

# General Dental Practice Inspection Report (Announced)

Devon Place 7 Day Dental, Aneurin  
Bevan 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 Devon Place 7 Day Dental, Aneurin Bevan University Health Board on 28 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of six questionnaires were completed by patients or their carers and eight were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found the staff at Devon Place 7 Day Dental were committed to providing a positive experience for their patients.

We observed staff treating patients in a polite, friendly and professional manner.

All respondents to the HIW questionnaire rated the service as 'very good'.

This is what we recommend the service can improve:

- Provide health promotion information for patients
- Ensure staff understand the Duty of Candour requirements
- Review the level of Welsh language service provision
- Ensure patient information is available to those without digital access.

This is what the service did well:

- Informative website, allowing patients to book appointments online
- Measures in place to assist wheelchair users and patients with mobility difficulties
- Good provision of facilities and opening times to enable patients to access dental services.

### Delivery of Safe and Effective Care

Overall summary:

The premises were in generally good repair, with evidence of ongoing renovation and improvement work. Dental surgeries were well-equipped and fit for purpose.

There were clear and effective procedures in place to ensure that dental instruments were decontaminated and sterilised. Separate rooms were used for decontamination, which we consider to be good practice.

The practice took part in various schemes to monitor and improve the service provision.

Immediate assurances:

- Improvements were needed regarding fire safety measures, including updating the fire risk assessment and ensuring staff had up-to-date training.

This is what we recommend the service can improve:

- Review and update the Health and Safety Risk Assessment
- Update the Radiation Protection file to ensure all relevant information is available
- Put a policy for the management of respiratory transmitted illnesses in place
- Daily recording of the temperature of fridges used for storing medicines
- Ensure patient records consistently include treatment options and signed plans.

This is what the service did well:

- Good compliance with mandatory training requirements for staff
- Appropriate arrangements in place to deal with medical emergencies
- Policies and procedures in place to support safe and effective care.

## **Quality of Management and Leadership**

Overall summary:

Devon Place 7 Day Dental had clear lines of accountability. The practice was owned by the principal dentist, who was supported by staff in managing the practice and clinical governance.

The staff team worked well together and were committed to providing a high standard of care to their patients.

Staff records were well maintained, with generally good evidence of up-to-date training in line with regulatory requirements.

We saw evidence of regular team meetings, staff appraisals and the use of personal development plans.

This is what we recommend the service can improve:

- Ensure policies and procedures are reviewed and updated regularly.

This is what the service did well:

- Appropriate procedures in place for the recruitment of staff
- Good commitment to monitoring and improving the quality of service provided.

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

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

Six patients completed the HIW questionnaire, with the responses and comments received being generally positive.

Patient comments included:

*"Everything is spotlessly clean."*

*"I couldn't speak highly enough of this practice. The staff are so helpful, friendly and professional in their roles, from reception staff to dentists and nurses and hygienist. I recommend them to my family and friends. They are like family friends."*

*"The practice goes the extra mile to support my dental treatment and care. I feel like I am listened to when I have questions or comments and these are positively actioned. I would recommend this dental practice to others."*

#### Person-centred

##### Health promotion and patient information

The practice had a patient information booklet, providing information about the practice, including staff details and their General Dental Council (GDC) registration numbers. No booklets were found to be on display, but staff made them available in the waiting area during the inspection. This was dealt with under Appendix A - Summary of concerns resolved during the inspection.

The practice website included information promoting the health of patients, but there was no information evident at the practice. We recommended that this be addressed, to enable patients without digital access to access the information.

**The registered manager must provide suitable information at the practice to promote oral and general health for patients.**

No smoking signs were clearly displayed, showing that the premises adhered to the smoke-free premises legislation.



All respondents to the HIW questionnaire said that staff explained their oral health clearly and provided aftercare instructions on how to maintain good oral health.

### **Dignified and respectful care**

We saw that doors to clinical areas were kept closed during treatment, and there were blinds on external windows, to preserve patient privacy and dignity.

Private rooms were available to accommodate patients wanting a confidential discussion.

