose.

**The registered manager must develop the buildings maintenance policy to ensure the premises are always fit for purpose.**

Overall, we found a well maintained practice with spacious, comfortable and well-lit surgeries. We saw that patient areas were uncluttered and free from hazards. Internally, the environment was generally decorated and furnished to a good standard, although we noticed that the flooring in the hallway was starting to come apart in several places. Although not a trip hazard at the time of the inspection, we considered this required preventative maintenance to stop the issue developing into a significant risk.

**The registered manager must arrange for preventative maintenance to be carried out where necessary within the practice. Particular attention should be given to the hallway flooring.**

We also noted a large area of flaking paint on the external wall in Surgery 2 which needed to be rectified. We raised this immediately with the registered manager who arranged for the affected area to be re-decorated prior to any further use of the surgery. Images of the re-decorated wall were supplied shortly following the inspection.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

There were arrangements for staff to change their clothes and store their personal possessions although this was cramped and could be improved. We saw a policy for identifying and managing risks, while an approved health and safety poster and employer's liability insurance were clearly displayed.

We saw five yearly wiring inspection and Portable Appliance Testing (PAT) were all current. An up-to-date annual gas safety check record was available. There was a business continuity policy in place with a list of procedures to be followed should it not be possible to provide the full range of services due to an emergency event.

We inspected fire safety arrangements at the practice and saw evidence of weekly alarm tests and regular fire drills. Fire safety training had been completed by all staff and a fire risk assessment had been recently completed. Fire exits were clearly signposted and 'no smoking' signs were displayed as required. There was a fire equipment maintenance contract in place. However, due to a change in ownership, fire extinguishers had not been serviced within the last year. We raised this with the registered manager who immediately booked a service during the inspection. Evidence of the extinguisher service check was provided shortly following our inspection.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

### **Infection Prevention and Control (IPC) and Decontamination**

We saw up-to-date policies and procedures were in place in relation to infection prevention and control and decontamination. The premises appeared clean with cleaning schedules used to aid effective cleaning processes. The seating in the waiting area was covered in wipe clean material and in good repair.

Appropriate hand hygiene facilities were available in each surgery and in the toilets, and personal protective equipment (PPE) was readily available. Whilst safer sharp devices were not in use, we saw an appropriate risk assessment had been carried out to mitigate any associated risks. Protocols were readily available in surgeries to advise staff of the action to take in event of a sharps injury.

There was a designated decontamination room with appropriate arrangements in place for cleaning and sterilisation of reusable instruments. However, there was no automatic spring closure fitted resulting in the decontamination door remaining open at various times during our inspection. This was raised with the registered manager who rectified the issue shortly following the inspection. Furthermore, we noted there was only an outflow extractor installed and that the inflow of air was achieved by keeping the windows or door open, which we considered inappropriate.

**We recommend the registered manager considers installing an appropriate ventilation system for the decontamination room in accordance with Welsh Health Technical Health Memorandum (WHTM) 01-05.**

We saw clinical waste was stored securely in appropriate containers while awaiting collection and found a current contract was in place to safely transfer waste from the practice. There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

We confirmed all staff working at the practice had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed.

All respondents who completed the HIW patient questionnaire rated the practice as clean, and all felt that infection and prevention control measures were being followed.

### **Medicines Management**

We saw an up-to-date policy was in place for the management of medicines at the practice. We found suitable arrangements for ordering, dispensing and disposal of medicines. However, the refrigerator used for storing medicines was not fitted with a thermometer and temperatures were therefore not being monitored. We raised this with the registered manager who ordered a thermometer and temperature logbook during the inspection.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We saw an up-to-date written policy was in place for responding to a medical emergency at the practice which was based on current national resuscitation guidelines. Emergency equipment was found to be in date and available. Most staff working at the practice had completed resuscitation training within the last year and we saw evidence of this within the sample of staff files we reviewed. However, we found one member of staff had last completed resuscitation training in 2023.

**The registered manager must ensure remaining staff have up-to-date resuscitation training and provide HIW with evidence when completed.**

The first aid kit was found to be in order with two members of staff appointed first aiders to ensure there was cover in the event of sickness and holidays. However, we found one appointed first aider's training was out of date.

**The registered manager must ensure up-to-date first aid training is completed by the appointed staff.**

## **Management of Medical Devices and Equipment**

We found the dental surgeries were suitably equipped to provide safe and effective dental treatment. Equipment appeared clean, in good condition and fit for purpose.

