

General Dental Practice Inspection Report (Announced)

Cloverly Dental Practice, Powys
Teaching 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 Cloverly Dental Practice, Powys Teaching Health Board on 05 March 2025. Our team for the inspection comprised of a HIW healthcare inspector and a dental peer reviewer.

HIW undertook a further follow-up inspection on 25 March 2025 to monitor progress on immediate concerns and inspect areas not reviewed during the first inspection.

During the inspection we invited patients 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 and two 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 inspections were undertaken.

2. Summary of inspection

Designation as a Service of Concern

Our inspection on 05 March 2025 identified significant risks to the safety of patients and staff. As a result, in line with its escalation and enforcement procedures HIW convened a service of concern meeting to discuss the inspection findings. Cloverly Dental Practice was designated a Service of Concern and an urgent Notice of Decision to suspend the registration until 4 April 2025 was issued.

Our concerns following this inspection were dealt with under our non-compliance process. Details of the concerns for patient safety and the immediate improvements and remedial action taken by the service are provided throughout the report and in [Appendix B](#).

HIW undertook a follow-up inspection on 25 March 2025 to review progress on the issues of immediate concern and matters not assessed during the first inspection. It was positive to see that clear progress had been made since our first inspection and that the owner and staff were committed to making improvements.

However, several of the immediate improvements remained outstanding or were ongoing. Following the second inspection, HIW determined that Cloverly Dental Practice remained a Service of Concern and on 27 March 2025 issued a further Notice of Decision to extend the suspension until 30 April 2025.

The practice continued to implement improvements throughout April 2025 and was subsequently de-escalated from a Service of Concern on 30 April 2025, and the suspension was lifted.

Other improvements identified during the inspections, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas, are detailed in [Appendix C](#).

Quality of Patient Experience

Overall summary:

We found that the staff at Cloverly Dental Practice displayed a willingness to provide a positive experience for their patients. We observed staff treating patients in a polite, friendly and professional manner.

Patients that responded to the HIW questionnaire provided generally positive responses. However, we found that patients were not being provided with appropriate information about the practice, health promotion nor opportunities to give feedback. Insufficient measures were in place to address the needs of Welsh-speaking patients and those with mobility difficulties.

This is what we recommend the service can improve:

- Ensure information about the practice is freely available to patients
- Provide opportunities for patient feedback
- Review patient feedback and complaints as part of service improvement measures.

This is what the service did well:

- Patients were seen to be treated with dignity and respect.

Delivery of Safe and Effective Care

Overall summary:

We found a significant number of concerns relating to the premises and delivery of treatment. This meant we were not assured that adequate measures were in place to maintain patient safety. An overview of areas of concern is shown below:

Immediate assurances:

- The premises did not provide a clean, safe and secure environment, and effective systems were not in place to prevent and control the spread of infection
- Processes to clean and disinfect re-usable medical devices were not sufficiently robust
- We could not be assured that equipment used in and for the purposes of the private dental practice was safe and in good condition
- Adequate equipment to deal with medical emergencies was not in place, and staff were not suitably trained
- Adequate measures were not in place to ensure the safe handling of medicines
- Patient records were not being stored securely

- Adequate measures were not in place against the risk of fire.

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

Quality of Management and Leadership

Overall summary:

The practice was owned and operated by the dentist, who was supported by three members of staff. We found that insufficient governance arrangements were in place to ensure staff were fit to work at the practice and able to provide a high standard of care to patients: This is because:

- Policies and procedures were generic templates and not relevant or specific to the practice
- There was no evidence that staff had read and understood the policies and procedures
- We found limited evidence of quality improvement activities taking place
- Staff did not have employment contracts or appraisals of their performance
- Robust systems to ensure employees had appropriate indemnity insurance were not in place
- We could not be assured that staff had received appropriate training and undergone appropriate checks regarding fitness to work.

Follow up inspection

During our follow-up inspection we noted that good progress had been made on some of the immediate concerns raised during the first inspection. These included the following:

- The practice was visibly cleaner and tidier, with clutter and trip hazards having been removed
- Electrical work had been carried out to reduce the use of trailing extension cables and overloading of sockets
- Portable Appliance Testing of equipment had been carried out
- Equipment used for medical emergencies had been replaced and was being stored appropriately
- The X-ray unit had been replaced
- COSHH materials and medicines were being stored appropriately, including a designated fridge for medicines
- Improvements had been made to decontamination equipment and processes

- Staff had undergone training in safeguarding of adults and children, fire safety, use of ionising radiation and infection prevention and control
- All staff had evidence of checks by the Disclosure and Barring Service.

The practice continued to implement improvements throughout April 2025 and provided photographic and documentary evidence to HIW. This evidence included the completion of an infection prevention audit, replacement of equipment, training of staff in cardiopulmonary resuscitation and implementation of procedures. As a result, we were assured that sufficient actions had been taken by the practice to reduce the risk to patient and staff safety.

