

General Dental Practice Inspection Report (Announced)

My Dentist, Smiles Dental Centre,
Cwm Taf Morgannwg University
Health Board

Inspection date: 11 March 2025

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



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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 My Dentist Smiles Dental Centre, Cwm Taf Morgannwg University Health Board on 11 March 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 seven questionnaires were completed by patients or their carers and six 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 that the staff at My Dentist, Smiles Dental Centre were committed to providing a positive experience for their patients.

We observed staff treating patients in a polite, friendly and professional manner. A good range of information was provided to patients about the service and treatments provided.

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

This is what we recommend the service can improve:

- Ensure patients in the reception and waiting area have adequate privacy
- Ensure contact details for out of hours treatment are visible outside the practice
- Provide more information to promote patient health.

This is what the service did well:

- Pleasant, well-maintained environment
- Adjustments made to assist wheelchair users and patients with mobility difficulties
- Useful information made clearly available to patients
- Patient feedback encouraged and acted upon.

Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well maintained and organised. Dental surgeries were well equipped and fit for purpose.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we considered to be good practice.

Patient records were seen to be thorough and consistent.

This is what we recommend the service can improve:

- Some areas of the premises require refurbishment
- Access to services in the shared premises must be clearly segregated
- Ensure safe transport of equipment to and from the decontamination room.

This is what the service did well:

- The practice was clean, well equipped and fit for purpose
- Clinical equipment was safe and maintained appropriately
- Robust measures were in place to ensure high standards of infection control
- Policies and procedures were in place to support safe and effective care.

Quality of Management and Leadership

Overall summary:

We found that My Dentist, Smiles Dental Centre had good leadership and clear lines of accountability. The acting practice manager demonstrated commitment to providing a high standard of care.

Staff records were well maintained, with evidence of up-to-date training in line with regulatory requirements. We also saw evidence of regular staff meetings and performance management.

There was a comprehensive range of policies and procedures in place. These were regularly reviewed and updated.

The practice made good use of electronic systems to support the management and improvement of the service.

This is what we recommend the service can improve:

- Use quality improvement tools to identify improvements to the service

This is what the service did well:

- Effective management of the practice, supported by the wider corporate group
- Systems in place to ensure regular review of policies and procedures
- Robust systems and records for the recruitment and employment of staff.

3. What we found

Quality of Patient Experience

Patient feedback

Patients that completed the HIW questionnaire gave generally positive responses. Those that expressed an opinion were satisfied with their clinical treatment and felt that they were treated with dignity and respect. All respondents felt it was easy to get an appointment when they needed one. However, four out of seven respondents did not know how to access out-of-hours treatment if they had an urgent problem. Overall, patients felt the practice was very clean and that the service they received was very good.

Person-centred

Health promotion and patient information

We saw a range of leaflets and posters in the reception area, including information about smoking cessation. We advised that more information be put on display about health promotion, such as healthy eating and reducing alcohol consumption.

The registered manager must ensure that patients have access to information promoting general and oral health.

Copies of the patient information leaflet were available on request. We recommended that copies be made more readily available to patients. This was addressed during the inspection with copies of the leaflet being printed and made available in the reception area.

‘No smoking’ signs were clearly displayed, showing that the practice complied with the smoke-free premises legislation.

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

Dignified and respectful care

Surgery doors were kept closed during treatment and external windows in clinical areas were fitted with blinds to promote patient privacy.

The reception and waiting area had a large window onto the street, the blind to this window was damaged and could not be closed. This needed to be addressed to ensure patient privacy.

The registered manager must ensure that the window in the reception is appropriately obscured, to ensure patient privacy is maintained.

Treatment prices were made clearly available to patients on posters in the reception area. An up-to-date certificate of Employer's Liability Insurance was seen.

The nine principles of the General Dental Council (GDC) code of standards were displayed on posters in the waiting area.

The names and GDC registration numbers of clinical staff were displayed outside the practice and were available on the practice website.

Patients wanting a confidential discussion could be taken to the practice manager's office or an available surgery.

All respondents to the HIW questionnaire agreed that staff treated them with dignity and respect.

Individualised care

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

All respondents to the HIW questionnaire who provided an opinion 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 typically nurses would inform reception staff about any delays. Patients would then be updated verbally and given the option to re-book their appointment if needed.

The practice opening hours were clearly displayed outside the practice, in the patient information leaflet and on the practice website.

