

General Dental Practice Inspection Report (Announced)

Mumbles Dental and Cosmetic Suite,
Swansea Bay University Health Board

Inspection date: 03 June 2025

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Mumbles Dental and Cosmetic Suite, Swansea Bay University Health Board on 03 June 2025.

Our team for the inspection comprised of a HIW Healthcare Inspector 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. We also spoke to staff working at the service during our inspection. In total, we received two responses from patients and four responses from staff at this setting. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found staff to be very friendly, polite and treated patients with kindness and respect. We found good levels of privacy for patients with reception separate to the two patient waiting areas.

The practice made efforts to accommodate unscheduled emergency treatment on the same day and was open one Saturday per month to accommodate patients unable to attend on weekdays.

There was a good amount of dental healthcare information available in both Welsh and English and found the 'Active Offer' of providing care in the Welsh language was promoted.

There was an up-to-date equality and diversity policy in place and equality and diversity training had been completed by practice staff. We found good arrangements to enable access to services including availability to care at a nearby branch practice, although this was not included in practice literature.

This is what we recommend the service can improve:

- To review the statement of purpose and practice information leaflet to reflect the accessibility issues at the practice.

This is what the service did well:

- Signs displayed to remind patients to inform the dental team of any changes in their medical history
- Stair lift installed for patients with impaired mobility
- A fully accessible branch practice was offered to patients in wheelchairs.

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. Appropriate arrangements were in place to ensure the practice remained fit for the purpose of providing dental care.

There was a dedicated decontamination area with suitable systems in place for decontaminating reusable dental instruments. However, this room was very small

and lacked good air in-flow. We also noted a potential hazard when transporting instrument using the stairs due to the location of the stair lift.

We reviewed the practice medicines management processes and found some areas relating to storage of dispensed medication and prescription pads which needed to be addressed. These were resolved at the time of the inspection.

In general, there was good compliance with regards to the use of X-ray machines at the practice with a well-maintained file indicating safe arrangements were in place for the use, maintenance and testing of the equipment, although X-ray plate audits needed to be more frequent.

Safeguarding policies and procedures were in place and based on the Wales Safeguarding Procedures. We found a safeguarding lead appointed and saw that all staff had appropriate up-to-date training in the subject.

Patient information and dental records were securely managed. We reviewed records which were detailed and easy to follow although we did identify some omissions that must be addressed.

This is what we recommend the service can improve:

- The autoclave pressure check is to be conducted daily
- To ensure that the audits of digital X-ray plates are conducted in a timely manner that complies with the practice protocols.

This is what the service did well:

- Comfortable areas for staff and patients
- Clean throughout the practice with good decontamination processes in place
- All contractors visiting the practice were required to undergo an induction which included a fire safety briefing
- Good fire safety compliance with evidence of up-to-date mandatory electrical and gas tests.

Quality of Management and Leadership

Overall summary:

We found clear reporting lines for staff and an effectively run practice with suitable arrangements for sharing relevant information across the team. Staff were found to be supported within their roles with evidence of regular appraisals. Compliance with mandatory staff training and professional obligations was good.

We saw good processes in place for obtaining patient feedback and evidence of a suitable complaints process in accordance with the practice policy. The practice

demonstrated a positive response to feedback and kept patients informed of any changes that were implemented.

While we identified several improvements were needed, we felt the practice was actively seeking to improve the service provided and had a good scheme of audits in place to assist in this process. Several audits were ongoing at the time of the inspection.

This is what we recommend the service can improve:

- To ensure induction records are signed by both the new employee and the supervisor to evidence that the new employee has achieved the necessary competency
- To ensure complaints are dealt with in accordance with the timeframes specified in the practice procedures.

This is what the service did well:

- We observed a good team spirit among staff
- Good compliance with mandatory training
- Risk assessments were in place for staff members where employment references had not been received
- Patients were informed of changes made as a result of their suggestions and feedback.

3. What we found

Quality of Patient Experience

Patient Feedback

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

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

“I received a caring and informative service from the practice. The dentist and staff were incredibly understanding and polite.”

Person Centred

Health Promotion

We saw patient information available in the reception and waiting areas including information about oral hygiene, diet and smoking cessation. Price lists for both NHS and private treatments were also on display in reception and waiting areas.

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 recent review. Copies of the statement of purpose and patient information leaflet were included on the practice website in both Welsh and English.

The names and General Dental Council (GDC) registration numbers for the current dental team were clearly displayed. Signage notifying patients and visitors to the practice that smoking was not permitted on the premises was displayed, in accordance with legislation.