3. What we found

Quality of Patient Experience

Patient feedback

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

All respondents considered the practice to be ‘very clean’ and rated the service provided as ‘very good’.

Person-centred

Health promotion and patient information

Information and support about smoking cessation was available to patients. However, no other information was seen on display to promote good dental hygiene and oral health to help prevent common issues.

The registered manager must provide suitable information at the practice to promote good dental hygiene and oral health for patients.

Certificates displayed in the reception area showed the names and General Dental Council (GDC) registration numbers for all staff working at the practice. We did not see evidence that a patient information leaflet was available to patients as required by the regulations.

The registered manager must ensure that a patient information leaflet containing relevant information is readily available.

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

Dignified and respectful care

We saw that the surgery door was kept closed during treatment, and external windows were obscured, to preserve patient privacy and dignity.

An office and staff area were available to accommodate patients wanting a confidential discussion.

Prices for NHS treatment were shown on a poster in the waiting area. Staff told us that only children were seen under the NHS contract and did not incur fees. Staff told us that fees for private patients were explained to them when initially signing up to a payment plan, and a poster showing prices was available in the reception area.

The core ethical principles of practice, as set out by the GDC were not on display. However, this was addressed during the inspection process with posters in both English and Welsh put on display in the waiting area.

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

Individualised care

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

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

Timely

Timely care

Reception staff told us they monitored the progress of appointments and patients were verbally updated about delays and given the option to re-book if necessary.

The practice opening hours were printed on appointment cards. However, this information was not clearly displayed inside or outside the practice. Staff told us that a poster was put on the front door at weekends with contact details to arrange emergency treatment. However, two respondents to the HIW questionnaire didn't know how to access out of hours services in the event of an emergency.

The registered manager must ensure that the practice opening hours and contact details to arrange emergency treatment are clearly displayed outside the practice.

Staff told us that flexibility was built into daily schedules to allow treatment to patients needing emergency care. Patients were prioritised based on their symptoms.

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

Almost no written information was available to patients in Welsh and the ‘Active Offer’ of providing a Welsh service was not being implemented.

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

Rights and equality

Some adjustments had been made to accommodate wheelchair users and patients with mobility difficulties. A removable ramp was available to allow wheelchair users to access the practice and all public facing facilities were on the ground floor. However, we noted the patient toilet was not wheelchair accessible due to a step down.

A disability access risk assessment had been carried out. However, there was limited evidence that actions identified in the assessment had been addressed. We noted that grab handles and handrails had not been installed, despite records indicating an elderly patient had fallen at the front door.

The registered manager must review and implement any reasonable adjustments to ensure patients with mobility difficulties are able to safely access the service.

Delivery of Safe and Effective Care

Safe

Risk management

We reviewed fire safety arrangements and found areas of concern which posed a risk to the safety of patients.

Initially a fire risk assessment could not be provided. It was later identified that one had been carried out within the last 12 months. However, actions identified in the assessment had not been suitably addressed.

There was no valid Electrical Installation Condition Report (EICR) and no evidence of up-to-date Portable Appliance Testing (PAT). We noted that a lack of suitably located electrical sockets resulted in multiple extension cables being used, leading to a risk of electrical overloading.

Staff did not have appropriate or up-to-date training in fire safety awareness. In addition, there was insufficient evidence of fire drills, testing of fire alarms and checks to ensure fire escape routes were kept clear.

Waste oil from the compressor was being stored inappropriately next to the compressor in an enclosed space.

The issues relating to fire safety were dealt with under HIW's immediate assurance and non-compliance process and are referred to in [Appendix B](#) of this report.

An out-of-date Employer's Liability Insurance Certificate was displayed. We found that appropriate insurance was in place and a valid certificate was put on display during the inspection. A Health and Safety at Work poster was displayed in the staff area.

Initially a health and safety risk assessment could not be provided. It was later identified that one had been carried out within the last 12 months. However, actions identified in the assessment had not been suitably addressed.

Similarly, an assessment about materials subject to the Control of Substances Hazardous to Health (COSHH) had been carried out but was not reflected in practice. We found COSHH materials being stored inappropriately on open shelving in the staff area above an area being used to store food and prepare drinks.

The issues relating to health and safety risk assessment and COSHH materials were dealt with under HIW's immediate assurance and non-compliance process and are referred to in [Appendix B](#) of this report.

We found that the practice had printed policy templates relating to Health and Safety and ensuring the premises were fit for purpose. However, these had not been updated with information to make it specific and relevant to the practice.

The registered manager must ensure that appropriate policies and procedures are in place about health and safety and ensuring the premises are fit for purpose, with information relevant to the practice.

We reviewed the practice Business Continuity Plan (BCP). A generic template had been used with some information specific to the practice added. However, the BCP did not include important information such as emergency phone numbers or insurance policy details.

