

# General Dental Practice Inspection Report (Announced)

## Preswylfa Dental Practice

Inspection date: 11 February 2025

Publication date: 25 July 2025



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

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

## Our purpose

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

## Our values

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

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

## Our goal

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

## Our priorities

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



# Contents

1. What we did .....	5
2. Summary of inspection.....	6
3. What we found .....	8
Quality of Patient Experience .....	8
Delivery of Safe and Effective Care .....	11
Quality of Management and Leadership .....	17
Appendix A - Summary of concerns resolved during the inspection .....	20
Appendix B - Immediate improvement plan .....	21
Appendix C - Summary of other issues identified .....	25

# 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](#).

On 11 February 2025, HIW completed an announced inspection of Preswylfa Dental Practice, Betsi Cadwaladr Health Board on 11 February 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. A total of nine were completed. 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

### Designation as a Service of Concern and cancellation of Registration

HIW completed an announced inspection of the practice on 8 August 2022. Due to the volume of regulatory breaches, Healthcare Inspectorate Wales (HIW) determined that Preswylfa Dental Practice was a Service of Concern and suspended the registration of the practice. A follow-up inspection was undertaken on 18 October 2022 where it was noted some improvements had been made. On 20 October 2022, HIW lifted the suspension of Preswylfa Dental Practice with conditions to the registration. The practice remained a Service of Concern.

On 11 February 2025, HIW completed a further inspection of the practice. The aim of the inspection was to monitor progress and check previous improvements had been maintained. However, HIW identified further regulatory breaches which could pose an immediate risk to the safety of patients and staff. HIW determined that Preswylfa Dental Practice remained a Service of Concern and the practice registration was immediately suspended. HIW issued the practice with a non-compliance notice on 13 February 2025 and details of the issues identified are included in Appendix B.

The practice failed to respond adequately to the non-compliance notice despite additional opportunities provided to make the required improvements. Due to the volume of patient safety issues identified and the failure of the practice to implement sufficient safeguards, HIW cancelled the registration of the practice on 5 June 2025.

### Quality of Patient Experience

Overall summary:

We observed the receptionist greeting patients in a polite and friendly manner both in person and on the telephone.

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way.

### Delivery of Safe and Effective Care

Overall summary:

HIW was not assured that the practice had taken adequate precautions against the risk of fire and to ensure the general environment was safe and secure. Additionally, HIW was not assured that the practice had taken adequate

precautions to ensure all equipment used at the practice was safe and in good working condition and that staff had received adequate training. Furthermore, we found that the defibrillator was not working.

Immediate assurances:

- No fire maintenance contact was available
- No fire or environmental risk assessments were in place
- X-ray machines had not been serviced
- No critical examination report
- Safeguarding and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) training had lapsed for the principal dentist
- No Radiation Protection file
- Autoclaves had not been serviced
- No pressure vessel inspection carried out
- Defibrillator not working.

## Quality of Management and Leadership

Overall summary:

HIW was not assured that the registered manager had the necessary skills and time to maintain and manage a private dental practice. This is because we found multiple examples of non-compliance with regulations suggesting that there was not an effective system in place that enabled the registered manager to maintain regulatory compliance, complete audits and manage risks.

Immediate assurances:

- No clinical audits had been undertaken since 2023.

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

Before our inspection, we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received nine responses.

Some of the patients did not answer all of the questions.

Patient comments included:

*“I am always happy with the care and treatment at Preswylfa. I feel that I can completely trust [staff name] and staff.”*

*“This is an excellent practice I have been using for over 20 years. Always very helpful, especially if there is a problem.”*

#### Person-centred

##### Health promotion and patient information

Health promotion material was on display and some of this information was available in English and Welsh. This means patients had access to information which could support them in caring for their own oral hygiene.

We saw ‘No Smoking’ signs within the practice confirming that the practice adhered to the smoke free premises legislation.

Price lists were also available in the waiting area. All patients who completed a questionnaire told us that the dental team had given them aftercare instructions on how to maintain good oral health.

We saw clear signage that indicated how to contact the practice out of hours.