The required documentation was available to support the safe use of the X-ray equipment including local rules and a completed radiation risk assessment. We found clinical evaluations and justifications for each X-ray exposure were noted in patient records and that image quality was being appropriately graded. Whilst we saw evidence of annual maintenance of the X-ray equipment, the practice could not provide the critical examination reports that would be provided upon installation of the equipment, nor copies of the three yearly quality assurance / service reports. Also, the practice did not have an inventory of X-ray equipment in accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

**The registered manager must:**

- Obtain a copy of the critical examination report for each X-ray
- Arrange for a three yearly quality assurance / service to be carried out on the X-ray equipment
- Implement an inventory of X-ray equipment in accordance with the regulations
- Provide evidence to HIW upon completion.

We confirmed all staff who were involved in the use of X-rays had completed relevant training and saw evidence of this within the sample of staff files we reviewed.

## **Safeguarding of Children and Adults**

We saw a suitable up-to-date policy was in place in relation to safeguarding including the relevant local safeguarding team contact details. The practice had a dedicated safeguarding lead who had access to the latest Wales Safeguarding Procedures, ensuring processes remained in line with current best practice. However, on reviewing staff files we found several members of staff had not completed up-to-date child and adult safeguarding training.

**The registered manager must ensure all staff have up-to-date safeguarding training and provide HIW with evidence once completed.**



## Effective

### Effective Care

We found the practice had safe arrangements for the treatment of patients and we were assured that regulatory and statutory guidance was being followed when treatment was provided. Staff were clear regarding their work roles and responsibilities and explained how they could obtain relevant professional advice when required. We saw the practice used recommended checklists to minimise the risk of wrong tooth extraction.

### Patient Records

We saw a suitable system was in place to help ensure patient records were safely managed and stored securely in line with the practice records management policy.

We reviewed the dental records of ten patients. Each record had the initial medical history, including updates, recorded and signed by both patient and dentist. Reason for attendance, treatment plans and options and baseline BPE were recorded on each record. However, we identified some omissions in the records. Recording of extra oral examinations and cancer screening was inconsistent, while previous dental history and social history were missing from some records. We found patient language choice was not recorded, which could inhibit effective and individualised patient care.

**The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.**

**The registered manager must ensure patients preferred choice of language and action taken to address any language needs are recorded within the patient records.**

## Efficient

### Efficient

We found suitable arrangements were in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians for the services provided. There was a good flow of patients in and out of both NHS and private referral pathways with these actively monitored.

Patients requiring urgent dental care were asked to ring as early as possible to obtain an emergency appointment. The practice was also operating a short notice list to ensure any cancelled appointments could be utilised.

# Quality of Management and Leadership

## Leadership

### Governance and Leadership

There was a clear management structure in place, with the principal dentist responsible for the day-to-day management of the practice with the assistance of the practice manager. On the day of our visit we found the management team were approachable to staff and it was apparent that there was a good team spirit at the practice. Overall, we considered the practice to be well led with a clear commitment to providing a high standard of service. We noted a positive approach to making improvements based on feedback given.

There were suitable arrangements for sharing relevant information with staff including WhatsApp groups, emails and regular team meetings. We were told that minutes were recorded and available for staff.

We found a good range of policies available to staff to support them in their roles. These were recorded on an index and subject to version control with staff signing each to confirm they had read and understood the contents.

## Workforce

### Skilled and Enabled Workforce

The practice team comprises of three dentists, two nurses, a receptionist and a practice manager. Staff absence and leave was covered by using agency nurses. We were told that the practice requested the same nurses each time who were familiar with the practice processes.

The practice had a recruitment policy which set out the requirements of staff working at the dental practice. An induction process was described, however we saw no evidence that this was documented or signed-off as competent by the responsible person.

**The registered manager must ensure the induction process is appropriately recorded and signed off when completed.**

We reviewed the files of staff working at the practice and saw evidence of GDC registration, indemnity insurance, and appropriate vaccinations against Hepatitis B. Whilst some staff had Disclosure and Barring Service (DBS) checks in place, there were others at various stages of completion, one was at the wrong level and another out of date.

**The registered manager must ensure all staff have an enhanced DBS check renewed every three years to help ensure staff remain fit to work at the practice and provide HIW with evidence once completed.**

We saw that staff had job descriptions and contracts of employment in place. However, we were told that annual staff appraisals were not being conducted.

**The registered manager must ensure all staff have an annual appraisal and a process is put in place to ensure these occur in a timely manner.**

## **Culture**

### **People Engagement, Feedback and Learning**

Patient feedback was actively sought, with patients receiving automated feedback requests following appointments. We discussed the option of installing a suggestions box to enable patients without digital access to provide feedback anonymously.

We were told that feedback is regularly reviewed and we saw evidence of this on the practice computer system. The practice had no formal method for advising patients of action taken as a result of their feedback. The practice may wish to consider displaying appropriate notices, such as a 'You said, we did' poster within the waiting area.

