

General Dental Practice Inspection Report (Announced)

Wilson Road Dental Practice, Cardiff
and Vale University Health Board

Inspection date: 04 June 2025

Publication date: 04 September 2025



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

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

In writing:

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

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



Contents

1. What we did.....	5
2. Summary of inspection	6
3. What we found.....	9
• Quality of Patient Experience	9
• Delivery of Safe and Effective Care	13
• Quality of Management and Leadership	19
4. Next steps	22
Appendix A - Summary of concerns resolved during the inspection	23
Appendix B - Immediate improvement plan.....	24
Appendix C - Improvement plan	27

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 Wilson Road Dental Practice, Cardiff and Vale University Health Board on 04 June 2025.

Our team for the inspection comprised of two HIW healthcare inspectors and a dental peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 15 questionnaires were completed by patients and 6 were completed by staff. Feedback and some of the comments we received appear throughout the report.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patient feedback was positive with the majority of rating the setting as 'very good' or 'good'. Comments from patients highlighted friendly staff and clear explanations from clinicians.

The practice demonstrated person-centred, respectful and dignified care with privacy always maintained. Patients who responded to the questionnaire said they were well informed about treatment options and costs. Appointments were arranged efficiently by phone or in person, with emergency slots available within 24 hours. We saw limited information available to promote good oral health and dental hygiene.

The practice had use of translation services and patient information was accessible in various formats. Although no staff spoke Welsh, provisions were in place to accommodate language needs. Equality and diversity were promoted, with reasonable adjustments being made for accessibility and inclusive practice for transgender patients.

This is what we recommend the service can improve:

- 'No Smoking' signs need to be displayed
- Oral health and dental hygiene information leaflets to be made available.

This is what the service did well:

- Arrangements were in place to protect the privacy of patients
- Names and GDC numbers of staff available with identifiable photos.

Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well decorated, clean and generally in good repair. However, we found a hot water tap was not working which required fixing. We found dental surgeries were well equipped and fit for purpose and a dedicated decontamination room was available where processes were well organised and suitably documented.

There was an adequate policy in place for safe management of medicines. However, the practice did not have a dedicated medical fridge which posed an

infection control risk. Medical emergency equipment was routinely checked; however, we found some equipment missing which was rectified on the day.

We saw evidence of suitable equipment and building maintenance. However, the practice could not provide a gas safety certificate for the newly installed boiler. A range of risk assessments were available. However, we found the fire risk assessment inadequate and required reviewing.

We reviewed patients records and noted areas which required improvement.

Immediate assurances:

- Large amount of paper patient records stored in the basement, no organisation system in place and possible fire risk
- Basic fire risk assessment in place with some areas not completed.

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

This is what we recommend the service can improve:

- Medical fridge to be implemented for the storage of dental materials
- Provide evidence of a gas safety certificate for newly installed boiler
- Member of staff to be trained in first aid
- Patient records must be completed appropriately at all times.

This is what the service did well:

- Evidence was available for fire equipment maintenance and weekly checks
- Dental equipment was being adequately maintained
- Wales Safeguarding Procedures were being used to protect children and adults at risk.

Quality of Management and Leadership

Overall summary:

On the day of the inspection, we found the practice manager to be welcoming, friendly and committed to providing a positive patient experience. We saw there was a clear management structure in place with clear lines of accountability.

We found an adequate range of policies and procedures in place which were reviewed regularly. Practice meetings were held regularly and circulated amongst staff effectively. There was a suitable recruitment process in place. However, we noted areas for improvement such as reviewing references and ensuring appropriate Disclosure and Barring Service checks are carried out.

In general, compliance with mandatory staff training and professional obligations was good, although an appropriate first aider must be trained and appointed. We found evidence of clinical audits being undertaken such as infection prevention and control (IPC), antimicrobials, and smoking cessation. However, the X-ray and patient record audits required improving.

This is what we recommend the service can improve:

- X-ray and patient record audit to be reviewed to ensure they appropriately identify necessary improvements
- Implement follow up procedure for suspected oral cancer referrals
- Pre-employment checks to be appropriately completed.