##### Dignified and respectful care

There were arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff.



All patients who completed a questionnaire stated they felt that staff at the practice treated them with dignity and respect.

All patients stated they felt the dental team helped them to understand all the available options for treatment when they needed it. All patients also told us that things were always explained to them during their appointment in a way they could understand.

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way.

We found that the Nine Principles, as set out by the General Dental Council (GDC), was displayed by the waiting area and contained in the patient information folder.

### **Individualised care**

The practice had a patient information leaflet (PIL) and a statement of purpose (SOP) which contained all the information required by the regulations. However, we found that both the PIL and the SOP was in need of reviewing, following staff changes.

In response to the HIW questionnaire, all patients told us that they were given enough information to understand which treatment options were available. All patients also told us that their medical histories were checked before treatment. We found that medical history was checked and recorded within the sample of patient records viewed.

All patients agreed that they were given enough information to understand the risks and benefits of the treatment options and that costs were made clear to them before treatment. We found that treatment planning and options were recorded within the sample of patient records viewed. This meant that patients were provided with information which enabled them to make an informed decision about their treatment.

## **Timely**

### **Timely care**

We saw that staff made every effort to ensure that dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

All patients who completed the questionnaire said it was very easy to get an appointment when they needed one.

The majority of patients who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem and two told us they did not know. An emergency number was available should patients require urgent out of hours dental treatment. Contact information was displayed by the main entrance and given on the answer phone message.

## **Equitable**

### **Communication and language**

All but one patient who completed a questionnaire told us their preferred language was Welsh and one patient told us it was English. All members of staff working at the practice were fluent Welsh speakers and we saw a poster displayed in the waiting room informing patients of this service.

The practice had a range of patient information available, including a patient information leaflet and complaints policy. All information was available in English and Welsh. Staff also informed us that they could make the information available in alternative formats if requested.

### **Rights and equality**

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

There was an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

All but one patient who completed the questionnaire told us the premises were fully accessible with one patient telling us that the premises were partially accessible. We found there was good access to the building, with a ramp leading up to the main entrance. Wheelchair users and patients with mobility issues could access the reception, waiting area and one surgery located on the ground floor.

# Delivery of Safe and Effective Care

## Safe

### Risk management

There were no concerns expressed by patients over the cleanliness of the dental practice. All patients who completed the questionnaire felt that the dental practice was very clean, and we saw this during our tour of the practice.

We found that staff did not have any storage facilities to store their personal items. Staff personal belongings were kept on chairs in the staff room, which could not be locked.

During our inspection, we saw that there was no electricity in one part of the practice and parts of the premises were in darkness. Extension leads were being used from one surgery located on the ground floor, through to the reception area to power the reception computer which posed a trip hazard to staff.

We also noted that the fire extinguishers were due to be serviced in May 2023 and one fire extinguisher was being used to hold the staff kitchen door open. Staff had not completed fire training, and the practice had not carried out any fire drills or any weekly or monthly fire testing. In addition, we noted that there was no fire safety signage installed at the practice. Patient toilet facilities were in darkness due to no electricity. We also saw a portable electrical convector heater being used in the patient waiting area. The attic was also being used as a storeroom which was very cluttered, disorganised and untidy. Portable appliance testing had not been carried out.

We asked the registered manager for copies of the fire maintenance report and a copy of the practice health and safety, fire and environmental risk assessments. We were informed that a fire maintenance visit had not been undertaken since June 2022. We reviewed the current fire risk assessments dated June 2022 and found that these had not been reviewed or updated. Furthermore, we found that no action had been taken on any of the actions highlighted in the fire risk assessment dated June 2022. A total of eight actions had been highlighted, four of which required immediate action and four required short-term action. These were:

- Ensuring all mains electrical distribution boards received a five-year fixed wire test (immediate)
- Removing and reducing fire loading in the attic (immediate)

- Ensuring all fire doors were maintained and all doors that required to be held open had noise activated door release devices fitted (immediate)
- Arrange for all pipework and cables that penetrated through walls and ceilings were suitably fire stopped and ensured the server cupboard was enclosed in fire retardant material (immediate)
- Ensuring all portable electrical convactor heaters were replaced with oil filled radiator type heaters (short term)
- Arranging for any damaged tamper seals on the fire extinguishers to be fixed by a competent person
- Ensuring fire safety signage was installed (short term)
- Arrange for all staff to attend fire safety training, carry out two fire drills per year and manage the weekly and monthly fire testing as per fire logbook (short term).