Both respondents who answered the HIW questionnaire agreed they had their oral health explained to them by staff in a way they could understand and agreed 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 treated patients with kindness and respect. Surgery doors were kept closed during treatment, promoting patient privacy and dignity. Frosted glass and blinds were installed on the windows for additional privacy.

The reception desk and ground floor patient waiting area were in separate rooms, with a second waiting area on the first floor. This provided a good level of privacy for patients when reporting to reception. Reception staff were mindful of the need to maintain patient confidentiality when dealing with patients, including conversations over the phone. We were told sensitive phone calls and confidential patient discussions could be dealt with 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.

Individualised care

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

Both respondents who completed a HIW patient questionnaire agreed they were provided with enough information to understand the treatment options available and the associated risks and benefits. Both agreed that staff explained what they were doing throughout the appointment and felt they had been involved as much as they had wanted to be in decisions about their treatment.

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 email, telephone or face-to-face at reception.

Emergency treatment slots were scheduled every day into the dental programme to enable patients to access emergency treatment, with urgent calls triaged by staff to determine priority. We were told patients generally had to wait two to four weeks between each treatment appointment depending on which dentist was providing the treatment.

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 one Saturday per month, by appointment, to accommodate patients who had difficulties attending during weekday hours.

Both respondents who completed the questionnaire said it was 'very easy' to get an appointment when they need one.

Equitable

Communication and Language

We found written information displayed in the practice was available in Welsh and English and that suitable translation services were available for patients whose first language was not English.

We saw signage displayed promoting the Active Offer of providing a service in Welsh and were told that there were two Welsh speaking staff at the practice. We were told that they both wear 'laith Gwaith' devices to identify to patients that they could provide treatment in Welsh if required.

We found information available in other formats such as large print was available on request whilst numerous leaflets were available as easy read versions. 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 within their staff handbook and we saw evidence of training in this subject within the staff files we reviewed. Appropriate arrangements were in place to uphold the rights of transgender patients including the use of preferred names and pronouns.

Both respondents who completed the questionnaire confirmed they had not faced discrimination when accessing services provided by the practice.

There was one surgery located on the ground floor with two further surgeries located on the first floor. A stairlift was installed to assist patients with impaired mobility. However, there were several steps into the practice from the street. We also found the patient toilet to be very small which may present access difficulties for those with impaired mobility and was inaccessible for wheelchair users. We were told that patients in wheelchairs were asked to attend their branch practice which was fully accessible. However, these issues were not reflected in the practice patient information leaflet.

The registered manager must review the statement of purpose and practice information leaflet to reflect the accessibility issues at the practice.

Delivery of Safe and Effective Care

Safe

Risk Management

We found the premises appeared well-maintained and free from clutter and obvious hazards to patients. Internally, the practice was generally decorated and furnished to a good standard although some areas were limited in space, such as the toilet, kitchen and decontamination room.

We saw the practice had an appropriate up-to-date building maintenance policy. There was a business continuity policy in place with a list of procedures to be followed should it not be possible to provide the full range of services due to an emergency event. This included reciprocal arrangements with nearby dental surgeries and relevant contact numbers were displayed in each surgery.

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 current employer's and public liability insurance was in place. Staff were able to change in privacy and lockers were available for staff to store their belongings securely.

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.

A fire risk assessment had been completed with recommendations actioned. We saw that this was subject to annual review. Weekly fire alarm checks and regular fire drills were being recorded, and fire extinguishers had been serviced within the last year. Evacuation points were appropriately signposted and clear of obstructions.

We saw that all contractors visiting the practice were required to undergo an induction process which included relevant key policies and a fire safety briefing, which we considered good practice.

Our review of staff training records confirmed all staff members had completed up-to-date fire safety awareness training.

Infection Prevention and Control (IPC) and Decontamination

We saw an appropriate policy in relation to infection prevention and control processes with a designated infection control lead appointed. Cleaning schedules were used to support effective cleaning routines.

The dental surgeries were visibly clean and furnished to promote effective cleaning. However, we found arms on the seating in the upstairs waiting area were worn and could hinder effective infection prevention processes.

The registered manager must provide HIW with details of the action taken to address the worn seating to improve infection prevention and control.

Suitable handwashing and drying facilities were available in each surgery and in the toilet. Personal protective equipment (PPE) was readily available for staff use and safer sharp devices were in use to help prevent needlestick injuries. Needlestick protocols were available to advise staff of the action to take in the event of a sharps injury.