This is what the service did well:

- A range of policies and procedures were regularly reviewed and available for staff.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW questionnaire were positive. We asked patients how they would rate the service provided by the setting. Fourteen patients responded with eleven saying 'very good' and three saying 'good'.

Patient comments included:

"The dentist gave a very good explanation to why I have been suffering pain and bad gums..."

"Whole family uses this practices services, and we have never had a bad experience. Staff have always been friendly."

Person-centred

Health promotion and patient information

The statement of purpose and patient information leaflet were available upon request from reception and were located within a patient information booklet. We found both documents contained all the information required under the Private Dentistry (Wales) Regulations 2017. Information on NHS and private charges were displayed in the waiting areas. We saw some information posters available in the waiting area regarding smoking cessation and tooth brushing. However, this information was limited and there were no information leaflets available in the patient areas to promote good dental hygiene and oral health.

The registered manager must ensure patients have access to information leaflets promoting good dental hygiene and oral health.

The names and General Dental Council (GDC) registration numbers of all staff members were displayed alongside photos of each staff member so they were easily identified. We did not see any signs displayed notifying patients and visitors to the practice that smoking was not permitted on the premises.

The registered manager must display no smoking signs within the premises.

The practice telephone number was displayed clearly outside the premises. The opening times and out of hours emergency dental number were visible on the front door when the practice was open; however, these were not visible when closed due to shutters being used. The practice manager confirmed this information was available on the practice voicemail outside of opening hours.

Dignified and respectful care

We found the practice helped to maintain dignity and respect for patients at all times. All patients who responded to the HIW questionnaire agreed that staff treated them with dignity and respect. During the inspection we observed staff being polite, friendly and treating patients with kindness and respect. The GDC nine core principles of ethical practice were displayed in the downstairs waiting room and were available in English and Welsh.

We reviewed an adequate confidentiality agreement which was reviewed and signed by all staff. The reception desk was located within the downstairs waiting room and there was a separate waiting room upstairs. We were told if patients wanted to discuss confidential details they could have a discussion in private within a room beside reception. A cordless phone was also available to allow telephone discussions in private. There were solid doors to clinical areas which were kept closed during treatment to maintain privacy.

Individualised care

We reviewed a sample of ten patient records and confirmed appropriate identifying information for each patient was available.

All respondents who completed the HIW questionnaire said they were given enough information to understand the treatment options available to them and said the cost was made clear to them before receiving treatment. Respondents to the patient and staff questionnaire confirmed patients were involved as much as they wanted to be in decisions about their treatment.

Timely

Timely care

The practice arranged appointments by telephone or in person at reception and we heard telephone lines working effectively on the day. There was no online booking system available to patients.

We were advised the average waiting times between treatment appointments was two weeks but could be prioritised earlier if necessary. We were told patients can access emergency appointments by calling the practice at any time during opening hours and they would be seen within 24 hours. The practice ensured patients were

able to access care at a time suitable to them; this included prioritised appointment slots outside of school time for children.

We were told reception staff would inform patients verbally in person or by telephone if there were any delays with appointments. Posters were displayed in the waiting rooms asking patients to speak to the reception team if they had been waiting for over 10 minutes. 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

We were informed none of the staff at the practice were able to speak Welsh. When asked, the practice manager told us staff could have Welsh language training provided by the practice if interest was shown. We were assured if patients wanted to speak Welsh or needed any other language this would be accommodated through Language Line or staff also had use of online translation services.

We saw patient information such as the complaints policy and NHS administration forms were available in English and Welsh. We were told the practice did not receive support from the health board to enable them to implement the 'Active Offer' of receiving care in the Welsh language.

The registered manager is required to provide HIW with details of the action taken to improve the implementation of the 'Active Offer.'

We were told patient information was available in different formats such as large print or easy read when requested. Patients without digital access could request appointment reminders by letter if required, otherwise information was sent by email or text message.