We were also told that neither the health and safety nor the environmental risk assessments had been reviewed or updated since 2023.

Our concerns regarding the fitness of the premises were dealt with as a non-compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliances we identified were provided in Appendix B.

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

The practice had designated space for the cleaning and sterilisation (decontamination) of dental instruments and we found the facility clean. We found that the decontamination arrangements were satisfactory. Staff demonstrated the decontamination process and we found that:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- There was ample personal protective equipment (PPE) to protect staff against injury or infection
- Instrument storage containers were sturdy and secure.

The procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines. Each surgery had a cleaning checklist, and we saw that these had been regularly completed.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training. However, there was no designated infection control lead in place.

We saw no records to evidence that periodic tests of the autoclaves had been carried out.

No records relating to Hepatitis B immunisation status for the principal dentist was available during the visit. We were verbally assured by the principal dentist that he was protected against the hepatitis B virus.

We also found that there was no occupational health arrangements in place to support staff to deal with any sharps injuries.

There was a system in place to manage waste appropriately. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags and containers in accordance with the correct method of disposal.

No records were available to evidence that the autoclave had been serviced, and no scheme of maintenance inspection certificate was available, which should be carried out at a maximum interval of 14 months. In addition, no pressure vessel inspection had been carried out. Regular servicing and inspection were crucial for maintaining safety and compliance. An annual inspection should also be undertaken by a qualified engineer and a pressure vessel inspection should be carried out every five years.

Our concerns regarding the autoclave were dealt with as a non-compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliances we identified are provided in Appendix B.

### **Medicines management**

There were procedures in place showing how to respond to patient medical emergencies. However, we found that the procedures had not been reviewed annually.

All staff had received cardiopulmonary resuscitation (CPR) training. We were also informed that all staff receive appropriate training on how to use oxygen cylinders as part of the annual CPR training. However, in addition to the annual CPR training, we also recommend that staff should complete the British Oxygen Company (BOC) Oxygen Cylinder online training.

We were told the practice had one appointed first aider. We reviewed the training records and found that the nominated first aider certificate was out of date. We also recommend that the registered manager considers training additional first aiders to cover for any planned or unplanned absences of the appointed first aider.

The emergency drugs were stored securely. There was a system in place to check the emergency drugs and equipment to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, we found that the defibrillator was not working.

Our concerns regarding the defibrillator not working were dealt with as a non-compliance notice. This meant that we wrote to the practice immediately following the inspection requiring urgent remedial actions was taken. Details of the non-compliances we identified are provided in Appendix B.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff demonstrated their knowledge of the procedures to follow in the event of a medical emergency or if they had to report a medication related incident.

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

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who were vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that the majority of staff had completed training in the safeguarding of children and vulnerable adults. However, we found that the training for the principal dentist had lapsed.

Our concerns regarding the safeguarding training were dealt with as a non-compliance notice. This meant that we wrote to the practice immediately following the inspection requiring urgent remedial actions was taken. Details of the non-compliances we identified are provided in Appendix B.

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

We viewed the clinical facilities and found that they contained relevant equipment. The surgeries were well organised, clean and tidy. However, we were not assured that the practice had taken adequate precautions to ensure all equipment used at the practice was safe and in good working condition and that staff had received adequate training.

We saw that the X-ray machines had not been serviced since 2023. X-ray machines should be serviced at least annually to ensure they were in good working order. We also found that there was no critical examination report. A critical examination was required after the installation of any apparatus involving ionising radiation to ensure it provided adequate protection against exposure.

We also saw that the principal dentist's Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) training had lapsed since February 2024. It was important to ensure IR(ME)R training was up to date to comply with legal requirements and maintain high standards of patient safety.

