

General Dental Practice Inspection Report (Announced)

The Grove Dental Practice (Ystrad
Mynach), 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 The Grove Dental Practice (Ystrad Mynach), Aneurin Bevan University Health Board on 29 April 2025.

Our team for the inspection comprised of two HIW Healthcare Inspectors and a Dental Peer Reviewer.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. In total we received 23 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 23 responses. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patients provided positive feedback about the care and service provided by the dental practice. We found staff to be friendly and polite and they treated patients with kindness and respect.

Relevant oral health information was available in the practice while patient privacy was respected with doors closed and windows covered appropriately. Practice opening hours were clearly displayed and there was flexibility in appointment times with early and late surgeries during the week. All patients said it was 'very easy' to get an appointment when they need one.

Information was displayed in both Welsh and English and was available in various formats including easy read and large print. Staff asked patients to confirm their preferred language while an appropriate translation service was available.

This is what we recommend the service can improve:

- To include a copy of the statement of purpose on the practice website.

This is what the service did well:

- We saw signage reminding patients to inform the dental team of any changes in their medical history
- Designated a dementia friendly practice as part of an Alzheimer Society initiative
- Short waiting times between appointments
- Easy access to services for patients with impaired mobility with reception, waiting area and surgeries located on the ground floor.

Delivery of Safe and Effective Care

Overall summary:

We saw the dental practice was well maintained, clean and tidy and decorated to a good standard. However, minor repairs to the seating and dental chair in one of the surgeries was required.

In general, we found suitable arrangements were in place at the practice to manage risk, health and safety and infection control and provide patients with safe and effective care.

We saw evidence of regular checks of fire detection and safety equipment including regular drills. However, annual fire reviews had not been documented, and some staff members had not completed fire safety awareness training.

There was a dedicated decontamination area and personal protective equipment (PPE) was readily available for staff to use. An appropriate contract was in place for the removal of clinical waste although the practice needed to secure the clinical bins to the premises during the inspection.

A medicines management policy was in place although we found some out of date materials that were disposed of on the day of the inspection. Safeguarding policies and procedures were in place with a safeguarding lead appointed. However, not all staff had completed up-to-date training in the subject.

Dental records were detailed and easy to follow with treatment plans and patient consent appropriately documented.

Immediate assurances:

- Remaining staff to complete fire safety awareness training
- Emergency drugs and equipment to be moved to a secure location at the practice, and ensure all staff are notified of this new location
- Relevant staff members to complete appropriate up-to-date training in relation to The Ionising Radiation (Medical Exposures) Regulations 2017
- Remaining staff to complete safeguarding training.

This is what we recommend the service can improve:

- Further develop the building maintenance policy to adequately ensure the premises are at all times fit for purpose
- Conduct a review of fire precautions
- Put in place a system to check and record fridge temperatures daily
- Put in place a system to check the expiry dates of dental materials.

This is what the service did well:

- Sharps injury flow charts in clinical areas to advise staff of the action to take in the event of a needlestick incident
- Very clean throughout the practice with good decontamination procedures in place.

Quality of Management and Leadership

Overall summary:

We found that The Grove Dental Practice had good leadership and a clear management structure, with a commitment to provide a high standard of care. The

management team were approachable for staff, and all staff who responded to the HIW questionnaires said they would recommend the practice as a good place to work.

Recruitment and induction procedures were in place, and we noted relevant references were now being obtained prior to employing new staff at the practice.

We saw evidence that staff received annual appraisals but improvements were required in relation to staff compliance with mandatory training.

Arrangements for obtaining patient feedback and acting on suggestions were positive. We saw evidence of a suitable complaints process with prompt resolutions that were fully documented and in accordance with the practice policy.

This is what we recommend the service can improve:

- To implement a robust system to monitor and ensure compliance with staff training requirements.

This is what the service did well:

- 'You Said, We Did' display to inform patients of practice action in relation to feedback
- Good programme of audits.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 23 respondents rated the service as ‘good’.