Rights and equality

The practice had adequate and up to date policies and procedures in place to promote equality and diversity.

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

All respondents who answered the HIW questionnaire told us they had not faced discrimination when accessing services provided by the practice.

We found the practice had reasonable adjustments in place to ensure the setting was accessible to all. A ramp was available at the entrance to the building when requested and a high-level chair was provided in the waiting room for patients. A surgery was located on the ground floor allowing access to those who could not use stairs.

Delivery of Safe and Effective Care

Safe

Risk management

We saw that all internal and external patient-facing areas were generally well decorated and visibly tidy. We saw a kitchen area available to staff and toilet facilities on the first floor which staff were able to use as changing facilities. There were two waiting rooms available, and each were of an appropriate size for the practice. The employer's liability certificate was available and displayed in the waiting room downstairs. We found dental equipment was in good working condition and single use items were in use where appropriate.

While the building was generally maintained and equipped to an appropriate standard, we did note a ceiling spotlight at the bottom of the stairwell was coming away from its fixture. This was fixed during the inspection. In addition, we did not see any sanitary disposal within the patient toilet. We were told this was available in the staff toilets and patients could use it on request. We advised the register manager to relocate the sanitary disposal bin to the patient toilet. It was also noted the hot tap was not working in the patient toilet. It was recommended the registered manager arrange to have the tap fixed.

The registered manager must ensure the hot tap is fixed within the patient toilet.

The registered manager must provide a sanitary disposal bin within the staff toilet.

A range of health and safety risk assessments were in place and the health and safety executive poster was displayed in the staff kitchen area. We observed stock was being stored at a high level in some areas, requiring staff to use a ladder for access. The practice manager explained this was due to limited storage space on the premises. To reduce the risk of injury and enhance staff safety, we advised relocating stock to a more accessible height.

The registered manager must ensure all stock is stored securely and appropriately.

We saw in date Portable Appliance Testing (PAT) and five yearly fixed wire testing had been completed. The boiler within the practice had recently been installed in February 2025. We were provided with an email stating the installation date,

however, no gas safety certification was made available upon request on the day of inspection.

The registered manager must provide evidence of a gas safety certificate for the newly installed boiler.

We examined fire safety documentation and found adequate maintenance contracts in place. Fire extinguishers were available around the premises and had been serviced within the last year. We saw appropriate fire signage displayed, and evidence was seen of weekly checks undertaken on fire equipment. All staff had completed fire safety training with certification available.

However, we saw a plug socket by the reception desk which had been overloaded with extension cables. The registered manager told us that this was not common practice and had only been done to show the inspectors an appliance was in working order.

When inspecting the compressor in the basement of the building, we found a large amount of paper patient records being stored. The paper records were near the electrical fuse box and electrical wires. We felt this posed an immediate fire risk. In addition, on review of the practice fire risk assessment we found it was limited in specific detail relating to the setting, and did not outline the measures in place relating to the inappropriately stored paper records. Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Infection, prevention and control (IPC) and decontamination

We found appropriate infection prevention and control policies and procedures in place to maintain a safe and clean clinical environment. Cleaning schedules were available to support the effective cleaning of the practice.

We saw personal protective equipment (PPE) was readily available for all staff and the practice had suitable hand hygiene facilities available in each surgery and in the toilets. We were informed there was appropriate Occupational Health support available to staff if required and needlestick flow charts were displayed in surgeries to help staff should such an injury occur.

The practice had a designated room for the decontamination and sterilisation of dental instruments. The decontamination room was well maintained with appropriate processes and equipment in place to safely transport instruments around the practice. However, we did note one of the boxes used to transport

dirty instruments was not labelled. Staff added a label to the box during the inspection.

We found decontamination equipment was regularly tested and was being used safely. We saw evidence of staff IPC training and the practice had completed the Welsh Health Technical Memorandum 01-05 audit at six monthly intervals.