The practice had a designated decontamination room which we considered to be very small and lacked good air inflow. The practice may wish to consider how they may improve air in-flow as part of any future refurbishment work. The system to transport used instruments between surgeries and the decontamination room was described which included having to negotiate a stair lift, which we felt posed a hazard to staff. We discussed implementing a system for carrying the clean and dirty instrument boxes that allowed staff to keep one hand free for balance and stability.

We saw evidence of regular maintenance and annual infection control audits were completed in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05. Arrangements were demonstrated for cleaning and decontaminating reusable instruments. However, we found pressure checks for the autoclave were conducted on a weekly basis instead of daily.

The registered manager must ensure that the autoclave pressure check is conducted daily.

There were suitable arrangements in place for the separation and storage of clinical waste produced by the practice. We saw contracts were in place for the safe disposal of waste.

There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH), although we did discuss options for streamlining and better organising these folders to improve access.

All staff working at the practice had completed infection prevention and control training with evidence of this seen within the sample of staff files we reviewed.

Medicines Management

We saw an up-to-date policy was in place for the management of medicines at the practice. There were suitable processes in place for obtaining and disposing of drugs. We discussed ensuring that any adverse reactions to medicines were appropriately reported via the yellow card scheme. We found that dispensed medication and prescription pads were being stored unsecured. We raised this immediately with senior staff and requested that these items be stored in a locked cabinet.

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](#).

An up-to-date policy was in place for responding to medical emergencies and was based on current national resuscitation guidelines. We confirmed all staff had completed resuscitation training within the last year.

Equipment and medicines for use in the event of an emergency were inspected. We saw a suitable system in place for checking stocks and identifying when medicines were to be replaced. All items of equipment were available, and medicines were within their expiry date.

The first aid kit was checked and found to be in order. We found that the practice had an appropriate number of trained first aiders to ensure cover for staff holidays and 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. Information was on display in the waiting area to advise patients of the risks and benefits of having an X-ray.

We saw the required documentation was available to show safe arrangements were in place for the use of the X-ray equipment and that the required maintenance and testing had been carried out. An up-to-date radiation risk assessment was in place.

We saw appropriate procedures were in place to reduce the probability of accidental exposure and optimise patient dose levels. Radiation audits were carried out as part of the practice quality assurance programme, although we discussed improving the X-ray audits by including more detail and having a personalised report for individual staff. Furthermore, we found the last X-ray plate audit was dated 2022 while the practice protocols indicated these should be completed every six months.

The registered manager must ensure that a process is in place for the audit of digital X-ray plates that complies with the practice protocols.

We confirmed all staff who were involved in the use of X-rays had completed relevant training and saw evidence of this within their staff files.

Safeguarding of Children and Adults

We saw suitable up-to-date policy and procedures in relation to safeguarding. Safeguarding action flowcharts and relevant contact details were readily available for staff in the event of a concern. The practice had a safeguarding lead in place who had downloaded the Wales Safeguarding Procedures app to ensure they had up-to-date guidance.

All staff had up-to-date safeguarding training to an appropriate level and appeared knowledgeable about the subject. We were told that staff had access to support services in event of a concern, and the practice was in the process of obtaining additional wellbeing services.

Effective

Effective Care

We considered there to be sufficient suitably trained staff in place at the practice to provide patients with safe and effective care. We found staff were clear regarding their roles and responsibilities at the practice and that regulatory and statutory guidance was being obtained and followed as required. Recommended checklists were used to help prevent the risk of wrong tooth extraction.

Patient Records

A suitable system was in place to ensure records were managed safely and securely. Appropriate consent policies and processes were in place to uphold the rights of patient who lack capacity. We were told records were retained in line with the Private Dentistry (Wales) Regulations 2017.

We reviewed the dental care records of 10 patients. We saw evidence of full base charting, soft tissue examination and that recall was in accordance with NICE guidelines. However, we did identify some omissions in the records. While there was evidence of treatment planning, we found that treatment options were not always noted, and we found one record where the treatment provided was not recorded. We also found signed consent was missing in one record, and some X-ray exposures were not fully reported with image grading and justification missing.

The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.

In addition, we saw that patient language choice was not recorded in some of the records we reviewed. However, we were informed that the practice had already started asking patients for their language preference and recording this within their records.

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 further dental care 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 logged and followed up as necessary. A short notice list was in use to enable the practice to utilise cancelled appointments.

Quality of Management and Leadership

Staff feedback

Four staff members responded to the HIW questionnaire and responses were mainly positive. Comments relating to the patient dignity and staff wellbeing were positive, with all respondents being satisfied with the quality of care and support they gave to patients and agreeing that care of patients was the dental practice's top priority.