The registered manager must review the Business Continuity Plan and ensure that it is completed with relevant information, specific to the practice.

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

Infection, prevention and control (IPC) and decontamination

We found insufficient measures in place to ensure a high standard of infection prevention and control (IPC). We identified issues relating to cleaning practices, decontamination processes and auditing.

The issues relating to IPC and decontamination were dealt with under HIW's immediate assurance and non-compliance process and are referred to in [Appendix B](#) of this report.

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 recommended that a closing mechanism be fitted to the decontamination room door to improve hygiene control and that a ventilation system be considered.

The registered manager should ensure the door to the decontamination room is kept closed and consider the installation of a ventilation system.

There was no designated lead for infection control. This was addressed during the inspection process, with an updated decontamination and infection control policy specifying a member of staff as designated lead for infection control.

There was no protocol in place for dealing with sharps (needlestick) injuries and staff were not aware of how to access occupational health support. This was addressed during the inspection process with a sharps injury protocol being put on display and staff able to access occupational health via a local hospital.

We were told that Safety Plus syringes were not being used at the practice. However, there was no guidance in place to advise staff on the preventative measures to take to reduce the risk of needlestick injuries or what to do following an injury.

The registered manager must ensure a risk assessment is in place setting out the preventative measures for reducing needlestick injuries and the protocol to follow in the event of injury.

There was a contract in place for the disposal of clinical waste. Bins were stored outside the practice and locked. However, the bins were being stored in an area with public access, and we found they were not secured in place. This was addressed during the inspection process with the bins being chained securely to the building.

The dental surgery needed some refurbishment but was seen to be visibly clean. The upholstery of the dental chair was damaged and should be replaced or repaired to enable effective cleaning.

The registered manager must repair or replace the upholstery of the dental chair.

Staff-only areas were found to be cluttered and untidy, making effective cleaning more difficult. Some areas such as windowsills were seen to be visibly dirty. This was addressed during the inspection process, with relevant areas being decluttered and cleaned.

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

Medicines management

We found that antibiotic medicines were being stored securely. However, there was no clear recording of medicines dispensed to patients. Medicines requiring refrigeration were found to be stored in a fridge with foodstuffs and checks of the

fridge temperature were not being carried out. Anaesthetic injections were found to be pre-prepared and stored in the surgery rather than prepared at point of use.

The issues relating to medicine storage and dispensing records were dealt with under HIW's immediate assurance and non-compliance process and are referred to in [Appendix B](#) of this report.

We reviewed the arrangements for managing medical emergencies and found drugs and equipment to be stored in various locations with no clear signage. There were no regular checks being carried out on the equipment and drugs, equipment for resuscitation had items that were missing or out of date and items were found to be inappropriately stored and dusty. We found that staff had not received appropriate training in cardiopulmonary resuscitation (CPR) and no member of staff was trained in first aid.

The issues relating to managing medical emergencies were dealt with under HIW's immediate assurance and non-compliance process and are referred to in [Appendix B](#) of this report.

We reviewed arrangements for the handling of medicines and found that there was no medicines management policy in place, to support the effective handling, storage, use and disposal of medicines.

The registered manager must ensure that an appropriate medicines management policy is put in place.

Safeguarding of children and adults

We reviewed arrangements for safeguarding of children and adults. A policy was in place that included a designated safeguarding lead, flowchart and contact details. However, there was a lack of awareness from staff about the national Wales safeguarding procedures. This was addressed during the inspection process with staff being made aware about the website and phone application.

We noted that the practice held safeguarding information and policies that were out of date. We advised that out-of-date information be disposed of and this was addressed during the inspection process.

No evidence was available to show that staff had undergone appropriate training in safeguarding.

The lack of evidence about safeguarding training was dealt with under HIW's immediate assurance and non-compliance process and is referred to in [Appendix B](#) of this report.

Management of medical devices and equipment

The X-ray unit in the surgery was defective and no evidence was available to show that appropriate maintenance or servicing had taken place. The radiation protection file was not available to review and no evidence could be provided to show that staff had been appropriately trained in the safe use of x-ray equipment.

The issues relating to the safe use of X-ray equipment were dealt with under HIW's immediate assurance and non-compliance process and are referred to in [Appendix B](#) of this report.

An automatic processor was in place to develop X-ray images but was not in working order. The manual processing taking place did not give assurance that images were being processed correctly, with appropriate procedures and checks in place. This posed a risk that repeat exposures could be required if an image was not processed correctly.

The registered manager must ensure that appropriate equipment and processes are in place to develop X-ray images.

There was no quality assurance programme in place nor quality improvement tools being used to routinely check X-ray equipment, audit dose levels, review image quality, processes and incidents.

The registered manager must ensure an appropriate programme is put in place to regularly check equipment used for X-ray imaging and audit that ionising radiation is used safely and effectively.

We saw no evidence that patients were given sufficient information about the risks and benefits of exposure to ionising radiation.