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

“Fantastic practice. I feel like I matter.”

“I am extremely satisfied with the care and service I receive here. The staff are excellent.”

“Very professional care. Staff are kind and knowledgeable. Excellent with my whole family.”

Person Centred

Health Promotion

We saw information was available in the practice to help patients maintain good oral health and dental hygiene including leaflets about smoking cessation, oral cancer and the risks and benefits of X-rays. Information about charges for both private and NHS treatments were on display in the waiting areas and on the practice website.

The practice had a statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. Both documents provided useful information about the services offered at the practice and had been the subject of regular reviews. Additionally, the practice website contained lot of useful information about the service. However, whilst the statement of purpose and patient information leaflets were readily available from reception, they were not included on their website.

The registered manager must ensure that the practice website includes a copy of their statement of purpose and patient information leaflet.

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

All 23 respondents who completed a HIW patient questionnaire agreed they had their oral care explained to them by staff in a way they could understand, and that staff had provided them with aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

We found staff to be friendly and polite and observed them treating patients with courtesy and respect. A confidentiality agreement had been signed by staff and was held within their staff files.

We saw that surgery doors were kept closed during treatment and there were appropriate coverings on surgery windows ensuring patient privacy and dignity.

The reception desk was separate to the waiting rooms, with a second waiting room located on the first floor providing additional privacy for patients. We were told confidential discussions and phone calls could be taken in a spare surgery.

The nine core ethical principles of practice established by the GDC were clearly displayed in the reception area in both Welsh and English.

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

Individualised care

We reviewed a sample of 10 patient records and confirmed that appropriate identifying information and medical histories were included. We saw signage reminding patients to inform the dental team of any changes in their medical history which we considered good practice.

All respondents who completed a HIW patient questionnaire said that there was enough information given to understand the treatment options available and said they were given enough information to understand the risks/benefits associated with those treatment options. All confirmed that they had their medical history checked before treatment.

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment, felt that staff had listened to them and had answered their questions. Most (22/23) said the costs were made clear to them before treatment, while the remaining respondent said the question was not applicable. One patient commented:

“The staff at this dental practice go way above and beyond to make sure I am cared for; I am comfortable and I am put at ease. They do things to the highest degree.”

Timely

Timely Care

We were told that reception staff would inform patients if there was a delay in their appointment time. Appointments were booked by telephone or face-to-face at the end of the appointment.

The opening hours and emergency out-of-hours telephone number were clearly displayed and visible from outside the premises. These were also available on the practice website. The practice opened early on Wednesdays and late on Mondays providing patients with flexibility in appointment times. We were told that patients generally wait four to five weeks between each dental treatment appointment. Emergency appointments were available each day which could be arranged by telephone.

We were told the practice had designated appointment slots during school half term for pupils and teachers. There was also a pop-up on their booking system that indicated if patients preferred certain times of the day for their appointments.

All respondents who completed a HIW patient questionnaire said it was easy to get an appointment. Whilst most respondents (17/23) said they would know how to access the out-of-hours dental service if they had an urgent dental problem, six patients did not.

Equitable

Communication and Language

We found written information displayed in the practice was available in Welsh and English and that translation services were available for patients whose first language was not English. We observed reception staff asking patients to confirm their preferred language.

There were no Welsh speaking staff working at the practice at the time of the inspection and there were no signs displayed promoting the Active Offer of providing a service in Welsh, although staff were aware of this provision. We discussed this with senior staff who arranged for signage to be displayed during the inspection.

We found information available other formats such as large print and easy read. We were told that staff could also read out documents to patients who were having difficulties reading themselves. A hearing loop system was in place to assist patients with hearing difficulties.

Rights and Equality

We found dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients. The practice had an up-to-date equality and diversity policy in place and staff had completed training in the subject. We were told that everyone was treated fairly in line with policy and guidance.

We found the practice was designated a Dementia Friendly practice as part of an Alzheimer Society initiative, with staff having completed relevant training.