The practice had a comprehensive policy about the Duty of Candour. However, whilst some staff understood the principles, they were unaware of the legislation.

### **The registered manager must ensure that staff understand their roles and responsibilities under the Duty of Candour.**

Treatment prices for both private and NHS treatment were displayed in the waiting area.

The core ethical principles of practice, as set out by the GDC were displayed in the waiting area. The principles set out what patients should expect from dental professionals.

All patients who responded to the HIW questionnaire strongly agreed that they were treated with dignity and respect.

### **Individualised care**

We reviewed a sample of six patient records and confirmed appropriate identifying information and medical histories were included.

All respondents to the HIW questionnaire said that staff gave them enough information to understand which treatment options were available and the risks and benefits of these.

## **Timely**

### **Timely care**

Staff told us that an instant messaging system was in place for those working in surgeries to update reception staff about any delays. Patients would then be updated verbally and given the option to re-book their appointment if desired.

The practice opening hours, along with telephone numbers to use out of hours or in an emergency, were visible outside the practice.

Patients could book appointments by phone, in person or via the practice website.

Staff told us that slots were made available in the schedule to accommodate patients requiring emergency treatment and that emergency patients were typically seen within 24 hours. The reception staff had training in dental nursing and said they prioritised emergency appointments based on patient symptoms and clinical need.

All respondents to the HIW questionnaire said that it was either ‘very easy’ or ‘fairly easy’ to get an appointment when they needed one. However, one respondent didn’t know how to access out of hours services in the event of an emergency.

## **Equitable**

### **Communication and language**

A very limited amount of information was available in Welsh and the ‘Active Offer’ of Welsh was not being implemented.

**The registered manager must seek support from the Health Board to implement an ‘Active Offer’ of Welsh, appropriate to the language needs of their patients.**

Staff had access to language line translation services, if required for non-English speaking patients.

### **Rights and equality**

We saw that there was a bullying and harassment policy in place, that included protected characteristics, types of harassment, standards of behaviours and how to report or escalate any issues.

Staff told us that preferred names and pronouns could be recorded on patient records, to ensure transgender patients were treated with respect.

Some adjustments had been made to accommodate wheelchair users and patients with mobility difficulties. Wheelchair access could be arranged by prior notification, with access via the rear of the building and a demountable ramp used where there was a ground level change. The mixed-gender patient toilet was accessible and on the ground floor.

There were four surgeries downstairs and patients with a need or preference for the downstairs surgery had this noted in their records.

Four chairs in the downstairs waiting area had arms to aid those with mobility difficulties.

# Delivery of Safe and Effective Care

## Safe

### Risk management

We reviewed fire safety arrangements and found areas of concern which could pose a risk to the safety of patients. The fire risk assessment was out of date, there was no Electrical Installation Condition Report (EICR) and the fire safety training of most staff was out of date. In addition, there was insufficient evidence of fire drills, testing of fire alarms and checks that fire escape routes were kept clear. This was dealt with under HIW's immediate assurance and non-compliance process and is referred to in [Appendix B](#) of this report.

We advised that once a fire risk assessment and EICR had been carried out, that any actions identified should be addressed in a timely manner.

**The registered manager must ensure that actions identified in the fire risk assessment and EICR are addressed.**

The premises were generally clean and well-maintained, with evidence of renovation work taking place.

We saw evidence of up-to-date Portable Appliance Testing and annual gas safety check.

A current Employer's Liability Insurance Certificate and a Health and Safety at Work poster were displayed. We found there were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health.

There was a Health and Safety Risk Assessment in place. However, this required updating to ensure all hazards, risks and control measures had been identified and that references to legislation were up to date.

**The registered manager must ensure that a full review and update of the Health and Safety Risk Assessment of the practice is carried out.**

We saw evidence of policies and procedures about maintaining the premises and equipment. This included equipment being supported by maintenance contracts and that regular checks were carried out on gas and electrical systems. One document ('monitoring the quality and suitability of facilities and equipment maintenance') outlined responsibilities for carrying out checks and how to report these for repair or replacement.