Staff told us that information about accessing treatment out-of-hours had previously been displayed in the front window but that closing a shutter meant this was obscured when the practice was closed.

The registered manager must ensure that information about how to access treatment out-of-hours is displayed outside the practice.

Staff told us that time to accommodate emergency appointments was built into the daily schedule and that emergency appointments were prioritised 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.

Equitable

Communication and language

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

A range of information was available in Welsh and a poster advised that use of the Welsh language was welcomed. One member of staff was a fluent Welsh speaker and others had some basic knowledge of Welsh.

Rights and equality

The practice had policies and procedures in place to ensure that equality and diversity were promoted, for both patients and staff. These were comprehensive and included references to appropriate legislation and protected characteristics.

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

We saw that provision had been made to accommodate wheelchair users and patients with mobility difficulties. Removable ramps and grab handles were available to aid with access to the premises and there were two ground floor surgeries. The toilet was not wheelchair accessible, but a grab handle was provided.

The reception area had various adjustments in place to aid patients, including a lowered section of the desk for wheelchair users, there were chairs in the waiting area with arm rests to aid patients with mobility issues, a hearing loop to aid patients with hearing difficulties and a magnifying glass to aid those with impaired vision.

The practice had not carried out a specific audit on disability access and we recommended that this be done to identify any potential risks or improvements.

The registered manager should ensure a disability access audit is carried out.

Delivery of Safe and Effective Care

Safe

Risk management

We found the premises to be generally clean and free from significant hazards. However, the property was an older building and some areas of the premises needed attention, including:

- Repainting the areas of damaged paintwork
- Repairing a loose drain cover by the rear exit
- Managing plant growth to the rear of the building to avoid structural damage
- Addressing any areas of damp ingress
- Ensuring storage areas holding utility meters, suction units and compressors were kept secure, tidy and free from hazards.

Staff told us that a program of refurbishment works was due to commence in April 2025.

The registered manager must carry out a review of the premises and ensure that areas requiring refurbishment are identified and addressed.

We noted that the premises were used both as a dental practice and medical consulting rooms. Staff told us that the activities were separate, but that some areas had shared access. We noted that an area containing dental patient records in unlocked cupboards was also accessible to medical practice staff. We also found a consulting room door to be unlocked, making it accessible to unsupervised dental practice patients.

The registered manager must ensure appropriate measures are put in place to ensure the clear separation of the activities and access to patient information at the premises.

We advised that areas to the rear of the building needed to be kept secure to avoid damage to, or by, unauthorised persons. These included the compressor store and the cardboard waste bin.

The registered manager must ensure that the compressor store and all waste bins to the rear of the practice are kept locked and secure.

The practice had an appropriate Health and Safety policy, supported by a comprehensive range of risk assessments. There were appropriate arrangements

for handling materials subject to the Control of Substances Hazardous to Health (COSHH). However, due to the large number of COSHH documents held we recommended these be reviewed and made specific to areas or roles and activities, to make it easier for staff to find information.

The registered manager should review and sort COSHH documentation to ensure information can be easily accessed by staff.

COSHH materials were stored in a cupboard fitted with a lock, but this was found to be ineffective and the doors could be opened by unauthorised persons.

The registered manager must ensure that COSHH materials are stored securely.

We saw evidence of up-to-date testing of portable appliances (PAT) and gas appliances and an up-to-date electrical installation condition report. We found that access to a cupboard holding utility meters and the gas isolation valves was blocked and identifying labels were inadequate. This was resolved during the inspection with access cleared and appropriate signage put in place. One of the two gas boilers at the premises was in a surgery. We recommended that carbon monoxide detection be considered.

The registered manager must carry out a risk assessment of the gas boiler in a surgery and whether carbon monoxide detectors are required.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment and records of regular checks and servicing of fire safety equipment. Escape routes were clearly signposted and we saw evidence of fire drills having taken place. Fire extinguishers had been checked and serviced regularly. All fire extinguishers except the fire extinguisher by the front door were stored correctly with a fixed position.

The registered manager must ensure that all fire extinguishers have a fixed position.

The practice had an up-to-date Business Continuity Plan (BCP), which included contact details and emergency phone numbers in various sections. Staff told us that normal practice would be to alert a central team in the corporate group to lead on any actions required. We recommended that emergency contact numbers from the BCP be collated to be easily accessible to staff in the event of an emergency.