We also found that the practice did not have a Radiation Protection file in place. It was essential for dental practices to have a Radiation Protection file in place to ensure compliance with regulations and safeguard both staff and patients.

We also found that the autoclave had not been serviced. It was important to ensure that autoclaves were regularly serviced to maintain their functionality and safety.

Furthermore, we also found that a pressure vessel inspection had not been carried out. A pressure vessel inspection was crucial to ensure it was operating safely and in compliance with regulation.

We found that the practice had not undertaken a quarterly X-ray equipment quality assurance audit, nor had they used the HEIW's Quality Improvement Tool for Ionising Radiation.

Our concerns regarding the safety of the equipment and lack of audits were dealt with as a non-compliance notice. This meant that we wrote to the practice immediately following the inspection requiring urgent remedial actions was taken. Details of the non-compliances we identified are provided in Appendix B.

No documentation was available for the compressor. The registered manager told us that the compressor was new and had only recently been installed and therefore no maintenance or inspection schedule was in place. Although the compressor was new, it was important to perform regular inspections and maintenance checks to

identify any potential issues early. A log of all inspections and maintenance checks should also be maintained.

## **Effective**

### **Effective care**

There were satisfactory arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the SOP and in policies and procedures.

The principal dentist confirmed that the practice did not use the Local Safety Standards for Invasive Procedures (LocSSIP's) checklist which was crucial to prevent the wrong site tooth extraction and ensure patient safety. We also recommend that a LocSSIP's flowchart was placed in all surgeries.

### **Patient records**

A sample of ten patient records were reviewed. All records were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of satisfactory quality. However, some gaps were identified as follows:

- Periodontal treatment prescribed and not acted upon (1/10)
- No six-point pocket chart had not been completed (2/10)
- One radiograph had not been justified, graded, appropriate views, frequency or clinical findings noted (1/10)
- No evidence that 'Delivering Better Oral Health' evidence based toolkit for prevention had been implemented (10/10).



# Quality of Management and Leadership

## Leadership

### Governance and leadership

The day-to-day management of the practice was the responsibility of the registered manager, who was also the principal dentist and owner of the practice.

We found that the service was non-compliant with the general requirements and training of the registered manager. There was no assurance provided that the registered manager had the necessary skills to carry on and manage the private dental practice.

This was because during our inspection and as detailed throughout this report, we found multiple examples of non-compliance with regulations, suggesting that there was no effective system in place to enable the registered manager to maintain regulatory compliance, complete audits and manage risks.

We consider the number of regulatory breaches to be very concerning. These demonstrate a fundamental lack of governance to ensure that regulatory compliance was maintained and that risks relating to the health, safety and welfare of people are identified, assessed and managed.

The registered manager must protect people against the risks of inappropriate or unsafe care and treatment, by means of effective systems designed to enable the registered manager to regularly assess and monitor the quality of the services provided.

Our concerns regarding the governance arrangements of the practice were dealt with in a non-compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliance we identified are provided in Appendix B.

## Workforce

### Skilled and enabled workforce

Clinical staff were registered with the General Dental Council (GDC) and had appropriate indemnity insurance cover in place. The practice also had current public liability insurance.

Staff files contained the necessary information to confirm their on-going suitability for their roles. However, staff files did not contain an induction checklist or a

signed confidentiality agreement. Training certificates were retained on staff file as required. However, no training matrix was in place.

## Culture

### People engagement, feedback and learning

We saw that there was a written complaints procedure in place and this was displayed by reception and contained within the patient information folder in the waiting room. However, we found that the procedure referred to the NHS Putting Things Right (PTR) process. As the practice is private only, reference to the NHS should be removed from the procedures. We also found the NHS Putting Things right poster on display in the waiting area.

We were told that informal concerns were captured and monitored in a central log for any themes to be identified.

We discussed the mechanism for actively seeking patient feedback. Patients could leave comments via social media and could give verbal feedback to staff. A comments / suggestion box was also available in the waiting area. However, there was no formal system in place to obtain and collate patients' views and feedback.