Most respondents (22/23) who completed a HIW patient questionnaire confirmed they had not faced discrimination when accessing services provided by the practice. The remaining respondent skipped this question.

There was level access into the practice from the street and level flooring throughout the ground floor area which included the reception, waiting area, and two surgeries. We were told that patients with impaired sight or mobility were provided treatment in these ground floor treatment rooms.

We noted that the reception desk had a lower section to ease communication between wheelchair users and the receptionist. A fully accessible patient toilet was available on the ground floor that appeared clean and well maintained.

Most respondents (16/23) who completed a HIW patient questionnaire told us they considered the building accessible, while three respondents said it was partially accessible, and three were unsure. The remaining respondent skipped this question.

Delivery of Safe and Effective Care

Safe

Risk Management

We found the premises to be clean, well-maintained and free from obvious hazards. Internally, the practice was generally decorated and furnished to a good standard. However, we found in Surgery 1 that the dental chair had a small hole in the upholstery, whilst the dentist's chair had a damaged height adjustment handle that was covered with bubble wrap to protect the user's hands.

The registered manager must repair the damaged chairs to ensure they are safe to use and to enable effective cleaning.

The practice had an up-to-date business continuity policy in place which included procedures to manage different emergency scenarios, contact details and emergency phone numbers. However, we looked at the building maintenance policy and felt it lacked detail and appeared incomplete in some areas.

The registered manager must review and develop the building maintenance policy to adequately ensure the premises are at all times fit for purpose.

The practice had completed a Health and Safety Risk Assessment and had a Health and Safety Policy in place. An approved health and safety poster was clearly displayed for staff to see and we confirmed that employer's and public liability insurance was in place. We saw facilities for staff to change in privacy and safely store their personal belongings.

We saw five yearly wiring inspection and Portable Appliance Testing (PAT) were all current. An up-to-date annual gas safety check record was available. There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

We inspected fire safety arrangements at the practice and saw evidence of weekly alarm tests and regular fire drills. A current fire equipment maintenance contract was in place and all fire extinguishers had been serviced within the last year. 'No smoking' signs were displayed as required and fire exits were signposted, although some signage was relocated during the inspection to make them more easily visible. A written fire safety risk assessment had been completed. However, we found that annual fire precaution reviews had not been documented.

The registered manager must:

- **Conduct a documented review of fire precautions and supply a copy to HIW upon completion**
- **Provide assurance that a review of fire precautions will be conducted annually.**

We reviewed staff training records and found that two staff members had not completed up-to-date fire safety awareness training.

Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Infection Prevention and Control (IPC) and Decontamination

We saw appropriate and up-to-date policies and procedures available in relation to infection prevention and control and decontamination. There was a designated infection control lead appointed.

We found patient areas and dental surgeries were visibly clean with suitable handwashing and drying facilities available in each surgery and in the toilets. Schedules were in use to support effective cleaning routines.

Personal protective equipment (PPE) was readily available for staff to use and needlestick protocols were available to advise staff of the action to take in the event of a sharps injury. We reviewed staff files and saw evidence that all staff at the practice had completed infection prevention and control training.

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 by staff. Appropriate checks on equipment were being carried out and recorded.

A contract was in place for the safe disposal of clinical waste from the practice. We reviewed arrangements for the storage of clinical waste produced by the practice prior to collection. We found the bins were locked but not secured to the premises.

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

All 23 respondents who completed a HIW patient questionnaire thought that in their opinion, the practice was very clean and felt that infection prevention and control measures were evident. One patient commented:

“All staff wear masks, aprons and gloves, everything very clean. Very professional at all times.”

Medicines Management

There was an up-to-date policy in place for the management of medicines at the practice. We found procedures for ordering and handling medicines to be appropriate with a clear record of medicines administered. However, we found there was no checklist maintained to record the temperature of the medicine fridge. We also found out of date sandblasting powder and Alveogyl that had an expiry date in 2022.