There was a Business Continuity Plan in place. We recommended that a list of emergency contact numbers be added to the plan or otherwise made available to all staff, to assist in the event of an emergency.

**The registered manager must ensure that a list of emergency contact numbers is readily available to all staff, to aid with business continuity.**

The mixed-gender patient toilet had suitable hand washing and drying facilities, a sanitary disposal unit and baby-changing facilities.

There was closed-circuit television (CCTV) recording in public areas. This was clearly indicated to patients through signage and a CCTV policy was in place.

During the inspection, we noted that during lunchtime the reception desk was unattended and the front door unlocked. This presented a risk that people could enter the premises unsupervised and access surgeries and other areas.

**The registered manager must ensure that entry to the premises is controlled if staff are not available to supervise the reception area.**

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

Arrangements were in place to ensure a good standard of infection control. These included appropriate infection control policies and procedures and having a designated infection control lead. However, we found that the practice did not have an appropriate policy in place for the management of respiratory transmitted illnesses.

**The registered manager must ensure that a policy for the management of respiratory transmitted illnesses is put in place.**

There were designated rooms for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. The procedures for processing, decontamination and sterilisation of dental instruments were appropriate and well understood by staff.

We saw that decontamination equipment was being used safely and effectively, and regularly checked. Some documents relating to the inspection and servicing of autoclaves and compressors could not be located on the day. Evidence of these was provided to HIW shortly after the inspection.

**The registered manager must ensure that records relating to the inspection and servicing of equipment are complete and stored appropriately.**

We checked staff records and found that all members of clinical staff had received vaccinations against Hepatitis B.

We reviewed the arrangements for disposal of waste, including clinical waste, and found them to be appropriate.

The patient waiting areas had seating in good condition with wipe-clean material.

All respondents to the HIW questionnaire said that the practice was 'very clean'.

### **Medicines management**

There was a medicines management policy in place and procedures for the safe use, storage and disposal of medicines. We advised that more detail be recorded in the medicine logbooks, such as the number of tablets dispensed.

**The registered manager must ensure that medicine logbooks include all relevant information.**

Two designated fridges were used for storage of medicines. However, the temperatures were not being checked and recorded daily.

**The registered manager must ensure that fridges used for storing medicines have their temperature checked and recorded daily.**

There was equipment in place to manage medical emergencies, with all equipment and medicines up to date. We reviewed staff training records and saw evidence that all staff had up-to-date training in cardiopulmonary resuscitation (CPR). Two members of staff were designated first aiders and had appropriate, up-to-date training.

### **Safeguarding of children and adults**

The principal dentist was the designated safeguarding lead. Policies and procedures on safeguarding of adults and children were in place and available to all staff. However, we noted that some information was out of date and did not refer to the Wales Safeguarding Procedures.

This was addressed during the inspection, with the out-of-date information being disposed of and the Wales Safeguarding Procedures phone application being installed and shared by the safeguarding lead. We recommended that safeguarding flow charts and safeguarding contact details be made easily accessible to staff, such as putting printed copies in staff areas, to enable easy reference.

**The registered manager must ensure that:**

- safeguarding procedures are reviewed regularly to ensure information is up to date.
- The registered manager must ensure that safeguarding flowcharts and contact details are easily accessible to all staff.

We reviewed a sample of staff records and saw evidence of appropriate and up-to-date training in the safeguarding of children and adults.

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

Overall, we found clinical equipment to be safe, in good condition and suitable for the intended purpose.

We reviewed staff training records and saw that staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations.

We reviewed documentation about the use of X-ray equipment and were assured that equipment was being used safely. There were details of controlled areas, risk assessments, written protocols and a designated Radiation Protection Advisor (RPA). However, we found that some areas relating to the use of radiation equipment required improvement.

**The registered manager must ensure that**

- The inventory of X-ray equipment has all required details
- Local rules are specific to each controlled area
- Paperwork on maintenance and testing is clear and complete
- Records are kept to show that staff have equipment-specific training (such as Cone Beam Computed Topography)
- Quality assurance is carried out on digital processing
- Information about risks and benefits is readily available to patients.