There was a detailed complaints procedure on display which included appropriate timescales for response, how to escalate the issue if required and included details of other organisations that patients could approach for help and support. We reviewed the complaints file and saw that most complaints had been resolved in accordance with the procedure. However, we did find an instance where the acknowledgement was outside the timeframe stipulated, without a reason recorded.

**The registered manager must ensure that all complaints are managed and responded to in accordance with the practice procedure.**

Whilst we were told there had been no incidents to date that had triggered the Duty of Candour process, there was no policy in place and several staff members had not received appropriate training on this subject.

**The registered manager must:**

- **Develop a Duty of Candour policy in line with the guidance and ensure all staff have read and understood this policy**

- Ensure staff complete appropriate Duty of Candour training and provide HIW with evidence when completed.

## Information

### Information Governance and Digital Technology

The practice had an appropriate and up-to-date data protection policy to help ensure appropriate handling and storage of patient information. A data protection privacy notice was available for patients' information. These described suitable systems and processes for managing and sharing patient information with staff and other relevant agencies and organisations.

## Learning, Improvement and Research

### Quality Improvement Activities

We saw evidence that some audits had been completed, including infection control, radiographs and patient records audit. We were told that the practice had applied for an antibiotic prescribing audit but were awaiting their log-in details. This needed to be chased up. We considered there was scope for additional audits within the practice programme including disability access and smoking cessation. We saw no evidence of either health and safety or clinical waste audits.

**The registered manager must implement a more robust programme of clinical audits and provide HIW with results when complete.**

We were told the practice did not currently use any quality improvement or team development tools. We discussed considering these as part of their wider quality improvement programme of the practice

## Whole Systems Approach

### Partnership Working and Development

Staff told us that interaction with system partners was by phone or email, or by use of online systems such as for the referral of patients. We were told that the practice regularly utilises recognised external quality management systems such as NHS Compass and eDEN.

## 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 summaries 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
We noted areas of flaking paint on the external wall in Surgery 2 which needed to be rectified urgently.	Flaking paint dust and debris could contaminate the surgery and equipment, affecting infection prevention and control measures, and putting patients at risk of infection.	We raised this immediately with the registered manager.	The registered manager arranged for the affected area to be re-decorated prior to any further use of the surgery. Images of redecoration work were supplied shortly following the inspection.
Fire extinguishers had not been serviced within the last year	Patients could be put at risk in event of a fire.	We raised this immediately with the registered manager.	The registered manager immediately arranged for a service in section to be carried out. Evidence was supplied of the completed service checks shortly following the inspection.

The refrigerator used for storing medicines was not fitted with a thermometer and that temperatures were therefore not monitored.	Patients could be put at risk with unsafe medicines being administered.	We raised this immediately with the registered manager.	The registered manager immediately ordered a fridge thermometer and temperature logbook. Assurances were given that these would be implemented as soon as received.
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## Appendix B - Immediate improvement plan

**Service:** Opal Dental Practice

**Date of inspection:** 14 January 2025

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate non-compliance concerns were identified on this inspection.					



## Appendix C - Improvement plan

**Service:** Opal Dental Practice

**Date of inspection:** 14 January 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
The practice statement of purpose was not included on their website.	The registered manager must ensure that the practice website includes a copy of their statement of purpose.	The Private Dentistry (Wales) Regulations 2017, Regulation 6(2)	New website is coming live soon so the statement of purpose will be included.	Ammar Salman	With in 1 month
Patients considered the building accessible, whilst one respondent commented:  “...sometimes there are cars too close to the [back] exit.”	We recommend the registered manager reflects on the issues raised in this feedback to ensure patients can easily access and depart the premises.	Quality Standard - Equitable  Regulation 22(4)(b)	We spoke with the landlord and explained the patient concern as well as the risk of blocking the fire exit pathway.	Ammar Salman	Immediate

This raised an additional concern that evacuation in the event of a fire could be compromised by this same issue.					
Considering the listed status of the property, and age of the structure, we considered the building maintenance policy lacked sufficient detail to be assured that the premises would always be fit for purpose.	The registered manager must develop the buildings maintenance policy to ensure the premises are always fit for purpose.	Regulation 8(1)(c)	We passed that to the landlord and we are waiting for his reply.	Ammar Salman	10 days
The flooring in the hallway was starting to come apart in several places.	The registered manager must arrange for preventative maintenance to be carried out where necessary within the practice. Particular attention should be given to the hallway flooring.	Regulation 22 (2)(b)	Arrangement done with a builder to fix the floor.	Ammar Salman	Done