The registered manager should ensure that the business continuity arrangements include a collated list of emergency contact numbers.

Staff had access to changing facilities and lockers for the secure storage for personal items. We noted that the staff kitchen contained a washing machine. The practice manager confirmed this was not used for laundry of uniforms or other practice materials.

The mixed-gender patient toilet was visibly clean, had suitable hand washing and drying facilities and a sanitary disposal unit.

Infection, prevention and control (IPC) and decontamination

There were arrangements in place to ensure a high standard of infection control. These included appropriate policies and procedures, a designated infection control lead and an effective cleaning regime.

The practice had a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. We found that the procedures for processing, decontamination and sterilisation were appropriate and well understood. Appropriate checks on equipment were carried out and recorded.

We noted that transporting instruments between surgeries and the decontamination room involved steep stairs and that carrying the robust boxes used for transport did not always allow staff to use the handrail. This could increase the risk of injury in the event of a slip, trip or fall.

The registered manager must review the arrangements for transporting instruments between the surgeries and decontamination room and minimise the risk to staff where possible.

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

Medicines management

We reviewed the arrangements for medicines management and disposal of waste and found them to be appropriate.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory, with equipment being in-date and regular checks being carried out. Similarly, first aid kits were available and regularly checked.

We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and that two members of staff were trained first aiders.

Safeguarding of children and adults

Up-to-date safeguarding policies and procedures were in place, available to all staff and referenced the Wales Safeguarding Procedures. A separate 'was not brought' policy was in place and quick-reference flowcharts were available to staff.

The practice manager was a safeguarding lead with training to level three which we consider to be good practice. In addition, another safeguarding lead with training to level two was in place to ensure appropriate cover and an additional member of staff had training to level three in the safeguarding of children.

We noted evidence of simulation training being carried out to check staff awareness of procedures and consider this to be good practice.

Management of medical devices and equipment

We found clinical equipment at the practice to be safe, in good condition and fit for purpose. We saw appropriate servicing records for equipment, including the compressor.

The practice had a well completed radiation protection file, with an inventory of X-ray equipment, records of maintenance and local rules in place. We reviewed staff training records and saw that relevant staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). Information about the benefits and risks of X-ray exposures was not easily visible to patients. However, this was addressed during the inspection with a poster put on prominent display.

We recommended that an audit be carried out on the use of ionising radiation, for quality improvement purposes.

The registered manager should ensure an appropriate ionising radiation audit is carried out.

Effective

Effective care

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients. Clinicians had good support from the corporate group and we saw evidence of professional guidance and advice being followed.

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

Patient records

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

We reviewed a sample of nine patient records and found generally very good and consistent recording of clinical information, including the recording of patient language preference. We found that treatment options were not recorded in some cases.

The registered manager must ensure that patient records consistently include the recording of treatment options.

Efficient

Efficient

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

Quality of Management and Leadership

Staff feedback

Staff who responded to the HIW questionnaire were positive in their responses. Staff felt they had appropriate training, facilities and staff numbers to provide appropriate care to their patients. All respondents agreed that care of patients was the top priority for the practice and would recommend it both as a good place to work and if a friend or relative needed dental care.

Leadership

Governance and leadership

There were clear management structures in place, with the practice under the direction of an acting practice manager, supported by the corporate group. We saw a clear commitment to providing a high standard of service and a positive approach to making improvements.

We saw evidence of monthly team meetings taking place, with minutes circulated to ensure all staff were kept up to date. We were told staff had regular one to one meetings and appraisals and we saw evidence to this effect.

We found that a comprehensive range of policies and procedures were in place and reviewed regularly. Staff signed and dated policies to show that they had read and understood them.

Workforce

Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. We saw policies and procedures, detailing the recruitment process and checks made on prospective employees. Some pre-employment checks were carried out by the practice and some by the corporate group.

Checklists were used, that included proof of identity, the right to work, qualifications and vaccinations. We also saw that appropriate DBS checks had been carried out.

We were told that agency staff were not used. If additional staff cover was required, this was normally drawn from other practices in the corporate group which ensured that appropriate checks and training were in place.

We reviewed a sample of seven staff records and saw evidence that staff were registered with the GDC, covered by professional indemnity insurance and had appropriate vaccination against Hepatitis B.

There was very good compliance with mandatory training requirements and the systems used were effective.

Culture

People engagement, feedback and learning

Patient feedback was actively sought, asking patients to leave online reviews. We saw that paper forms were also available in the waiting area, that could be submitted using a suggestion box.