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

“My practice is very patient focussed, and management are keen to foster an environment where any concerns or ideas for improvement are shared and discussed. I feel very supported as a team member, and patient care is at the heart of the practice's ethos.”

“Management and all clinical team members are supportive... the practice is exceptional, and everyone cares for all patients and strive to provide the best care possible. I am proud to work for the company and do like to tell people where I work.”

Whilst all respondents felt that there were enough staff to allow them to do their job properly, one respondent disagreed that there was an appropriate mix of skills at the practice and felt that they were unable to meet the conflicting demands on their time at work.

Leadership

Governance and Leadership

The day-to-day operation of the practice is run by the principal dentists along with the practice manager and head dental nurse. We considered there was good leadership with clear lines of reporting described.

Suitable arrangements were described for sharing relevant information with the practice staff team. We saw minutes of the meetings were taken and made available for staff who were absent to ensure they remain up to date with work related matters.

We confirmed 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, had good version control and were emailed to staff to ensure they had seen the latest version.

All staff who completed the HIW questionnaire said that they would recommend the practice as a good place to work and agreed that they had fair and equal access to workplace opportunities. All felt the workplace was supportive of equality and diversity and confirmed that they had not faced discrimination within the workplace.

Workforce

Skilled and Enabled Workforce

In addition to the principal dentists and head nurse, the practice team consisted of two dentists, one hygienist, three dental nurses, a trainee nurse and two receptionists. We found senior managers to be open and approachable to staff, with regular interactions seen throughout our inspection.

We found the number and skill mix of staff were appropriate to deliver the dental services provided and were told that staff from the branch practice were utilised in the event of holidays and sickness. Agency staff would be used only on rare occasions with appropriate checks in place to verify their qualifications and competency. We found there was a good team spirit among staff members at the practice. A practice whistleblowing policy was available for staff to guide them should the need arise.

We were told compliance with GDC registration requirements was monitored by the practice manager.

An 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. However, we found that some induction records had either not been signed by the staff member or by the supervisor.

The registered manager must ensure that induction records are signed by both the new employee and the supervisor to evidence that the new employee has achieved the necessary competency to work at the practice.

We reviewed the personnel files of staff working at the practice. We saw that most staff had a valid Disclosure and Barring Service (DBS) certificate while the remainder were pending completion with interim risk assessments in place. All other necessary information to confirm staff suitability for their roles was available. Where there were instances where requests for employment references

had not been received, we found risk assessments in place which we considered appropriate.

Compliance with mandatory staff training was good and was monitored by practice management. We saw that staff had attended training on a range of topics relevant to their roles within the practice, including BOC online training relating to the safe operation of oxygen CD cylinders. There was evidence held in staff files confirming that they had work appraisals on a six-monthly basis.

Half of staff who responded to the HIW questionnaire agreed that they had appropriate training to undertake their role, whilst the others felt they were partially trained.

Some of the comments provided by staff were:

“Would really want to attend a course that would help me further my knowledge and understanding of my job role.”

“...as this is such a diverse role I feel having the opportunity to train further within different elements of my job will benefit both me and the business...”

The senior management team should reflect on this feedback and communicate further with staff to understand how best to ensure all staff feel adequately trained to carry out their duties at the dental practice.

Culture

People Engagement, Feedback and Learning

Various arrangements were described for seeking feedback from patients about their experiences of using the practice including a suggestions box and patient satisfaction questionnaires.

We were told that feedback is reviewed, assessed and discussed at practice team meetings. We found the practice had implemented several improvements as a result, including installing a stair lift, fitting blinds in the waiting room and high-visibility markings on steps. The practice communicated changes made in response to patient suggestions by displaying a ‘You said, we did’ notice within the patient waiting area.

We saw a written complaints procedure was displayed to guide patients who wanted to raise concerns about dental care provided at the practice. This also included details of other organisations that patients could approach for help and

support. We saw complaints were documented within a complaints folder and found these to be infrequent with no common issues identified. However, it was noted that the responses to one complaint were not within the timeframes specified in the practice procedure.

The registered manager must ensure complaints are dealt with in accordance with the timeframes specified in the practice procedures.

Both respondents who answered the patient questionnaire told us they had been given information on how the practice would resolve any complaints post-treatment.

We saw the practice had a Duty of Candour policy which provided guidance and set out staff responsibilities. We saw evidence to confirm that Duty of Candour training had been completed by staff. We were told that there have 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 that patient safety incidents would be recorded within the practice incident book. Appropriate methods were described for sharing this information with staff and with the wider NHS.