We found the practice had an appropriate contract in place for handling and disposing of waste, including clinical waste. We saw evidence of appropriate arrangements in the practice for handling substances which are subject to Control of Substances Hazardous to Health (COSHH).

Most respondents to the HIW questionnaire (11/15) said the practice was very clean and most (12/13) said infection prevention and control measures were being followed.

Medicines management

We found the practice had an appropriate medicines management policy in place which had been reviewed by all staff.

We saw evidence that staff recorded medicines administered to patients in their notes and we were told patients were given information about medicines prescribed.

We found the practice had a fridge within the kitchen which was being used for food items as well as medical items such as patient impressions and dental materials. The storage of medical items alongside food stuffs can risk harm to staff and patients due to cross-contamination. Upon further investigation, we found that the medical items being stored within the fridge were out of date. The registered manager immediately removed these items during the inspection. We also noted there was no thermometer available for daily records of temperature checks.

The registered manager must:

- **Store medical items separate to food items in a fridge and keep a daily log of the temperature to ensure they remain viable**
- **Implement a robust procedure to ensure all medical materials are checked on a regular basis and kept in date.**

We saw the practice had an up-to-date medical emergency policy which was reviewed annually. We looked at staff training records and found all staff members had up-to-date training in cardiopulmonary resuscitation (CPR). Staff had all completed a training course for the general principles of first aid. However, there

was no qualified first aider working at the practice. Having no trained first aider risked any person not receiving timely assistance.

The registered manager must ensure an adequate provision of qualified first aiders.

We inspected the equipment in place to deal with a medical emergency and found bag-valve masks in sizes 0, 1 and 2 were missing. We also found hypodermic needle size 25G was available but sizes 23G and 21G were missing. This was resolved on the day. Further details on the actions taken by the practice are detailed in [Appendix A](#).

The registered manager must ensure all medical emergency equipment is listed on the checklist to ensure it is available.

We found prescription pads were stored securely; however, there was no log of the numbers on the prescriptions. We advised all prescription numbers to be documented to prevent issues of lost prescriptions and knowledge of disposed prescriptions. A log of prescription numbers was created for each prescription pad during the inspection, therefore resolving the issue on the day.

Safeguarding of children and adults

We saw evidence the practice had an appropriate and up-to-date safeguarding adult and children policy in place. The policy included external contact details for local safeguarding teams.

The practice had an appointed safeguarding lead who told us they had access to the Wales Safeguarding Procedures through the smartphone app. We were told the safeguarding lead shares this information with other staff members and we saw a poster about the safeguarding procedures displayed in the staff kitchen.

We looked at a sample of staff training records and saw staff had up-to-date safeguarding training to an appropriate level. The safeguarding lead had completed training to level three which is considered good practice.

Management of medical devices and equipment

We found medical devices and clinical equipment were in good working condition and suitable for purpose. Reusable devices were disinfected appropriately, and arrangements were in place to promptly address any system failures.

We viewed evidence of servicing documents for the compressor which had been completed within the last year.

Documentation was in place to evidence the safe use of X-ray equipment, and an appropriate warning sign was displayed at each surgery. We viewed evidence of maintenance records for X-ray equipment and local rules were displayed near to each X-ray set in each surgery. However, it was noted the Radiation Protection Supervisor (RPS) information needed to be updated within the local rules.

The registered manager must update details of the RPS in the local rules.

Effective

Effective care

We found the practice had safe arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. We found staff were following advice of relevant professional bodies and knew where to find information when required. We noted the practice had a poster detailing the Local Safety Standards for Invasive Procedures (LocSSIPs) to help minimise the risk of wrong tooth extractions. However, the use of the checklists were not recorded in the clinical notes or on paper records.

The registered manager must fully implement and document the use of Local Safety Standards for Invasive Procedures (LocSSIPs).

Patient records

We saw an appropriate records management and consent policy in place. The practice held current patient records on a digital system and medical histories were recorded on paper and kept in a lockable cabinet. As mentioned previously in the report, we found a large amount of paper patient records stored inappropriately in the basement. We were not assured the practice could easily locate patient information from these records and some records were deteriorating and potentially illegible. Information on the actions taken by the service in respect of this matter are outlined in [Appendix B](#).