The practice carried out some domiciliary work. Staff told us that appropriate insurance arrangements were in place, including to cover the carrying of oxygen cylinders in a vehicle. However, we noted that suitable equipment to manage medical emergencies was also required. The practice owner notified us immediately after the inspection that they had decided to cease domiciliary work with immediate effect, and as such no further action was required. This was dealt with under Appendix A - Summary of concerns resolved during the inspection.

## **Effective**

### **Effective care**

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis and treatment of patients. Staff explained to us how they would obtain and follow professional guidance and advice when necessary, including from the British Dental Association (BDA).

The practice made use of Local Standards for Invasive Procedures checklists, to minimise the risk of wrong site tooth extraction.

### **Patient records**

Patient records were held electronically and in line with the records management policy.

We reviewed a sample of six patient records. Overall, the recording of information was good. However, we advised that some aspects of the records required more consistency.

**The registered manager must ensure that patient records consistently include notes about treatment options, signed treatment plans, justification of radiographs and language preference.**

## **Efficient**

### **Efficient**

The premises and facilities were appropriate for the services being carried out. Staff told us that patients requiring urgent care were prioritised and accommodated where possible.



# Quality of Management and Leadership

## Staff feedback

Eight members of staff responded to the HIW questionnaire. Comments regarding the facilities, cleanliness of the premises, staffing levels and training were all positive. Staff confirmed that they received regular appraisals and that they didn't face discrimination in the workplace. All respondents strongly agreed that care of patients was the top priority at the practice.

Staff comments included:

*"The whole practice is run to a very high standard. One which I am very proud to be a part of. Delivering high standard dental care at all times is always our top priority."*

*"I think this practice and the staff deliver a professional and good standard service it's a great environment and I'm grateful to work with such an amazing team"*

## Leadership

### Governance and leadership

There were clear management structures in place, with the practice under the direction of the principal dentist, who was also the owner.

We saw a clear commitment to providing a high standard of service for patients. There was a good range of policies and procedures in place. However, we noted that some were not dated, required review and updating.

**The registered manager must put processes in place to ensure that policies and procedures are reviewed on a regular basis.**

We saw evidence of team meetings taking place and minutes being shared. Staff records showed that appraisals were being done regularly and that Personal Development Plans were being used, to manage performance and identify training requirements.

## Workforce

### Skilled and enabled workforce

A good mixture of staff was employed to ensure efficient movement through treatment pathways, including a hygienist and therapist.

There were appropriate arrangements in place for employing staff detailing pre-employment checks to be carried out.

We reviewed a sample of four staff records and saw evidence that qualified clinical staff were registered with the GDC, covered by professional indemnity insurance and had been vaccinated against Hepatitis B. We also saw evidence that pre-employment references had been sought and checks made using the Disclosure and Barring Service

## **Culture**

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

Staff told us that patients were encouraged to leave feedback via online reviews. In addition, the practice regularly sought patient views through the use of surveys (both paper and electronic).

The practice did not have a mechanism to show that patient feedback was acted upon.

**We recommend that the practice communicates to patients where actions have been taken in response to feedback, such as a ‘you said, we did’ poster.**

There was a clear and comprehensive complaints procedure in place. This was displayed, in both English and Welsh, in the waiting area. The procedure included contact details, appropriate timescales for response and how to escalate the issue if required, including details of external bodies.

We noted that the procedure did not include details of the advocacy service Llais, and this should be included.

**The registered manager should review and update the complaints procedure to include details of the advocacy service Llais.**

## **Information**

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

The practice used electronic systems to manage patient records, with an appropriate records management policy.

## **Learning, improvement and research**

### **Quality improvement activities**

We saw evidence of both clinical and non-clinical audits being carried out. It was noteworthy that the practice used quality assurance programmes including the British dental Association Good Practice Scheme, DenPlan Excel and the Quality Assurance Self-assessment toolkit.

However, there were no policies and procedures in place about the practice arrangements for auditing and regularly assessing the quality of the services provided.