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

The registered manager must ensure there is a system put in place:

- To check and record fridge temperatures daily
- To check the expiry dates of dental materials at the practice.

There was a policy in place for responding to medical emergencies at the practice which was based on current national resuscitation guidelines. We confirmed all staff working at the practice had completed resuscitation training within the last year.

We inspected the emergency equipment at the practice which was in date and readily available as required. However, we found some emergency drugs were stored in an unlocked cupboard on the ground floor where patients and visitors could gain unsupervised access.

Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

The first aid kit was available and found to be in order. We found that the practice had two appointed trained first aiders, ensuring first aid cover at times of leave or sickness.

Management of Medical Devices and Equipment

We saw the dental surgeries had suitable equipment to provide dental care and treatment. Equipment we saw was visibly clean and in good condition.

Written policies and protocols were available to show safe arrangements were in place for the use of the X-ray equipment and we saw that the required maintenance and testing had been carried out. A quality assurance programme was in place in relation to X-rays covering image quality, accidental exposure and dose levels. We found clinical evaluations and justifications for each X-ray exposure were noted in patient records.

An up-to-date radiation risk assessment was in place to protect staff and patients. However, we found that not all relevant staff members had completed appropriate up-to-date training in relation to The Ionising Radiation (Medical Exposures) Regulations 2017.

Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Safeguarding of Children and Adults

We saw a suitable up-to-date policy was in place in relation to safeguarding and the practice had access to the latest All-Wales Safeguarding guidelines. The practice had an appointed dedicated safeguarding lead with the relevant local safeguarding team contact details available in each surgery and staff room for easy access in the event of a concern.

However, we found that several staff members had not completed appropriate safeguarding training and that the safeguarding lead had not completed safeguarding training to the appropriate level to fulfil the role.

Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Effective

Effective Care

We found staff were clear regarding their roles and responsibilities at the practice and that regulatory and statutory guidance was being followed. The practice used recommended checklists to help prevent the risk of wrong tooth extraction.

Patient Records

We saw a suitable system was in place to help ensure patient records were safely managed and stored securely. We were told records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017.

We reviewed the dental records of 10 patients, and overall, we considered these to have been completed to a very good standard. All the records we reviewed contained the necessary information including appropriate patient identifiers, previous dental history and reason for attendance. The records also showed evidence of treatment planning including options available, and that informed consent was obtained from patients prior to each treatment.

Efficient

Efficient

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians for the services provided. A hygienist was employed providing the practice with additional treatment options for patients.

We found the facilities and premises appropriate for the services delivered and that clinical sessions were being used efficiently with referrals to other services completed online and followed up as necessary. A short notice list was in operation which enabled the practice to utilise any cancelled appointments. Despite only one dentist, we found the practice diary was effectively managed enabling the practice to offer several emergency slots a day for urgent dental care with emergency calls triaged to help avoid attendance at out of hours services.

Quality of Management and Leadership

Staff feedback

Five staff members responded to the HIW questionnaire and responses were mixed. Generally, comments from were positive, with all respondents being satisfied with the quality of care and support they gave to patients and that patient care was the practice's top priority. All respondents said that there were enough staff to allow them to do their job properly, and that there was an appropriate mix of skills at the practice. However, one staff member only partially agreed that they had had appropriate training to undertake their role.

Leadership

Governance and Leadership

The practice is a family-owned service with clear management structures in place, with the practice under the direction of the practice manager and principal dentist. We saw a clear commitment to providing a high standard of service and a positive approach to making improvements.

There was evidence that regular team meetings took place, with minutes made available to all staff, so that staff who were absent were kept up to date with work related matters. We discussed implementing a system to document confirmation that staff had read these.

A practice handbook along with a range of written policies were readily available to staff to support them in their roles. The sample of policies we saw showed they had been subject to recent review and staff had signed a key policies and procedures form to indicate they had read and understood these documents. We discussed ensuring a consistent approach to version control across all policies.