There was a 'you said, we did' poster in the waiting area, showing actions that had been taken as a result of feedback.

There was a comprehensive complaints procedure in place, with posters in both English and Welsh outlining the process to patients. The procedure included appropriate timescales for responses and how to escalate the issue if required. We recommended that copies of the procedure should be readily available for patients to take away. This was addressed during the inspection with copies made freely available at the reception desk.

Staff told us that minor, verbal complaints were logged in patient records and that formal complaints were logged using electronic systems. Complaints were regularly reviewed and staff told us that any issues or trends would be highlighted. Actions and lessons learnt from complaints were typically shared at staff meetings. In addition, a team at the corporate group reviewed complaints regularly and provided support.

Information

Information governance and digital technology

The practice used electronic systems to manage patient records, policies and procedures, and staff training records.

Learning, improvement and research

Quality improvement activities

We found evidence of a variety of audits being carried out. These included health and safety, antimicrobial prescribing, clinical audit, referrals and smoking

cessation. Routine audits of infection control, in line with WHTM 01-05 were also carried out.

Staff told us that the practice did not use quality improvement training tools and we recommended that these be considered.

The registered manager should review the adoption of quality improvement training tools.

Whole-systems approach

Partnership working and development

Staff told us that interaction with system partners was typically by phone, email, or by use of online systems such as for the referral of patients.

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
Copies of the patient information leaflet were available but only on request.	Patients did not have easy access to information about the service and treatments.	We recommended to the practice manager that copies be made more readily available to patients.	This was addressed during the inspection with copies of the leaflet being printed and made available in the reception area.
Access to a cupboard holding utility meters and the gas isolation valves was blocked and identifying labels were inadequate.	This increased the risk that gas services could not be easily shut off in the event of an emergency.	This was discussed with the practice manager.	This was resolved during the inspection with access cleared and appropriate signage put in place.
Information about the benefits and risks of X-ray exposures was not easily visible to patients.	Patients did not have access to appropriate information about their treatment.	This was discussed with the practice manager.	This was addressed during the inspection with a poster put on prominent display.

There was a comprehensive complaints procedure in place, with posters in both English and Welsh outlining the process to patients. However, copies of the procedure should be readily available for patients to take away.	Information about how to make a complaint should be made freely and easily available to patients.	This was discussed with the practice manager.	This was addressed during the inspection with copies made freely available at the reception desk.
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Appendix B - Immediate improvement plan

Service: My Dentist, Smiles Dental Centre

Date of inspection: 11 March 2025

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

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate assurance or non-compliance issues were identified					

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): N/A

Job role: N/A

Date: N/A

Appendix C - Improvement plan

Service: My Dentist, Smiles Dental Centre

Date of inspection: 11 March 2025

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

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	Limited information was available to promote general and oral health to patients.	The registered manager must ensure that patients have access to information promoting general and oral health.	Health and Care Quality Standards 2023, Information.	A varied selection of treatment option information leaflets were available on the day of inspection	Practice Manager	Completed
2.	The reception and waiting area had a large window onto the street, the blind to this window was damaged and could not be closed. As such patient privacy was not assured.	The registered manager must ensure that the window in the reception is appropriately obscured, to ensure patient privacy is maintained.	The Private Dentistry (Wales) Regulations 2017, Regulation 15(1)	Repair to the reception waiting room blind has been reported to the internal facilities department and awaiting repair	Practice Manager	14/05/2025

3.	Information about accessing treatment out-of-hours was not available outside the practice.	The registered manager must ensure that information about how to access treatment out-of-hours is displayed outside the practice.	Health and Care Quality Standards 2023, Timely.	Due to the building having a roller shutter door, arrangements have been made for a plaque to be placed on the outside of the roller shutter doors	Practice Manager	01/05/2025
4.	The practice had not carried out a specific audit on disability access to identify any potential risks or improvements.	The registered manager should ensure a disability access audit is carried out.	The Private Dentistry (Wales) Regulations 2017, Regulation 15(2)	A new Health & Safety risk assessment was carried out on 05/03/2025 where a Disability Access Audit was included	Practice Manager	Completed
5.	Some areas of the premises needed attention to minimise potential hazards.	The registered manager must carry out a review of the premises and ensure that areas requiring refurbishment are identified and addressed.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	The practice is currently undergoing a practice refurbishment	Practice Manager	14/05/2025
6.	The premises were used both as a dental practice and medical consulting rooms. Staff told us that the activities were separate, but that	The registered manager must ensure appropriate measures are put in place to ensure the clear separation of the activities and access to patient information at the premises.	The Private Dentistry (Wales) Regulations 2017, Regulation 15(1)	A request will be made to the third party requesting a lock is placed on the consulting room door along with a private no entry sign. An additional request will	Practice Manager	14/06/2025