**The registered manager must put policies and procedures in place to set out the practice arrangements for regularly monitoring, assessing and auditing the quality of the services provided.**

There were systems in place to record and notify patient safety incidents. Staff told us that any lessons learnt would be shared in team meetings

## **Whole-systems approach**

### **Partnership working and development**

Staff told us that interaction with system partners was typically done by phone or email, and that referrals were submitted using an online system.

## 4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

## Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The practice had a patient information booklet, providing information about the practice, including staff details and their General Dental Council (GDC) registration numbers. No booklets were found to be on display at the practice.	Patients did not have easy access to information about the practice, staff and services.	This was raised with the principal dentist and reception staff.	Staff made copies of the patient information booklet available in the waiting area during the inspection.
The practice carried out some domiciliary work. We noted that suitable equipment to manage medical emergencies was required when carrying out this work.	The lack of equipment could pose an increased risk to patients receiving treatment outside of the practice and experiencing a medical emergency.	This was raised with the principal dentist.	The practice owner decided to cease domiciliary work with immediate effect.

## Appendix B - Immediate improvement plan

**Service:** Devon Place 7 Day Dental

**Date of inspection:** 28 January 2025

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

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	The fire risk assessment was out of date and did not include all areas of the premises.	Undertake a fire risk assessment.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	Blackwood fire are carrying out new risk assessment on 11.02.25 10am	Dr Rachael Gill-Randall	One month
2.	There was insufficient evidence that fire drills were regularly carried out.	Ensure that fire drills are carried out regularly and recorded.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	Last one done 24.12.24 on staff meeting	Dr Rachael Gill-Randall	This year December staff meeting
3.	There was insufficient evidence that regular testing of fire alarms being carried out.	Ensure that fire alarms are tested regularly and recorded.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	Weekly	Elisha Burton	Weekly started 30.01.25

4.	There was no Electrical Installation Condition Report within the last five years.	Arrange to have Electrical Installation Condition Report.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	Electricians to carry out EICR Saturday 8.02.25	Dr Rachael Gill-Randall	2months
5.	A review of staff training records indicated that a significant number of staff (11 out of 19) had not undertaken fire safety awareness training in the last twelve months.	Ensure all staff have up-to-date training in fire safety awareness.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	All staff have now satisfied this	Dr Rachael Gill-Randall	Reviewed annually
6.	Building materials were being stored on a staircase leading to one of the fire exits, that could present a trip hazard in the event of an emergency.	Ensure that fire escape routes are regularly checked and kept clear.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	2 small strips of wood removed 31.01.25	Dr Rachael Gill-Randall	Done

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):** Dr Rachael Gill-Randall

**Job role:** Practice owner/Principal Dentist

**Date:** 04.02.25



## Appendix C - Improvement plan

**Service:** Devon Place 7 Day Dental

**Date of inspection:** 28 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
1.	The practice website included information promoting the health of patients, but there was a no information evident at the practice. The needs of patients without digital access were not addressed.	The registered manager must provide suitable information at the practice to promote oral and general health for patients.	Health and Quality Care Standards 2023, 4.2 Patient Information	We have purchased patient info leaflets for dental health and general health and placed in all 7 surgeries.	Dr Rachael Gill-Randall	Already purchased and in all 7 surgeries
2.	The practice had a comprehensive policy about the Duty of Candour. However, whilst some staff understood the	The registered manager must ensure that staff understand their roles and responsibilities under the Duty of Candour.	Health and Social Care (Quality and Engagement) (Wales) Act 2020	A staff meeting was held lunchtime after the HIW inspection and all aspects of Dut of Candour were addressed.	Dr Rachael Gill-Randall	Carried out 29 <sup>th</sup> Jan 2025