The registered manager must ensure that patients are provided with information about the risks and benefits of exposure to ionising radiation.

An ultrasonic bath and an autoclave were used for the decontamination of medical instruments. We were not assured that appropriate tests were being performed to ensure the ultrasonic bath and autoclave were performing effectively. No records were available to show that the autoclave had been inspected or serviced.

A compressor unit was also found to have no evidence of inspection or maintenance. Waste oil from the compressor unit was being stored inappropriately, next to the unit in an enclosed space.

The issues relating to the ultrasonic bath, autoclave and compressor were dealt with under HIW's immediate assurance and non-compliance process and are referred to in [Appendix B](#) of this report.

Effective

Effective care

We saw evidence that staff obtained relevant professional advice when required.

The practice did not use Local Standards for Invasive Procedures (LocSSIPs) checklists, to minimise the risk of wrong site tooth extraction.

We recommend that the practice adopt the use of LocSIPPs checklists as an extra safety precaution.

Patient records

Patient records were held as hard copies and there was an appropriate records management policy in place.

However, we found that records and impressions were not being stored appropriately and securely. Patient records were stored in cardboard boxes on open shelving and on windowsills, in areas that could not be secured against unauthorised access.

The issues relating to storage of patient records were dealt with under HIW's immediate assurance and non-compliance process and are referred to in [Appendix B](#) of this report.

We reviewed a sample of seven patient records and found that a very limited amount of information was being recorded.

Radiographs were not being taken as frequently as advised in the Faculty of General Dental Practice (FGDP) guidelines and were not always available.

We advised that patient records should also include information about the following:

- Intra-oral examination
- Oral hygiene
- Oral cancer screening
- Consent
- Treatment options
- Written treatment plans provided to patients

- Recall intervals
- Diet advice
- Oral hygiene instructions
- Reason for attendance
- Risk assessment based on caries, periodontal condition, tooth wear and oral cancer.

The registered manager must ensure that patient records are complete and include all relevant information in line with professional standards and guidance.

Efficient

Efficient

Staff told us that patients requiring urgent care were prioritised and accommodated where possible.

Quality of Management and Leadership

Staff feedback

Due to the small number of staff at the practice and only two questionnaires being completed, results are not included in the report. Comments from staff made during the inspection are included where appropriate.

Leadership

Governance and leadership

The practice was under the direction of the principal dentist, who was the owner and registered manager with HIW.

We found an initial lack of engagement with the inspection process with a lack of preparation, paperwork not being completed and known issues not having been addressed. Given the number of areas for improvement identified during our first inspection, and their seriousness, it was clear that there was a lack of effective and proactive governance and leadership arrangements in place at the service to monitor compliance with relevant regulations and standards.

As a result, Cloverly dental practice was designated a Service of Concern on 07 March 2025 and HIW suspended the practice registration until 04 April 2025.

HIW undertook a follow-up inspection on 25 March 2025 to review progress on the issues of immediate concern and any matters not assessed during the first inspection.

It was positive to see that clear progress had been made since our first inspection and that the owner and staff were committed to making improvements. However, several of the immediate improvements were outstanding or ongoing.

Following the second inspection, HIW determined that Cloverly dental practice remained a Service of Concern and on 27 March 2025 extended the suspension until 30 April 2025.

The practice was de-escalated from a Service of Concern on 30 April 2025 and the suspension was lifted.

Workforce

Skilled and enabled workforce

We reviewed staff records and found that all staff had up-to-date registration with the GDC. We saw evidence of team meetings taking place, with minutes being recorded.

From discussions with staff there was a clear desire to provide a good standard of service and care to patients. However, staff told us they found it difficult to raise concerns and that when they did these were typically not addressed.

We were told that staff did not have an employment contract and that no performance management reviews or appraisals were taking place.

The registered manager must ensure all staff have contracts of employment.

The registered manager must ensure all staff have regular appraisals.

There were policies and procedures in place, but generally these were generic templates and not updated to be relevant and specific to the practice. There was no evidence of a system in place to review and update documents regularly or to ensure that staff had read and understood them.

The registered manager must ensure that policies and procedures are relevant, specific to the practice, regularly reviewed and updated as necessary.

Evidence could not be provided to show that staff were covered by indemnity insurance. On further investigation, one member of staff was found to have been working for approximately 12 months without indemnity insurance. We reviewed staff records and could not be provided with evidence of one member of staff having undergone a DBS check and that another had appropriate vaccination against Hepatitis B.

The matters relating to indemnity insurance and staff checks were dealt with under HIW's immediate assurance and non-compliance process and is referred to in [Appendix B](#) of this report.

Evidence could not be provided to show that all staff had received appropriate training on:

- Safeguarding of children and adults
- Safe use of ionising radiation
- Infection prevention and control.

The issues relating to staff training were dealt with under HIW's immediate assurance and non-compliance process and are referred to in [Appendix B](#) of this report.