## Learning, improvement and research

### Quality improvement activities

No evidence was seen to demonstrate that the practice was seeking to continuously improve the service provided. No audits had been completed since 2023. The registered manager must ensure that an annual programme of clinical and non-clinical audits are put in place, such as:

- Infection control audit aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance
- Hand hygiene
- Patient records
- Antibiotic prescribing
- X-rays
- Quarterly X-ray equipment quality assurance
- Ionising Radiation
- Smoking cessation
- Duty of care waste
- Health and Safety
- GDPR compliance
- Patient feedback
- Environmental.

Our concerns regarding the lack of clinical audits and governance arrangements of the practice were dealt with in a non-compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliance we identified are provided in Appendix B.

The registered manager informed us that they had recently assessed and monitored the quality-of-service provision as required by The Private Dentistry (Wales) Regulations 2017. However, the report was not available during the inspection.

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

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were resolved on the day of the inspection.			

## Appendix B - Immediate improvement plan

**Service:** Preswylfa Dental Practice

**Date of inspection:** 11 February 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.

	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	The registered manager must ensure the electricity is fully re-connected at the practice.	Regulation 22, Fitness of premises	Pay the outstanding account of £4000 to get the practice reconnected	Stephen J. Keen	25.4.2025
2.	The registered manager must ensure all actions from the 2022 fire risk assessment action plan are completed.  Please forward to HIW a copy of the completed action plan along with photographic evidence.	Regulation 22, Fitness of premises	Arrange to get the 5-year fixed wire electrical test  Seek further advice from Môn Fire Management Limited regarding the server cupboard and arrange to either move the server or enclose it	Stephen J. Keen	30.4.2025
3.	The registered manager must ensure a fire safety equipment maintenance contract is in place.	Regulation 22, Fitness of premises	Arrange a fire safety maintenance contract with Snowdonia Fire Protection Limited	Stephen J. Keen	31.3.2025
4.	The registered manager must ensure all fire extinguishers, and	Regulation 22, Fitness of premises	Contact Snowdonia Fire Protection Limited to service the Fire Equipment	Stephen J. Keen	14.3.2025

	other fire-fighting equipment is serviced and maintained on a regular basis by a qualified and competent person.				
5.	The registered manager must ensure all staff receive fire training.	Regulation 22, Fitness of premises	Contact Môn Fire Management Limited to arrange Fire Training for all staff	Stephen J. Keen	28.3.2025
6.	The registered manager must ensure fire drills, and any weekly and monthly fire testing are undertaken and recorded in the fire logbook.	Regulation 22, Fitness of premises	Fire drills and weekly and monthly tests to commence	Stephen J Keen	31.3.2025
7.	The registered manager must ensure fire safety signage is installed throughout the practice.	Regulation 22, Fitness of premises	Contact Snowdonia Fire Protection Limited to arrange Fire Signage	Stephen J Keen	14.3.2025
8.	The registered manager must arrange for the attic which is being used as a storeroom to be de-cluttered.	Regulation 22, Fitness of premises	Declutter and tidy the attic	Stephen J Keen	21.3.2025
9.	The registered manager must arrange for all portable appliances to be tested.	Regulation 22, Fitness of premises	Contact Môn Fire Management Limited to arrange PAT Testing for all portable appliances	Stephen J Keen	14.3.2025
10.	The registered manager must ensure fire risk assessments are developed and maintained.	Regulation 22, Fitness of premises	Contact Môn Fire Management Limited to arrange another Fire Risk Assessment	Stephen J Keen	16.4.2025