There was only an outflow extractor installed and that the inflow of air was achieved by keeping the windows or door open.	We recommend the registered manager considers installing an appropriate ventilation system for the decontamination room in accordance with Welsh Health Technical Health Memorandum (WHTM) 01-05.	Regulation 22(2)(b)	Spoke with the landlord and waiting for his reply as it's something not straightforward due to the age of building and because as it's listed so it may take long time to get back with an answer as it'll need council involvement as well.	Ammar Salman	6 months
We found one member of staff had last completed resuscitation training in 2023.	The registered manager must ensure remaining staff have up-to-date resuscitation training and provide HIW with evidence when completed.	Regulation 31(3)(a)	Booked Michelle with Lubas medical to do a CPR training course.	Ammar Salman	Done
We found one appointed first aider's training was out of date.	The registered manager must ensure up-to-date first aid training is completed by the appointed staff.	Regulation 17(1)(a)	Training completed.	Ammar Salman	Done

<p>The practice could not provide the critical examination report nor copies of the three yearly quality assurance / service reports.</p> <p>The practice did not have an inventory of X-ray equipment.</p>	<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>• Obtain a copy of the critical examination report for each X-ray</li> <li>• Arrange for a three yearly quality assurance / service to be carried out on the X-ray equipment</li> <li>• Implement an inventory of X-ray equipment in accordance with the regulations</li> <li>• Provide evidence to HIW upon completion.</li> </ul>	<p>Regulation 13(2)(a)</p> <p>Regulation 15(3)(a)&amp;(b) - Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017</p> <p>Regulation 15(1)(b) - Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017</p>	<p>Spoke with the engineer from Reliatec, and he is arranging to come and do it this month.</p> <p>To be sent as soon as the report of the X-ray done.</p>	<p>Ammar Salman</p>	<p>21/03/2025</p>
<p>Several members of staff had not completed up-to-date child and adult safeguarding training.</p>	<p>The registered manager must ensure all staff have up-to-date safeguarding training and provide HIW</p>	<p>Regulation 14(1)(b)</p>	<p>Asked them to do an up to date one, paid for the Isopharm subscription.</p>	<p>Ammar Salman</p>	<p>Done</p>

	with evidence once completed.				
We identified some omissions in the records. Recording of extra oral examinations, and cancer screening was inconsistent, while previous dental history and social history were missing from some records.	The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.	Regulations 20(1)(a)(i) & (ii)	We did a staff meeting and now we are subscribing to a Kiroku application which ensures the notes are perfect, and cover all the aspect, accurate and avoid missing any information.	Ammar Salman	To launch the new record keeping system next week.
Patient language choice was inconsistently recorded. This could inhibit effective and individualised patient care.	The registered manager must ensure patients preferred choice of language and action taken to address any language needs are recorded within the patient records.	Regulation 13(1)(a)	Action taken to record language needs to patient records.	Ammar Salman	Immediate
We saw no evidence that the induction process was documented or signed-off as competent by the responsible person.	The registered manager must ensure the induction process is appropriately recorded and signed off when completed.	Regulation 17(3)(a)	Process put in place, to be implemented for all future new employees.	Ammar Salman	Ongoing

Whilst some staff had Disclosure and Barring Service (DBS) checks in place, there were others at various stages of completion, one was at the wrong level and another out of date.	The registered manager must ensure all staff have an enhanced DBS check renewed every three years to help ensure staff remain fit to work at the practice and provide HIW with evidence once completed.	Regulation 18(1)(a)	All were done before the inspection date but took a while as they got back to me saying the receptionist does not need an enhanced one.	Ammar Salman	Done
We were told that annual staff appraisals were not being conducted.	The registered manager must ensure all staff have an annual appraisal and a process is put in place to ensure these occur in a timely manner.	Regulation 17(4)	Plan made to start doing appraisals for all the staff.	Ammar Salman	Ongoing
We found a complaint where the response was outside the timeframe stipulated, without a reason recorded.	The registered manager must ensure that all complaints are managed and responded to in accordance with the practice procedure.	Regulation 21(1)	We have checked the complaints and the reason why we did not respond within the time frame is that the patient email went to the junk. From then we started to make sure to check all the emails, junk and large files.	Ammar Salman	Immediate

There was no Duty of Candour policy in place and several staff members had not received appropriate training on this subject.	<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>• Develop a Duty of Candour policy in line with the guidance and ensure all staff have read and understood this policy</li> <li>• Ensure staff complete appropriate Duty of Candour training and provide HIW with evidence when completed.</li> </ul>	<p>Quality Standard - Culture</p> <p>Regulation 17(3)(a)</p>	All staff have now completed the course.	Ammar Salman	Done
We considered there was scope for additional audits within the practice programme including disability access and smoking cessation. We saw no evidence of either	The registered manager must implement a more robust programme of clinical audits and provide HIW with results when complete.	Regulation 16	Action done to start health and safety and clinical waste audit.	Ammar Salman	2 weeks

health and safety, nor clinical waste audits.					
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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):** Ammar Salman  
**Job role:** Principal Dentist  
**Date:** 06/03/2025