Culture

People engagement, feedback and learning

We found no evidence that patient feedback was actively sought, reviewed or acted upon. A poster in the waiting room directed patients to a suggestion box but there was no box available. The practice did not make use of online reviews or other means of electronic feedback. Patient surveys had been conducted in the past. However, staff told us that these had not been done for several years.

The registered manager must actively seek feedback from patients and act on any feedback received as appropriate.

The practice had a complaints procedure in place and a poster in the patient waiting room advertised this. However, reception staff were unaware of this and unable to easily access the document. As such, the procedure was not readily available patients.

The registered manager must ensure that up-to-date copies of the complaints procedure are readily available to patients.

There was no evidence that complaints were logged, reviewed or acted upon.

The registered manager must ensure that a system is put in place to ensure complaints and any subsequent actions are recorded and reviewed regularly.

The practice had a generic document about the Duty of Candour. However, this was not up to date and staff had minimal understanding about the requirements or how this related to their role.

The registered manager must ensure that all staff understand the requirements of the Duty of Candour and that an appropriate policy is in place.

Information

Information governance and digital technology

The practice made minimal use of digital technology. Patient booking systems and clinical records were paper based.

Learning, improvement and research

Quality improvement activities

We found limited evidence of quality improvement activities taking place. A Health and Safety audit and a disability access audit had been carried out. However, there was no record of audits regarding healthcare waste, smoking cessation, antibiotic prescribing, patient records or X-ray imaging.

The registered manager must put a programme in place to carry out regular clinical and non-clinical audits, to monitor and improve the service quality.

The practice had not undertaken an infection control audit in line with Welsh Health Technical Memorandum WHTM 01-05. During the inspection, the practice registered with Health Education and Improvement Wales (HEIW) to start the process of completing this audit. Information was subsequently provided to state that the audit had been completed.

This was dealt with under HIW's immediate assurance and non-compliance process and is referred to in [Appendix B](#) of this report.

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 done by phone or email, with some use of online systems where required.

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
Clinical waste bins were kept locked but were stored in an area with public access without being secured in place.	Clinical waste should be kept securely to avoid unauthorised access or removal.	This was raised with the registered manager.	This was addressed during the inspection process with the bins being chained securely to the building.

Appendix B - Immediate improvement plan

Service: Cloverly Dental Practice

Date of inspection: 25 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.	Areas of the premises were found to be visibly dirty.	An effective cleaning schedule must be put in place, including regular checks and appropriate storage of cleaning equipment.	The Private Dentistry (Wales) Regulations 2017 Regulation 22(2)(a)	Schedule in place, checks done daily and cleaning equipment stored correctly	S. Griffiths	Completed
2.	No checklist was in place to ensure the surgery was effectively set up and closed down.	A checklist must be put in place for the daily setting up and closedown of the surgery.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(5)	Daily schedule book in use for setting up and closing down	S. Griffiths	Completed
3.	Some personal protective equipment was not available the decontamination room. Domestic liquid	The decontamination room must have appropriate equipment and materials, including face visor, heavy	The Private Dentistry (Wales) Regulations 2017 Regulation 13(5)	All appropriate PPE, materials and visors, heavy duty gloves and cleaning solutions in place	S. Griffiths	Completed

	soap was being used for cleaning rather than detergent solution.	duty gloves and detergent cleaning solution.				
4.	Boxes used to hold and transport clean and dirty medical devices were not labelled appropriately.	Boxes used to hold and transport clean and dirty medical devices must be labelled appropriately.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(5)	Both boxes appropriately labelled	S. Griffiths	Completed
5.	Dental impressions were being disinfected using a spray method rather than a bath.	Procedures for disinfecting dental impressions must be updated to use a bath rather than spray.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(5)	Two impression baths in use for outgoing and incoming work. Both labelled	S. Griffiths	Completed
6.	There was no evidence of foil tests being carried out to check the ultrasonic bath performance.	Regular foil tests must be carried out to ensure the ultrasonic bath is performing effectively.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(5)	N/A Ultrasonic no longer used.		N/A
7.	Logbooks for the ultrasonic bath and autoclave were not available.	Logbooks must be completed for the ultrasonic bath and autoclave in the decontamination room.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(5)	Logbook for Autoclave in daily use. Ultrasonic no longer used.	S. Griffiths	Completed
8.	An infection prevention and control audit under WHTM01-05 had not been carried out.	A WHTM 01-05 audit must be carried out as soon as reasonably practicable.	The Private Dentistry (Wales) Regulations 2017 Regulation 22(2)(a)	WHTM 01_05 completed and accepted.	S. Griffiths	Completed