11.	The registered manager must ensure health and safety risk assessments are developed and maintained.	Regulation 22, Fitness of premises	Carry out a Health and Safety Risk Assessment	Stephen J Keen	14.3.2025
12.	The registered manager must ensure environmental risk assessments are developed and maintained.	Regulation 22, Fitness of premises	Carry out an Environmental Risk Assessment	Stephen J Keen	22.3.2025
13.	The registered manager must ensure all x-ray equipment is serviced and a critical examination report completed.	Regulation 13 (2) (a) (b)	Arrange the servicing of the X-ray Equipment  Pay Integrated Radiological Services and obtain a critical examination report.	Stephen J Keen	28.3.2025
14.	The registered manager must renew their IRMER training.	Regulation 13 (2) (a) (b)	Complete the BDA online IRMER Training	Stephen J Keen	Completed 24.2.2025
15.	The registration manager must ensure a radiation protection file is in place.	Regulation 13 (2) (a) (b)	Pay Integrated Radiological Services and get a Radiation Protection File	Stephen J Keen	24.3.2025
16.	The registered manager must ensure that the autoclave is serviced, and a pressure vessel inspection is carried out.	Regulation 13 (2) (a) (b)	Arrange for the autoclave to be serviced  Arrange a pressure vessel inspection on the autoclave	Stephen J Keen	28.3.2025
17.	The registered manager must ensure the defibrillator is fixed or replaced.	Regulation 31 (3) (b)	Purchase a new defibrillator	Stephen J Keen	28.3.2025
18.	The registered manager must renew their training in child and adult protection (level 3).	Regulation 14 (1) (b)	SJK to undertake online safeguarding training	Stephen J Keen	14.3.2025

19.	The registered manager must ensure an annual programme of relevant clinical audits are completed.	Regulation 16	Carry out a clinical audit	Stephen J Keen	4.4.2025
-----	---	---------------	----------------------------	----------------	----------

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): STEPHEN J. KEEN**

**Job role: Practice Owner**

**Date: 7 March 2025**



## Appendix C - Summary of other issues identified

**Service:** Preswylfa Dental Practice

**Date of inspection:** 11 February 2025

	Risk/finding/issue	Standard / Regulation
1.	We found that both the patient information leaflet and statement of purpose was in need of updating with recent staff changes.	The Private Dentistry (Wales) Regulation 2017
2.	There were no secure storage facilities for staff to store their personal belongings.	The Private Dentistry (Wales) Regulation 2017
3.	The practice should have a nominated lead member of staff responsible for infection control and decontamination.	WHTM 01-05
4.	We saw no records to evidence that periodic tests of the autoclaves had been carried out.	WHTM 01-05
5.	We found that there were no Occupational Health arrangements in place to support staff to deal with any sharps injuries.	Health and Safety at Work Act 1974
6.	We found that the procedures on how to respond to patient medical emergencies had not been reviewed annually.	Resuscitation Council UK
7.	We found that staff had not completed the British Oxygen Company (BOC) Oxygen Cylinder training.	BOC guidelines
8.	We found that the first aider's certificate had lapsed.	The Health & Safety (First Aid) Regulations 1981

9.	We found that there was no maintenance or an inspection schedule contact in place for the new compressor.	The Private Dentistry (Wales) Regulation 2017
10.	We found that there was no LocSSIP's procedure in place to prevent the wrong site tooth extraction.	The Welsh Health Circular (WHC/2023/030)
11.	We found that 'Delivering Better Oral Health' evidence toolkit for prevention has not been implemented.	Delivering Better Oral Health evidence based toolkit
12.	Several gaps were identified in patients' clinical records which could have an impact on patient care.	The Private Dentistry (Wales) Regulation 2017
13.	We found no staff induction checklist, or a signed confidentiality agreement kept on staff files.	The Private Dentistry (Wales) Regulation 2017
14.	No training matrix was in place to monitor staff compliance.	The Private Dentistry (Wales) Regulation 2017
15.	We found that the complaint procedure referred to the NHS Putting Things Right (PTR). As the practice is private only, reference to the NHS should be removed. We also saw that the NHS Putting Things Right poster was displayed in the waiting area.	The Private Dentistry (Wales) Regulation 2017
16.	We found that the practice did not have a formal system in place to seek patients' views and feedback.	The Private Dentistry (Wales) Regulation 2017
17.	We found that the practice had not undertaken or completed any audits since 2023; and no annual programme of clinical audits were in place.	The Private Dentistry (Wales) Regulation 2017
18.	We were informed that the practice had recently assessed and monitored the quality-of-service provision as required by The Private Dentistry (Wales) Regulations 2017. However, the report was not available during the inspection.	The Private Dentistry (Wales) Regulation 2017