We reviewed a sample of 10 patient records. We found the records were contemporaneous. We saw every record had patient identifiers and reason for attending being recorded. However, we noted the following areas which required improvement:

- There was no area available for the dentist to countersign the paper medical history form completed by patients
- None of the records we reviewed contained smoking cessation advice
- Only one record contained a language preference check
- Two of the records we checked documented that adult patients had incorrectly been given oral hygiene advice for children

- Treatment plan costs were not recorded in clinical notes
- Clinicians were using the 1, 2, 3 grading system for X-rays, when current practice is to grade X-rays as acceptable or not acceptable
- 2 of the 7 applicable records we checked did not have any grading for X-rays
- Some of the referral codes on the applicable patient records were either incorrect or missing
- Patient emergency contact details were not kept on the digital system for any of the records we reviewed
- One patient had incorrect charting of a filling.

The registered manager must ensure complete and accurate patient records are always kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines.

Alongside the omissions identified above, we did not find a robust follow up procedure was in place for suspected oral cancer patients.

The registered manager must ensure a robust follow up procedure is in place for suspected oral cancer patients.

Efficient

Efficient

We found the facilities and premises were appropriate for the services being delivered. Clinical sessions were managed efficiently, and the number of clinicians was sufficient for the service provided. We were told patients requiring urgent care were prioritised where possible.

Quality of Management and Leadership

Staff feedback

Staff who responded to the HIW questionnaire provided positive comments. All those who responded felt the facilities and environment were appropriate to ensure patients received the care required. Staff felt patient care was a top priority and patients were informed and involved with care decisions. All those who responded agreed the practice is a good place to work and would be happy for family to receive care at the practice.

Staff comments included:

“I enjoy working at the practice. Most days are completely stress free. We all support each other. It’s just a wonderful place to work”

Leadership

Governance and leadership

We found a clear management structure in place to support the running of the practice. We saw evidence staff meetings were held monthly and noted suitable discussions around diary management, emergency appointments and the active offer. These were attended by all staff members and those not in attendance were updated using messaging systems.

We saw evidence the registered manager updated policies and procedures on a routine basis. Staff members had access to these policies within a policy folder.

Workforce

Skilled and enabled workforce

In addition to management, the team comprised of five dentists, one therapist, five qualified nurses and one nurse in training. We were told the practice has not used agency staff within the last year. We found an appropriate system in place to ensure a suitable number of staff were working at any time.

We saw suitable policies in place to ensure the safe recruitment of new employees’. The practice used an induction checklist for the induction of new staff members to ensure staff understood their specific role and information relating to the practice. We were told any performance issues would be discussed with individual staff members and a disciplinary procedure would be followed.

We reviewed five staff records and found suitable checks were in place for health screening documentation, GDC registration and professional indemnity. However, we observed the following areas which required improvement:

- Two staff members did not have any reference checks available
- One staff member had a basic Disclosure and Barring Service check when an enhanced check is required.

The registered manager must review their employment procedures to ensure pre-employment checks are appropriately completed and records are routinely reviewed to ensure compliance.

We reviewed a sample of five staff training records and found all staff members had completed their mandatory training with up-to-date certification in place.

Staff had access to an inhouse training system which could be monitored by management. We found details of staff up-to-date training in each personal file. We were told extra training is made available to staff when requested. Of those who responded to the HIW questionnaire, staff said they felt they had appropriate training to undertake their role and said they had fair and equal access to workplace opportunities.

Culture

People engagement, feedback and learning

The practice had a comments box at reception where patients could leave feedback. We were informed patients could also provide feedback verbally in person or over the phone to staff members. We were told feedback was routinely checked by the registered manager. We viewed a 'you said, we did' poster in the ground floor reception area which noted changes which had been made following patient feedback.