9.	There was no evidence to confirm the autoclave was performing effectively.	Records of the autoclave cycles must be kept and checked to ensure it is performing effectively.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(5)	New autoclave with data logger in use. Daily checks done.	S. Griffiths	Completed
10.	Inspection certificates and maintenance records could not be provided for the autoclave and compressor.	Inspection certificates and maintenance records must be provided for the autoclave and compressor.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(2)(a)	Inspection certificates, maintainable records for autoclave and compressor in place.	S. Griffiths	Completed
11.	Evidence could not be provided to show that pressure vessels were covered by the practice insurance policy.	Evidence must be provided to show that pressure vessels are specifically covered by the practice insurance policy.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(2)(a)	Both pressure vessels covered by pressure vessel insurance.	S. Griffiths	Completed
12.	Medicines were stored in a fridge alongside food. No temperature checks were being carried out.	A designated fridge must be used for medicines, with the temperature checked and recorded daily.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(4)(a)	Designated fridge with daily temperature checks in place.	S. Griffiths	Completed
13.	X-ray equipment was found to be faulty and no records could be provided to show appropriate	X-ray equipment must be in good working order, with relevant documentation - including a critical	The Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 15	New X-ray equipment with critical examination and servicing and	S. Griffiths	Completed

	installation, servicing or maintenance.	examination, servicing and maintenance schedule.		maintainable with DD group.		
14.	Documents in the Radiation Protection File could not be provided during the inspection.	The Radiation Protection File must be completed with relevant information - including a radiation risk assessment, local rules, contingency plans and employer's procedures.	The Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 6	New radiation protection file with risk assessment, local rules, contingency and procedures now in place.	S. Griffiths	Completed
15.	Equipment and drugs for use in medical emergencies were stored in various locations making them more difficult to access in an emergency.	Equipment and drugs used for medical emergencies must be stored in an easily accessible location and clearly signposted	The Private Dentistry (Wales) Regulations 2017 Regulation 31	All emergency equipment stored together with sign.	S. Griffiths	Completed
16.	Equipment for use in medical emergencies had items that were dirty, missing or out of date. There was no evidence of regular checking and replacement of the equipment and drugs.	Equipment and drugs to be used for medical emergencies must be in line with Resuscitation Council UK guidance, checked weekly, with records kept and items replaced as necessary.	The Private Dentistry (Wales) Regulations 2017 Regulation 31	All drug checked weekly, records kept and reorder reminders in place.	S. Griffiths	Completed

17.	Staff did not have appropriate or up-to-date training for dealing with medical emergencies.	Staff must have up-to-date training in responding to medical emergencies, including cardiopulmonary resuscitation, and have at least one member of staff trained in first aid.	The Private Dentistry (Wales) Regulations 2017 Regulation 31	All staff have up to date CPR training.	S. Griffiths	Completed
18.	Dental materials and equipment were found to be out of date.	A robust system must be put in place to ensure that materials and equipment used in dental treatment are regularly checked, and expired items replaced.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(4)	Details of expiry dates for materials in place, reorder board up in staff room. Audits will take place for this.	S. Griffiths	Completed
19.	Anaesthetic injections were found to be pre-prepared and stored, rather than prepared at time of use.	Procedures must be updated to ensure that local anaesthetic injections are prepared at time of use, rather than pre-loaded.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(4)	Separate L.A. Packages now used.	S. Griffiths	Completed
20.	There was no system in place to track the dispensing of antibiotic medications.	A robust system must be put in place to track the dispensing of antibiotic medications.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(4)(a)	Books for dispensing of antibiotics as well as expiry dates now used.	S. Griffiths	Completed
21.	Patient records were being stored inappropriately.	Patient records must be stored securely.	The Private Dentistry (Wales) Regulations 2017 Regulation 20(2)	Patient records now stored in locked cabinets and behind locked doors.	S. Griffiths	Completed

22.	Waste oil from the compressor was being stored inappropriately, next to the compressor in an enclosed space.	The waste oil from the compressor must be disposed of in an appropriate manner.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(2)(a)	Waste oil removed, compressor due to be replaced by oil free version.	S. Griffiths	Before July 2025
23.	The wax impressions workstation was located on a dirty windowsill.	The workstation for working on wax impressions must be moved to a clean and hygienic area and cleaned regularly.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(5)	Moved to plastic box for ease of use and cleaning.	S. Griffiths	Completed
24.	Actions identified in the fire risk assessment had not been addressed.	A fire risk assessment for the practice must be completed, with an action plan put in place to address any issues identified.	The Private Dentistry (Wales) Regulations 2017 Regulation 22(4)	Fire risk assessment completed. Plan of action in place.	S. Griffiths	Completed
25.	Staff did not have appropriate or up-to-date training in fire safety awareness.	All staff must have annual fire safety awareness training.	The Private Dentistry (Wales) Regulations 2017 Regulation 22(4)	All staff trained in safety awareness.	S. Griffiths	Completed
26.	There was insufficient evidence that fire drills and regular testing of fire alarm systems were taking place.	A system must be put in place to regularly test fire alarms and carry out practice drills and log the results.	The Private Dentistry (Wales) Regulations 2017 Regulation 22(4)	Fire assessment book in use with weekly check and fire drills carried out.	S. Griffiths	Completed