The practice had appropriate data protection, email and internet use policies to help ensure safe handling and storage of patient information.

Learning, Improvement and Research

Quality Improvement Activities

It was evident that the practice was seeking to continuously improve the service provided. There appeared to be a good scheme of audits, with cross infection, healthcare waste and disability access audits already completed. Several other audits, including clinical notes and smoking cessation were in progress at the time of the inspection. The results of these would be assessed to help inform decision making by the management team.

We were told that peer reviews of clinical staff were conducted at the practice and that recognised team development and quality improvement training tools were used with additional ones planned.

Whole Systems Approach

Partnership Working and Development

Although the practice does not engage in a health care cluster group, suitable arrangements were described for engaging with other services, such as safeguarding teams, general practitioners and pharmacists enabling better co-ordinated healthcare for patients and the wider community.

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 that dispensed medication and prescription pads were being stored, unsecured.	Patients and visitors could be put at risk as medication was accessible. Pads could be stolen and misused leading to illegal access to medication and controlled substances.	We raised this immediate with senior staff.	Drugs and prescription pads were moved to a locked cabinet. Relevant policies were amended accordingly.

Appendix B - Immediate improvement plan

Service: Mumbles Dental and Cosmetic Suite

Date of inspection: 03 June 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
No immediate improvements were identified on this inspection.					

Appendix C - Improvement plan

Service: Mumbles Dental and Cosmetic Suite

Date of inspection: 03 June 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
We found the patient toilet to be very small present access issues for those with impaired mobility and wheelchair users. We were told that wheelchairs would be asked to attend a branch practice which was fully accessible	The registered manager must review the statement of purpose and practice information leaflet to reflect the accessibility issues at the practice.	Quality Standard - Equitable	We have updated our statement of purpose and information leaflets which are accessible through our website.	Jenna Phillips- Practice Manager	Completed 31/07/2025
Arms on the seating in the upstairs waiting area were worn and could	The registered manager must provide HIW with details of the action taken to address the worn seating to improve	Regulation 13(6)(b)(i) - The Private Dentistry (Wales) Regulations 2017.	We are in the process of sourcing a new sofa to replace the current sofa - daily cleaning is currently	Nicholas Packer	End of December 2025

hinder effective infection prevention processes.	infection prevention and control.		in place until we find a replacement.		
Pressure checks for the autoclave were conducted on a weekly basis instead of daily.	The registered manager must ensure that the autoclave pressure check is conducted daily.	Regulation 13(3)(b)	This has been implemented by the nursing team. The pressure checks now being conducted daily by the dental nursing team.	Nicholas Packer, Rachel Gronow, Charlotte Clark and Ellen Humphries	Effective from 04/06/2025
The last X-ray plate audit was dated 2022 while the practice protocols indicated these should be completed every six months.	The registered manager must ensure that a process is in place for the audit of digital X-ray plates that complies with the practice protocols.	Regulation 7 - The Ionising Radiation (Medical Exposure) Regulations 2017.	Since the inspection we have located the relevant audits and have supplied a copy to HIW on 31/07/2025	Nicholas Packer, Rachel Gronow, Caroline Stevens Deganello and Charlotte Clark	31/07/25
We identified some omissions in the patient records including...	The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.	Regulation 20(1)(a)(i) & (ii)	The practice is currently running an in-house 'clinical recording keeping' audit. Upon completion, a review of findings will be collated and discussed in a practice meeting with relevant training where needed.	Nicholas Packer and Rachel Gronow	August 2025

Some new employee induction records had either not been signed by the employee or by the supervisor.	The registered manager must ensure that induction records are signed by both the new employee and the supervisor to evidence that the new employee has achieved the necessary competency to work at the practice.	Regulation 17(3)(a)	This has since been implemented and in house refresher training has been conducted.	Nicholas Packer, Rachel Gronow and Jenna Phillips	Effective from 04/06/2025
The responses to one complaint were not within the timeframes specified in the practice procedure.	The registered manager must ensure complaints are dealt with in accordance with the timeframes specified in the practice procedures.	Regulation 21	Staff refresher training has been implemented to assure that all complaints are dealt with in accordance with the practice policy and the importance of signing the complaint once resolved.	Nicholas Packer, Rachel Gronow and Jenna Phillips	04/06/25

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): Edward Nicholas Packer
Job role: Registered Manager/ Practice Owner
Date: 31/07/2025