The practice had an appropriate complaints policy which was reviewed yearly, which was available in English and Welsh. This was displayed in the reception area and copies were available on request. The policy included timescales for complaints, an escalation process if required and contact information for external bodies.

We were informed the practice manager was responsible for complaints. If the complaint was regarding the practice manager, a clinician would take responsibility. We saw evidence of complaints being recorded within a dedicated complaints folder where they were monitored for common themes.

We viewed a satisfactory duty of candour policy which outlined roles and responsibilities of staff members. Staff were confident in describing the process and had completed duty of candour training.

Information

Information governance and digital technology

The practice used a mix of electronic and paper system to manage patient records, policies and procedures and staff training records. We saw an accident reporting system in place. We were told information was shared with staff members in team meetings or by email.

Learning, improvement and research

Quality improvement activities

We saw audits for infection control, hand hygiene, smoking cessation and antimicrobials. The practice was also making use of quality improvement tools available to them through Health Education and Improvement Wales (HEIW). However, when examining the X-ray audit, we found the practice was completing a data log and not an audit.

The registered manager must review their X-ray audit procedure and ensure an audit is completed which is fit for purpose.

Due to the omissions we found within the patient notes, as stated earlier in the report, we were not assured the patient record audit was adequate and must be reviewed.

The registered manager must review the patient record audit and complete an audit which is fit for purpose.

Whole-systems approach

Partnership working and development

We were told the practice maintains a good working relationship with their local health board and is part of Cardiff South West primary care cluster.

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
Masks size 0, 1 and two were missing and needles 23G and 21G missing.	Items not available to appropriately treat patients or staff in the event of a medical emergency.	Raised to registered manager	Items were bought and placed in the medical emergency bag on the day of the inspection.

Appendix B - Immediate improvement plan

Service: Wilson Road Dental Surgery

Date of inspection: 4 June 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.	We found a large amount of paper patient records being stored in the basement. The paper records were in close proximity to the electrical fuse box and electrical wires. On review of the practice fire risk assessment, we found it was limited in specific detail relating to the setting. We were not	A fire risk assessment must be undertaken by a competent fire safety professional to put arrangements in place to prevent fire and keep staff and patients safe.	The Private Dentistry (Wales) Regulation 2017, Regulation 22(4)(f)	Although it isn't mandatory to have an external fire risk assessment, we have taken the recommendation on board and have arranged to have an external fire risk assessment. A fire risk assessment has been booked and will be carried out by an external company on 18 th June 2025 at 12:00pm.	Rahul Sood	1 week

	assured the fire risk assessment was adequate or being followed by the registered manager.			<p>Attached are the following certificated:</p> <p>1.Fire Awareness Training for all staff.</p> <p>2.Basic Health and Safety.</p> <p>3. Fire Marshall Education</p> <p>All these certificates were provided to the inspectors on the day of inspection.</p>		
2.	We were not assured the fire risk assessment was adequate or being followed by the registered manager.	Evidence must subsequently be provided to HIW that action has been taken to address all the potential fire risks identified in the fire risk assessment.	PD(W)R, Regulation 22(4)(a)	<p>We have arranged an external fire risk assessment</p> <p>The boxes were removed from the basement on the day of inspection. Photographic evidence has already been provided to HIW.</p>	Rahul Sood	Already Done.
3.	We found a large amount of paper patient records stored inappropriately in the basement. We were	Patient records must be stored in accordance with professional guidelines and	PD(W)R, Regulation 20(a)(b)	Attached is our records management and data quality policy. This policy addresses the issue of patients record	Rahul Sood	Already Done

not assured the practice could easily locate patient information from these records and some records were deteriorating and potentially illegible.	destroyed appropriately in line with the relevant period.		management. The patient records that were requested by the inspector on the day of inspection were provided to them.	
--	---	--	---	--