27.	There was no record of up-to-date Portable Appliance Testing or Electrical Installation Condition Report.	An Electrical Installation Condition Report and Portable Appliance Testing must be carried out.	The Private Dentistry (Wales) Regulations 2017 Regulation 22(2)	Electrical installation condition report and PAT testing carried out.	S. Griffiths	Completed
28.	Actions identified in the Health and Safety risk assessment had not been addressed. COSHH materials were being stored inappropriately.	A Health and Safety Risk Assessment of the premises must be carried out and an action plan put in place to address any issues identified. This assessment should include trip hazards from electrical cables and storage of COSHH materials.	The Private Dentistry (Wales) Regulations 2017 Regulation 22(2)	Risk assessment carried out, trip hazards removed, COSHH materials stored correctly.	S. Griffiths	Completed
29.	Evidence could not be provided regarding some staff records to demonstrate their fitness to work.	Evidence must be provided to HIW of the following staff records: <ul style="list-style-type: none"> • DBS certificate for one nurse • Hepatitis B immunisation for one nurse. 	The Private Dentistry (Wales) Regulations 2017 Regulations 13(5) and 18	Evidence for both Hep B and DBS provided.	S. Griffiths	Completed
30.	Evidence could not be provided that all staff were appropriately covered by professional indemnity insurance.	Evidence must be provided to HIW that all staff are covered by up-to-date professional indemnity insurance.	The Private Dentistry (Wales) Regulations 2017 Schedule 3, Part 1, 7	All staff covered.	S. Griffiths	Completed

31.	Evidence could not be provided regarding some staff training records.	Evidence must be provided to HIW of the following training records for all staff: <ul style="list-style-type: none"> • Safeguarding of adults and children • IR(ME)R / Radiography • Infection Prevention and Control 	The Private Dentistry (Wales) Regulations 2017 Regulation 17(1)	All training carried out and certificates available.	S. Griffiths	Completed
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Sarah Griffiths

Job role: Dentist

Date: 13 May 2025

Appendix C - Improvement plan

Service: Cloverly Dental Practice

Date of inspection: 25 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.	A very limited amount of information was seen on display to promote good dental hygiene and oral health.	The registered manager must provide suitable information at the practice to promote good dental hygiene and oral health for patients.	Health and Care Quality Standards 2023: Information	New leaflets to be ordered, will discuss with my mentor	S. Griffiths	July 25
2.	We did not see evidence that a patient information leaflet was available to patients.	The registered manager must ensure that a patient information leaflet containing relevant information is readily available.	The Private Dentistry (Wales) Regulations 2017, Regulation 6 and Schedule 2	New Practice Information Leaflet will be produced	S. Griffiths	July 25
3.	The practice opening hours were not clearly displayed inside or outside the practice.	The registered manager must ensure that the practice opening hours and contact details to arrange	Health and Care Quality Standards 2023: Information	Opening hours now displayed inside and outside practice	S. Griffiths	Completed June 25

		emergency treatment are clearly displayed outside the practice.				
4.	Almost no written information was available in Welsh and the 'Active Offer' of Welsh was not being implemented.	The registered manager must seek support from the Health Board to implement an 'Active Offer' of Welsh, appropriate to the language needs of their patients.	The Welsh Language (Wales) Measure 2011	Will look into this as I am already learning Welsh	S Griffiths	July 25
5.	A disability access risk assessment had been carried out. However, there was limited evidence that actions identified in the assessment had been addressed.	The registered manager must review and implement any reasonable adjustments to ensure patients with mobility difficulties are able to safely access the service.	Equality Act 2010	Working with builders to provide a safer entrance with hand rails	S. Griffiths	August 25
6.	The practice had printed policy templates relating to Health and Safety and ensuring the premises were fit for purpose. However, these had not been updated with information to make it specific and relevant to the practice.	The registered manager must ensure that appropriate policies and procedures are in place about health and safety and ensuring the premises are fit for purpose, with information relevant to the practice.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)	Policies updated to be relevant to practice . Worked with mentor to do this	S Griffiths	May 25

7.	The Business Continuity Plan contained limited information specific to the practice.	The registered manager must review the Business Continuity Plan and ensure that it is completed with relevant information, specific to the practice.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(o)	Business continuity plan now redone to be more relevant to practice	S Griffiths	May 25
8.	The door to the decontamination room was left open and ventilation was solely through the opening of windows.	The registered manager should ensure the door to the decontamination room is kept closed and consider the installation of a ventilation system.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(5)	Working with mentor to install air flow to decontamination room.	S Griffiths	August 25? We will be having this done by Mr. givens build team
9.	Safety Plus syringes were not used at the practice. No guidance was in place to advise staff on preventative measures to take to reduce the risk of needlestick injuries or what to do following an injury.	The registered manager must ensure a risk assessment is in place setting out the preventative measures for reducing needlestick injuries and the protocol to follow in the event of an injury.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(5)	Meddle stick posters and procedures in decontamination room and surgery. Risk assement was done and you asked to see it after we did the HTMo report	S Griffiths	May 25
10.	The upholstery of the dental chair was damaged and should be replaced or repaired to enable effective cleaning.	The registered manager must repair or replace the upholstery of the dental chair.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(5)	Will get the chair reupholstered	S Griffiths	