All staff who completed the HIW questionnaire said that they would recommend the practice as a good place to work and agreed that their current working pattern allowed for a good work-life balance.

Workforce

Skilled and Enabled Workforce

We found the number and skill mix of staff were appropriate to deliver the dental services provided. We were told the practice did not use agency staff, and that any staff absence would be managed by using staff from a nearby branch practice.

We found the senior leaders to be open and approachable to staff. Staff members we spoke with appeared happy and felt supported by the leadership team.

The practice had an up-to-date recruitment and induction policy although this lacked detail relating to staff retention and to induction itself. Despite this, an effective induction process was in place for new staff at the practice to help ensure they understood their roles and were aware of the practice policies and procedures.

We reviewed the employment files of staff working at the practice. We saw that staff had annual appraisals and found evidence of compliance with their professional obligations including valid Disclosure and Barring Service (DBS) certificates and current registration with the General Dental Council (GDC). While we found written employment references were missing for some long-term employees, we noted references were now being obtained for new staff.

Our review of staff mandatory training found that several staff had not remained up to date on key topics, as detailed above. We found there was limited oversight of staff training compliance, which needed to be addressed.

The registered manager must implement a robust system to monitor and ensure compliance with staff training requirements.

Culture

People Engagement, Feedback and Learning

Suitable arrangements were described for seeking feedback from patients about their experiences of using the practice including a suggestions box and regular online surveys.

We were told that feedback is considered at team meetings and that the practice had instigated several improvements from this process. We saw notices displayed informing patients how the practice had implemented improvements based on their suggestions, which we considered good practice.

An up-to-date written complaints procedure was displayed in both Welsh and English. The procedure included appropriate timescales for responses, the details of the complaints manager and relevant contact information of external bodies that patients could approach for help and support. Complaints were recorded within a complaints folder. Complaints that we reviewed were documented and resolved within the stated timescales.

Most respondents (21/23) who completed a HIW patient questionnaire told us they had been given information on how the practice would resolve any concerns or

complaints post-treatment. One respondent skipped the question and one disagreed.

We saw the practice had a Duty of Candour policy in place and that staff had completed training in this subject. To date, there has been no incidents where Duty of Candour has been exercised.

All staff who completed the HIW questionnaire said they understood their role in meeting the Duty of Candour standards and that the practice encouraged them to raise concerns if something had gone wrong.

Information

Information Governance and Digital Technology

We saw the practice used electronic systems effectively to manage patient records, policies and procedures, and staff training records in accordance with General Data Protection Regulations (GDPR).

Appropriate processes were described for reporting significant events and sharing patient safety information although we were told there had been no safety incidents to date.

Learning, Improvement and Research

Quality Improvement Activities

We saw evidence of a good programme of clinical audits including X-rays, smoking cessation, patient records and the Welsh Technical Health Memorandum (WHTM) 01-05 decontamination audits. A disability audit was completed by staff at the time of the inspection.

Staff told us that they made use of quality improvement training tools, such as the Maturity Matrix Dentistry. We saw the latest Quality Assurance Self-Assessment that had been completed by the practice.

Whole Systems Approach

Partnership Working and Development

Suitable arrangements were described for engagement between the practice and other primary and secondary care providers promoting better co-ordinated healthcare within the community.

The practice used appropriate external quality management systems to keep up to date with practice metrics, supporting the development and implementation of practice improvements.

4. Next steps

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

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

The improvement plans should:

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

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

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

The improvement plan, once agreed, will be published on HIW's website.

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found the clinical waste bins were locked but not secured to the premises.	Patients and visitors could potentially access contaminated material as this was in a public area.	We raised this immediately with senior staff.	Bins were immediately secured with lock and chain.
We found out of date dental materials at the practice.	Patients could be put at risk of harmful side effects from degraded materials.	We raised this immediately with senior staff.	Out of date materials were immediately removed and disposed of.