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: Rahul Sood

Name (print): Rahul Sood

Job role: Practice Manager

Date: 13 June 2025

Appendix C - Improvement plan

Service: Wilson Road Dental Practice

Date of inspection: 4 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
1.	There were no information leaflets available in the patient areas to promote good dental hygiene and oral health.	The registered manager must ensure patients have access to information leaflets promoting good dental hygiene and oral health.	Health and Care Quality Standards 2023, Information.	Oral Health promotion for adults and children leaflets have been printed and kept in the waiting area. We have also approached Colgate and Oral B to send more leaflets.	R Sood	Completed
2.	We did not see any signs displayed	The registered manager must display no smoking	The Smoke-free Premises and Vehicles (Wales)	This action was completed whilst	S Kc	Completed

	notifying patients and visitors to the practice that smoking was not permitted on the premises.	signs within the premises.	Regulations 2020, Section 13(2)	the inspectors were on site. No smoking signs were displayed in both the waiting areas.		
3.	We were told the practice did not receive support from the health board to enable them to implement the 'Active Offer' of receiving care in the Welsh language.	The registered manager is required to provide HIW with details of the action taken to improve the implementation of the 'Active Offer.'	The Private Dentistry (Wales) Regulations 2017, Regulation 13 (1)(a)	We have emailed the Health Board regarding any help available regarding Active Offer. The practice owner and practice manager have started the HEIW course training resource to support workforce planning for the Welsh language on the Y Ty Dysgu website on Active offer.	R Sood will contact local HB to find out more about "Active Offer" support available from the health Board	Completed
4.	It was noted the hot tap was not working in the patient toilet.	The registered manager must ensure the hot tap is fixed within the patient toilet.	The Private Dentistry (Wales) Regulations 2017, Regulation 22 (2)(b)	A plumber was called on the evening of the inspection and the	Grenville	Completed

				tap has been fixed.		
5.	One sanitary disposal bin available within the patient toilet.	The registered manager must provide a sanitary disposal bin within the staff toilet.	The Private Dentistry (Wales) Regulations 2017, Regulation 22 (2)(c)	Another sanitary bin has been ordered, received with our waste collection company and placed in patient toilet.	R Sood	4 weeks
6.	We observed stock was being stored at a high level in some areas, requiring staff to use a ladder for access.	The registered manager must ensure all stock is stored securely and appropriately.	The Private Dentistry (Wales) Regulations 2017, Regulation 22 (2)	Only very light mask boxes were stored on the higher shelves. The stock levels were higher than normal as the Welsh government kept sending us PPE. We are restricted on storage space at our premises. Those boxes have now been removed.	Jenny	Completed

7.	We were provided with an email stating the installation date, however, no gas safety certification was made available upon request on the day of inspection.	The registered manager must provide evidence of a gas safety certificate for the newly installed boiler.	The Private Dentistry (Wales) Regulations 2017, Regulation 22 (2) Gas Safety (Installation and Use) Regulations 1998 Section 4	The email stated that the certificate will follow in due course. We chased the gas engineer on the day of inspection for the certificate. The certificate has now arrived in the post and filed in our practice folder.	R Sood	Completed
8.	We found the practice had a fridge within the kitchen which was being used for food items as well as medical items such as patient impressions and dental materials.	The registered manager must store medical items separate to food items in a fridge and keep a daily log of the temperature to ensure they remain viable	The Private Dentistry (Wales) Regulations 2017, Regulation, 13(4)	A new smaller fridge has been ordered to store clinical materials. The existing fridge will be used for staff food storage. We do not store impressions in the fridge anymore. Please see attached the temperature record sheet.	J Sims	Completed