11.	There was no medicines management policy in place, to support the effective handling, storage, use and disposal of medicines.	The registered manager must ensure that an appropriate medicines management policy is put in place.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(l)	Policy in place, books on medicines dispensed and to whom in place and used	S Griffiths	May 25
12.	An automatic processor was in place to develop X-ray images but was not in working order.	The registered manager must ensure that appropriate equipment and processes are in place to develop X-ray images.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	New developer in place	S Griffiths	Completed May25
13.	There was no quality assurance programme in place to routinely check X-ray equipment, audit dose levels, review image quality, processes and incidents.	The registered manager must ensure an appropriate programme is put in place to regularly check equipment used for X-ray imaging and audit that ionising radiation is used safely and effectively.	The Private Dentistry (Wales) Regulations 2017, Regulation 16	Quality contrails now carried out for every X-ray, and the developer as well.	S Griffiths	Completed May25
14.	We saw no evidence that patients were given sufficient information about the risks and benefits of exposure to ionising radiation.	The registered manager must ensure that patients are provided with information about the risks and benefits of exposure to ionising radiation.	Health and Care Quality Standards 2023: Information	Risk of and benefits of taking radiographs discussed with patients and noted in file along with radiograph results and standard	S. Griffiths	Completed May25

15.	The practice did not use Local Standards for Invasive Procedures (LocSSIPs) checklists, to minimise the risk of wrong site tooth extraction.	We recommend that the practice adopt the use of LocSIPPs checklists as an extra safety precaution.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(d)	We will look into this and download the checklists	S Griffiths	July 25
16.	We reviewed a sample of patient records and found that a very limited amount of information was being recorded.	The registered manager must ensure that patient records are complete and include all relevant information, in line with professional standards and guidance.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	We have read the FGDC Clinical Examination and Recordkeeping Good Practice Guideline book and put it into practice	S Griffiths	May 25
17.	We were told that staff did not have employment contracts.	The registered manager must ensure all staff have contracts of employment.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(3)	Staff have employment contracts	S Griffiths	May 25
18.	There was no evidence that regular performance management was being carried out.	The registered manager must ensure all staff have regular appraisals.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(4)	Staff appraisals will be carried out	S Griffiths	July 25
19.	There were policies and procedures in place, but generally these were generic	The registered manager must ensure that policies and procedures are relevant, specific to the	The Private Dentistry (Wales) Regulations 2017, Regulations 8(2) and 8(6)	Policies have now been extensively reviewed to make	S Griffiths	May 25

	templates and not updated to be relevant and specific to the practice. There was no evidence of a system in place to review and update documents regularly or to ensure that staff had read and understood them.	practice, regularly reviewed and updated as necessary.		them more relevant to the practice		
20.	We found no evidence that patient feedback was actively sought, reviewed or acted upon.	The registered manager must actively seek feedback from patients and act on any feedback received as appropriate.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(c)	I will implement patient feedback and have already started a suggestions box	S Griffiths	June 25
21.	The practice had a complaints procedure but this was not readily available patients.	The registered manager must ensure that up-to-date copies of the complaints procedure are readily available to patients.	The Private Dentistry (Wales) Regulations 2017, Regulation 21	Complaints forms now available for patients	S Griffiths	May 25
22.	There was no evidence that complaints were logged, reviewed or acted upon.	The registered manager must ensure that a system is put in place to ensure complaints and any subsequent actions are recorded and reviewed regularly.	The Private Dentistry (Wales) Regulations 2017, Regulation 21	Complaints received will be logged	S Griffiths	May 25

23.	Practice documents relating to the Duty of Candour required updating. Staff were unaware of their roles and responsibilities under the Duty.	The registered manager must ensure that all staff understand the requirements of the Duty of Candour and that an appropriate policy is in place.	The Duty of Candour Procedure (Wales) Regulations 2023	We have updated these documents and staff have read, understood and signed them	S Griffiths	May 25
24.	We found limited evidence of quality improvement activities taking place.	The registered manager must put a program in place to carry out regular clinical and non-clinical audits, to monitor and improve the service quality.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(1)	Working with mentor for several audits	S Griffiths	Ongoing from April 25
25.	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, Regulations 16(1) and 16(2)(d)	Already doing audits with mentor	S Griffiths	Ongoing from April 25

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): Sarah Griffiths

Job role: Dentist

Date: 30 June 2025