	some areas had shared access.			be made for all third party patient record filing cabinets to be locked at all times		
7.	Areas to the rear of the building needed to be kept secure to avoid damage to or by unauthorised persons.	The registered manager must ensure that the compressor store and all waste bins to the rear of the practice are kept locked and secure.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	Communications have taken place with all staff to ensure the compressor door is kept locked during the day. Clinical waste bins were found to be locked on the day of inspection	Practice Manager	Completed
8.	The large number of COSHH documents should be reviewed and made specific to areas or roles and activities, to make it easier for staff to find information.	The registered manager should review and sort COSHH documentation to ensure information can be easily accessed by staff.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	A central COSHH folder was available on the day of inspection as per mydentist company policy. A separate COSHH folder was also available for the cleaner's products to allow easy access. All COSHH assessments and MSDS are available on the company's internal intranet which is	Practice Manager	Completed

				available in each surgery and reception area		
9.	COSHH materials were stored in a cupboard fitted with a lock, but this was found to be ineffective and the doors could be opened by unauthorised persons.	The registered manager must ensure that COSHH materials are stored securely.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	A request for a new lock has been submitted to the company's facilities department	Practice Manager	08/05/2025
10.	One of the two gas boilers at the premises was in a surgery.	The registered manager must carry out a risk assessment of the gas boiler in a surgery and whether carbon monoxide detectors are required.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	A request has been made to the company's Health & Safety department to confirm if carbon monoxide detectors are required	Practice Manager	08/05/2025
11.	All fire extinguishers except the fire extinguisher by the front door were stored correctly with a fixed position.	The registered manager must ensure that all fire extinguishers have a fixed position.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	This has been escalated to the company's Health & Safety department	Practice Manager	08/05/2025
12.	We recommended that emergency contact numbers from the	The registered manager should ensure that the business continuity	The Private Dentistry (Wales) Regulations	All emergency numbers are included in the current Business	Practice Manager	Completed

	Business Continuity Plan be collated to be easily accessible to staff in the event of an emergency.	arrangements include a collated list of emergency contact numbers.	2017, Regulation 8(1)(o)	Continuity Plan. For non-emergency incidents the practice has a process in place to contact the company's internal facilities department to arrange a contractor to attend site. For patient emergency contacts, all information is taken and recorded in the patient's medical history		
13.	Transporting instruments between surgeries and the decontamination room involved steep stairs and did not always allow staff to use the handrail. This could increase the risk of injury in the event of a slip, trip or fall.	The registered manager must review the arrangements for transporting instruments between the surgeries and decontamination room and minimise the risk to staff where possible.	The Private Dentistry (Wales) Regulations 2017, Regulation 22	The Health & Safety and Compliance team will undertake a full review of the process in how the instruments are transporting to establish if any improvements can be made	Compliance and Health & Safety departments	08/05/2025

14.	An audit should be carried out on the use of ionising radiation, for quality improvement purposes	The registered manager should ensure an appropriate ionising radiation audit is carried out.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(1)	A radiograph audit for each clinician along with a signed action plan was available on the day of inspection. All audits were completed in October 2024	Practice Manager	completed
15.	We found that treatment options were not recorded in some patient records.	The registered manager must ensure that patient records consistently include the recording of treatment options.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	The Clinical Development Advisor will visit the practice on 01/05/2025 to discuss the recording of treatment options in the patient's clinical notes. This will then be reviewed for improvements in the next record card audit	Practice Manager & Clinical Development Advisor	Ongoing
16.	Staff told us that the practice did not use quality improvement training tools and we recommended that these be considered.	The registered manager should review the adoption of quality improvement training tools.	The Private Dentistry (Wales) Regulations 2017, Regulation 16	The practice is currently undergoing the HEIW anti-microbial audits, further training will be discussed and considered in the next practice meeting	Practice Manager	08/05/2025

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): Natalie Watson

Job role: Practice Manager

Date: 8 April 2025