9.	We found that the medical items being stored within the fridge were out of date.	The registered manager must implement a robust procedure to ensure all medical materials are checked on a regular basis and are in date.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)	Any material in the fridge is checked for expiry dates before given to the patients. The fridge will be regularly checked to see the expiry dates on the whitening material. All expired material has been disposed. New material will be ordered according to demand. See attached the monthly material expiry date check log.	R Sood	Completed
10.	There was no qualified first aider working at the practice.	The registered manager must ensure an adequate provision of qualified first aiders.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(1) Health and Safety (First Aid) Regulations 1981 (3)	All staff and Dentist working at the practice have online first aid training. Certificates were available and	R Sood	6-8 weeks

				presented at the time of inspection. We will book live first aid course for staff soon.		
11.	We found bag valve masks size 0, 1 and 2 were missing. We also found hypodermic needle size 23G and 21G missing.	The registered manager must ensure all medical emergency equipment is listed on the checklist to ensure it is available.	The Private Dentistry (Wales) Regulations 2017, Regulation 31 (3)(b)	All medical emergency equipment is listed on the checklist. The missing masks were procured on the day of inspection. The needles were ordered on the day and arrived the following morning.	R Sood	Completed
12.	It was noted the Radiation Protection Supervisor (RPS) information needed to be updated within the local rules.	The registered manager must update details of the RPS in the local rules.	The Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 6	The local rules have been updated.	R Sood	Completed

13.	We noted the practice had a poster detailing the Local Safety Standards for Invasive Procedures (LocSSIPs) to help minimise the risk of wrong tooth extractions. However, the use of the checklists were not recorded in the clinical notes or on paper records.	The registered manager must fully implement and document the use of Local Safety Standards for Invasive Procedures (LocSSIPs).	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)(a)	All dentists have been advised to document the use of LocSSIPs in their notes	P Sood	Completed
14.	We noted many areas where improvement was required due to information not being recorded in the patient record.	The registered manager must ensure complete and accurate patient records are always kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)(a) GDC Standards Principle Four 4.1	All dentists have been made aware about the deficiencies in their record keepings and how to improve them. The practice will repeat an audit on the record keeping in three months.	P Sood	Completed

15.	We did not find a robust follow up procedure was in place for suspected oral cancer patients.	The registered manager must ensure a robust follow up procedure is in place for suspected oral cancer patients.	The Private Dentistry (Wales) Regulations 2017, Regulation 13 (9)(a)	The dentists have been advised to call the suspected oral cancer patient 2 week after the referral, to confirm if they have been called by the hospital. This is in addition to the procedure already in place, where the dentists refer the suspected oral cancer patients on the same day appropriately and advise the patient to let us know if they do not hear from the specialist within two weeks. They are provided with their referral number as well. The patients are also encouraged to	Confirmed with all dentists by P Sood	Completed
-----	---	---	--	---	---------------------------------------	-----------

				keep their 3 monthly check up appointments. All findings, patient consent for referral and referral number are documented in patient notes.		
16.	Two staff members did not have any reference checks available. One staff member had a basic Disclosure and Barring Service check when an enhanced check is required.	The registered manager must review their employment procedures to ensure pre-employment checks are appropriately completed and records are routinely reviewed to ensure compliance.	The Private Dentistry (Wales) Regulations 2017, Regulation 18(2)(e)	One staff member has been at the practice for over 20 years We have a DBS check for her and have carried out a risk assessment on her. We have now completed an enhanced DBS check on the staff member who only had a basic check.	R Sood	Completed
17.	When examining the x-ray audit, we found the practice was completing a	The registered manager must review their X-ray audit procedure and ensure an audit is	The Private Dentistry (Wales) Regulations 2017, Regulation 16(1)(a)	The percentage of non-acceptable x-rays were calculated and	S Kc	Completed discussion on improvement changes. A new Audit to be

	data log and not an audit.	completed which is fit for purpose.		dentists informed accordingly. Another Xray audit to be completed over next 3-6 months.		completed in 3-6 months.
18.	Due to the omissions found within the patient notes, we were not assured the patient record audit was adequate must be reviewed.	The registered manager must review the patient record audit and complete an audit which is fit for purpose	The Private Dentistry (Wales) Regulations 2017, Regulation16(1)(a)	All dentists have been informed about the improvements required in their notes. Record keeping audit to be completed in 3 months	R Sood	Completed discussion for improvement in record keeping. Another audit to be completed in 3 months.

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): Rahul Sood

Job role: Registered Manager

Date: 28/07/2025