Appendix B - Immediate improvement plan

Service: The Grove Dental Practice (Ystrad Mynach)

Date of inspection: 29 April 2025

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

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
Several staff members had not completed appropriate safeguarding training and that the safeguarding lead had not completed safeguarding training to the appropriate level.	The registered manager must immediately arrange for child and adult safeguarding training to be completed by each member of staff employed at the practice and provide copies of certificates to HIW when complete.	The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)(b)	Certificates have been uploaded for the relevant staff who has completed their safeguarding training.	James O'Shea	Complete

Not all relevant staff members had completed appropriate up-to-date training in relation to The Ionising Radiation (Medical Exposures) Regulations 2017.	The registered manager must immediately arrange for remaining staff to complete The Ionising Radiation (Medical Exposures) Regulations 2017 training and provide evidence to HIW.	Regulations 17(3)(a)	Certificates have been uploaded for James O'Shea	James O'Shea	Complete
We found that two staff members had not completed up-to-date fire safety awareness training.	The registered manager must immediately arrange for remaining staff to complete fire safety training and provide evidence to HIW.	Regulation 22(4)(c)	All members of staff have now completed this and certificates uploaded.	James O'Shea	Complete
We found some emergency drugs were stored in an unlocked cupboard on the ground floor where patients and visitors could gain unsupervised access.	The registered manager must immediately arrange for the emergency drugs and equipment to be moved to a secure location at the practice, and ensure	Regulation 13(4)(a)	Emergency drugs have been moved to a different location within the practice. Evidence uploaded.	James O'Shea	Complete

all staff are notified of this new location to enable access in the event of an emergency.				
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Appendix C - Improvement plan

Service: The Grove Dental Practice (Ystrad Mynach)

Date of inspection: 29 April 2025

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

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
The practice Statement of Purpose and patient information leaflet were not included on their website.	The registered manager must ensure that the practice website includes a copy of their Statement of Purpose and patient information leaflet.	Regulations 5(2) & 6(2) - The Private Dentistry (Wales) Regulations 2017,	This has now been added onto the practice website	James O'Shea	Completed
We found some dental chairs in Surgery 1 had areas of damage.	The registered manager must repair the damaged chairs to ensure they are safe to use and to enable effective cleaning.	Regulation 13(6)(b)(iii)	We have contacted the upholstery company to have a look at this for us.	James O'Shea	

The building maintenance policy was brief and appeared incomplete.	The registered manager must review and develop the building maintenance policy to adequately ensure the premises are at all times fit for purpose.	Regulation 8(1)(c)	This has now been updated with a full buildings maintenance policy in place.	James O'Shea	Completed
We found that annual fire precaution reviews had not been documented.	<p>The registered manager must:</p> <ul style="list-style-type: none"> • Conduct a documented review of fire precautions and supply a copy to HIW upon completion • Provide assurance that a review of fire precautions will be conducted annually. 	Regulation 22(4)(e)	This has been uploaded to HIW	James O'Shea	Completed
There was no checklist maintained to record the temperature of the medicine fridge.	<ul style="list-style-type: none"> • The registered manager must ensure there is a system put in place to check and 	Regulation 13(4)(a)	We have a checklist in place for both fridges in which the temperatures are recorded daily.	James O'Shea	Completed and ongoing

	record fridge temperatures daily.				
We found out of date dental materials at the practice.	The registered manager must ensure there is a system put in place to check the expiry dates of dental materials at the practice.	Regulation 13 (6)(b)(iii)	Stock is rotated when new stock arrives. New members of staff are informed of the stock procedure. Log sheet has also been added to stock cupboard. Old stock has been discarded.	James O'Shea	Completed
Our review of staff mandatory training found that several staff had not remained up to date on key topics. We considered there was limited oversight of staff training compliance.	The registered manager must implement a robust system to monitor and ensure compliance with staff training requirements.	Regulation 17(3)(a)	Practice has signed up to a practice plan (Isopharm) so principles can manage staff training.	James O'Shea	Completed and ongoing

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): James O'Shea

Job role: Principal Dentist

Date: 16/06/2025