	principles, they were unaware of the legislation.		The Duty of Candour Procedure (Wales) Regulations 2023			
3.	A very limited amount of information was available in Welsh, and the Active Offer of Welsh was not being implemented.	The registered manager must seek support from the Health Board to implement an Active Offer of Welsh, appropriate to the language needs of their patients.	The Welsh Language (Wales) Measure 2011	We have a company who will translate documents into Welsh we use BLA. We also have google translate and a few of us has a small bit of Welsh language. So far we have not had the need to use it.	Dr Rachael Gill-Randall	Discussed with staff 29 <sup>th</sup> Jan2025
4.	We advised that once a fire risk assessment and EICR had been carried out, that any actions identified should be addressed in a timely manner.	The registered manager must ensure that actions identified in the fire risk assessment and EICR are addressed.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	Fire risk assessment has been carried out and we have received the report. We will address any issues and updating required by this report carried out by Fire Assessment Officer Blackwood Fire. The EICR has been assessed and currently all the old downstairs wiring is being	Dr Rachael Gill-Randall	Fire carried out  EICR carried out and new electrical set up is ongoing on the ground floor of the practice.

				replaced every weekend by Mr Leighton Francis qualified EICR commercial electrician.		
5.	There was a Health and Safety Risk Assessment in place. However, this required updating to ensure all hazards, risks and control measures had been identified and that references to legislation were up to date.	The registered manager must ensure that a full review and update of the Health and Safety Risk Assessment of the practice is carried out.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(k)	Health and safety risk assessment now updated	Dr Rachael Gill-Randall	Carried out
6.	There was a Business Continuity Plan in place. We recommended that a list of emergency contact numbers be added to the plan or otherwise made available to all staff,	The registered manager must ensure that a list of emergency contact numbers is readily available to all staff, to aid with Business Continuity.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(o)	All emergency contact numbers have been added to the business continuity plan and to the reception telephone directory.	Dr Rachael Gill-Randall	Carried out straight after HIW inspection.

	to assist in the event of an emergency.					
7.	During the inspection, we noted that the reception desk had been left unattended and the front door unlocked. This presented a risk that people could enter the premises unsupervised and access surgeries and other areas.	The registered manager must ensure that entry to the premises is controlled if staff are not available to supervise the reception area.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)(a)	During the staff meeting 29 <sup>th</sup> Jan 2025 lessons have been learned and when the desk is vacant the glass door is locked - enhancing security	Dr Rachael Gill-Randall	Explained and reviewed staff meeting 29 <sup>th</sup> Jan 2025
8.	The practice did not have an appropriate policy in place for the management of respiratory transmitted illnesses.	The registered manager must ensure that a policy for the management of respiratory transmitted illnesses is put in place.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(m)	We have a policy document for the management of respiratory transmitted illnesses revised March 2025	Dr Rachael Gill-Randall	Policy doc created and updated
9.	Some documents relating to the inspection and servicing of autoclaves and compressors could not be located during the	The registered manager must ensure that records relating to the inspection and servicing of equipment are complete and stored appropriately.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	These were mis-filed and the document is now in the correct place	Dr Rachael Gill-Randall	Found and correctly filed

	inspection. Evidence of these was provided to HIW shortly after the inspection.					
10.	We advised that more detail be recorded in the medicine logbooks, such as the number of tablets dispensed.	The registered manager must ensure that medicine logbooks include all relevant information.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)	The medicine dispensary logbook was instantly changed to record all details as required by the peer reviewer	Dr Rachael Gill-Randall	Jan 29 <sup>th</sup> 2025
11.	Two designated fridges were used for storage of medicines. However, the temperatures were not being checked and recorded daily.	The registered manager must ensure that fridges used for storing medicines have their temperature checked and recorded daily.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)	We purchased 2 digital thermometers and a diary for sign off of temp checks by nursing staff.	Dr Rachael Gill-Randall	Each day temps for each fridge are recorded.
12.	Policies and procedures on safeguarding of adults and children were in place and available to all staff. However, we noted that some information was out of date. We also recommended that	<p>The registered manager must ensure that</p> <ul style="list-style-type: none"> <li>• safeguarding procedures are reviewed regularly to ensure information is up to date.</li> <li>• The registered manager must ensure that safeguarding flowcharts and</li> </ul>	The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)(e)	Each staff member has on their smart phone the latest safeguarding procedures as advised by our HIW Inspector.	Dr Rachael Gill-Randall	All done after the staff meeting 29 <sup>th</sup> January 2025

	safeguarding flow charts and safeguarding contact details be made easily accessible to staff	contact details are easily accessible to all staff.				
13.	We reviewed documentation about the use of X-ray equipment and were assured that equipment was being used safely. However, we found that some areas relating to the use of radiation equipment required improvement.	<p>The registered manager must ensure that</p> <ul style="list-style-type: none"> <li>• local rules are specific to each controlled area</li> <li>• the inventory of X-ray equipment has all required details</li> <li>• paperwork on maintenance and testing is clear and complete</li> <li>• records are kept to show that staff have equipment-specific training (such as Cone Beam Computed Topography CBCT)</li> <li>• quality assurance (QA) is carried out on digital processing</li> <li>• information about risks and benefits is readily available to patients</li> </ul>	<p>The Ionising Radiations Regulations 2017, Regulation 18(1)</p> <p>The Ionising Radiation (Medical Exposure) Regulations 2017: Regulations 15, 17 and Schedule 2(1)(i)</p>	<p>Local rules have been reviewed and updated.</p> <p>X ray inventory is up to date.</p> <p>Critical assessment of all x-ray taking equipment has been booked up with Dental Directory</p> <p>ALL STAFF certificates for each piece of equipment they are qualified to use are in the X-ray folder as well as their own folders.</p> <p>The poster re-Risks and Benefits</p>	Dr Rachael Gill-Randall	<p>The week following the inspection all were printed out and filed in the Radiography file.</p> <p>Dental Directory Critical Examinations have been approved and popped in the diary</p>

				concerning each kind of x-ray is in each surgery		to be done 2025
14.	Some aspects of patient records required more consistency.	The registered manager must ensure that patient records consistently include notes about treatment options, signed treatment plans, justification of radiographs and language preference.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	Each patient is provided with a treatment plan either on paper or signed on our Clinipad. We have a box with language on- on our SOE Exact Exam Box so we have recorded patient language correctly. At the staff meeting 29.01.25 radiographic justification was highlighted to all staff members not to be ignored it must be filled in.	Dr Rachael Gill-Randall	All completed Feb 2025
15.	There was a good range of policies and procedures in place. However, we noted that some were not dated, required review and updating.	The registered manager must put processes in place to ensure that policies and procedures are reviewed on a regular basis.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(6)	All policies are reviewed annually or if change occurs i.e. Covid.	Dr Rachael Gill-Randall	All updated week post HIW Inspection

16.	The complaints procedure did not include details of the advocacy service Llais	The registered manager should review and update the complaints procedure to include details of the advocacy service Llais.	The Private Dentistry (Wales) Regulations 2017, Regulation 21(1)	The advocacy service Llais has been added to our 'Putting Things Right' complaints policy.	Dr Rachael Gill-Randall	Week after HIW inspection
17.	There were no policies and procedures in place about the practice arrangements for auditing and regularly assessing the quality of the services provided.	The registered manager must put policies and procedures in place to set out the practice arrangements for regularly monitoring, assessing and auditing the quality of the services provided.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(n)	<p>We have daily audits</p> <ol style="list-style-type: none"> <li>1.Surgery audits</li> <li>2.Decon room audits</li> <li>3.Cashing up Audit</li> <li>4.Staff and medical fridge temperature audit.</li> <li>5.Defib check</li> </ol> <p>Weekly Audits</p> <ol style="list-style-type: none"> <li>1.Fire alarm check.</li> <li>2.Oxygen check</li> </ol> <p>Monthly Audits</p> <ol style="list-style-type: none"> <li>1.OPT's and cone beam xray image quality audits</li> <li>phosphor plates also checked.</li> <li>2 Legionella.</li> <li>3. Emergency and pharmaceutical drugs and devices checked.</li> </ol> <p>We also have x ray quality audits and</p>	Dr Rachael Gill-Randall	Written 1 week after the HIW Inspection



				WHTM01-05 audits annually QAS annual audit. Plus periodic questionnaires via Denplan XL HIW and our own Practice version. All other audits carried out as on policy documents.		
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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):** Dr Rachael Gill-Randall  
**Job role:** Lead Clinician and Dental Practice Owner  
**Date:** 13 March 2025