

# General Dental Practice Inspection Report (Announced)

Llanishen Dental Centre, Llanishen,  
Cardiff

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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 Llanishen Dental Centre, Llanishen, Cardiff on 10 June 2025.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 31 questionnaires were completed by patients and 9 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 inspection was undertaken.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found that staff at Llanishen Dental Centre were committed to providing a positive experience for their patients.

The premises provided a pleasant environment for patients, with a bright and welcoming reception area. The practice was all on the ground floor with level access, making the four surgeries easily accessible.

We observed staff treating patients in a polite, friendly and professional manner. A good range of information was provided to patients about the service and treatments provided.

This is what we recommend the service can improve:

- Carry out an accessibility audit
- Put systems in place to regularly review patient feedback.

This is what the service did well:

- Good provision of information about the practice and services
- Patients rated the service as very good.

### Delivery of Safe and Effective Care

Overall summary:

We found the practice to be generally well maintained and organised. Dental surgeries were well equipped and fit for purpose. The practice was generally clean, tidy and free from clutter.

The practice had a range of policies and procedures, with work ongoing to populate an electronic system. However, further work was needed to ensure all required documents were in place and available to staff.

Patient records were of a good standard with consistent recording of clinical information.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we consider to be good practice.

This is what we recommend the service can improve:

- Designate and enable staff to lead on specific clinical topics
- Carry out a health and safety risk assessment for the practice
- Install appropriate ventilation in the decontamination room.

This is what the service did well:

- Well-maintained and safe clinical equipment
- Appropriate arrangements to deal with medical emergencies
- A designated safeguarding lead was in place and trained to level three.

## Quality of Management and Leadership

Overall summary:

The practice was owned and managed by the two principal dentists, ensuring clear lines of accountability. However, there was no designated lead for infection prevention and control (IPC) nor for decontamination processes. During discussions, some members of staff highlighted that there was no practice manager and felt that more robust direction was needed to drive service improvement and help them provide a more effective service.

We were told there had been extensive use of agency staff in the months prior to the inspection and some staff felt that staff numbers were insufficient.

Staff records were kept in a clear and organised way and a programme of work was ongoing to use an electronic system for the storage and use of policies and procedures.

This is what we recommend the service can improve:

- Ensure staff have regular appraisals
- Put robust systems in place to monitor and identify staff training requirements
- Set up and carry out a formal programme of audits
- Ensure that appropriate pre-employment records are kept when employing agency staff.

This is what the service did well:

- The management team demonstrated a positive approach to making improvements.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

HIW issued a questionnaire to obtain patient views on the care at Llanishen Dental Centre. In total, 31 were completed and overall, the responses were positive. All respondents rated the service provided by the dental practice as 'very good.'

Patient comments included:

*"Very good dental practice with helpful staff."*

*"Great dental service. Friendly and welcoming."*

*"Excellent team here - From reception to dentists to hygienists. Well done!"*

*"A professional practice with excellent dentists. I feel listened to and fully involved in my treatment decisions. I am nervous and [Dentist] is very kind, patient and an excellent dentist. I would not go anywhere else for my dental treatment."*

#### Person-centred

##### Health promotion and patient information

We saw a good range of leaflets and posters in the reception and patient waiting areas. These included information about the service and treatments provided, and information promoting good oral health, including smoking cessation.

The practice Statement of Purpose was available at the premises and on the practice website. A patient information leaflet was available at the practice, however this was not on the practice website.

**The registered manager must ensure that a copy of the patient information leaflet is available on the practice website.**

Information was displayed showing staff names and roles with their General Dental Council (GDC) registration numbers.

All respondents to the HIW questionnaire who provided an opinion said that staff explained their oral health clearly and provided aftercare instructions on how to maintain good oral health.



### **Dignified and respectful care**

We saw staff treating patients in a polite, friendly and professional manner.

Doors to surgeries were kept closed during treatment, and external windows were obscured where needed to preserve patient privacy and dignity. Music was played in the waiting area to promote privacy. A small office off the reception area was available for patients wanting a confidential discussion.

Treatment prices were clearly displayed in the reception area. The nine core ethical principles of practice, as set out by the GDC were displayed in both English and Welsh, setting out what patients should expect from dental professionals.

The practice had up-to-date Employer's Liability Insurance and a copy of the certificate was on display.

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

Patient comments included:

*"We have received excellent care from [Dentist] for many years. He always takes the time to clearly check our understanding of treatment needed. He has been very supportive and considerate to my young son who gets nervous attending the dentist and helped him build his confidence."*

*"A big thank you to my dentist. He always fits me in the same day if I have pain and is very kind. I am very pleased with his professional manner and the treatment has made me feel more confident. Everyone at the practice is welcoming."*

### **Individualised care**

We reviewed a sample of ten patient records and confirmed that appropriate identifying information and signed medical histories were included.

We did not see visual reminders for patients to inform clinicians of any change to their medical history, and the practice may wish to consider displaying signage to prompt patients.

All respondents to the HIW questionnaire who provided an opinion said that staff gave them enough information to understand which treatment options were available, and the risks and benefits of these.

## **Timely**

### **Timely care**

We were told that clinical staff informed reception of any delays so patients could be kept informed and given the option to re-book their appointment if desired. The practice opening hours were clearly displayed by the front door, in the patient information leaflet and on the practice website.

Staff told us that every effort was made to accommodate emergency appointments with morning and afternoon sessions kept available daily for each dentist. Emergency appointments were prioritised based on patient symptoms and clinical need. Staff explained that patients calling the practice out of hours would hear a voicemail message with instructions about how to access emergency treatment.

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**

Patients could book appointments by telephone or in person at reception, which helped to ensure patients without digital access could arrange treatment.

Staff told us that they had access to translation services over the telephone to assist any patients that didn’t speak English.

### **Rights and equality**

We saw that the practice had an equality policy and a section in the staff handbook, which described protected characteristics and procedures to ensure staff and patients did not suffer discrimination.

Staff told us that preferred names and/or pronouns were recorded on patient records, which ensured that transgender patients were treated with respect.

The practice was on the ground floor with level access from the car parking area and throughout, enabling wheelchair users and those with mobility difficulties to access the services. A bell at the front door enabled patients to call for assistance if needed. The bell was not functioning on our arrival; however, this was rectified during the inspection.

Some adjustments had been made to accommodate the needs of patients with mobility difficulties, including grab handles in the patient toilet. The patient toilet was not wheelchair accessible and staff told us that they would assist patients or offer use of the staff toilet if needed. However, we noted that the staff toilet was not fitted with grab handles.

Chairs in the waiting area had arms, and three chairs were on risers to enable easier use by patients. The reception desk had a lowered section for wheelchair users and there was a designated parking space in front of the practice for disabled patients.

We advised that an accessibility audit would assist in identifying further potential improvements that could be made.

# Delivery of Safe and Effective Care

## Safe

### Risk management

We found the premises to be generally clean, well-maintained, and free from obvious hazards. However, there was evidence of water damage in some places. The owners confirmed that there were issues with water ingress from the roof and work to resolve this was ongoing with the leaseholder for the building.

We saw evidence of up-to-date Portable Appliance Testing (PAT), five-yearly electrical installation inspection and annual gas safety check. There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

There were policies in place about health and safety (H&S) and maintenance of the building and equipment. However, there was no H&S risk assessment in place for the practice.

**The registered manager must ensure that a H&S risk assessment is carried out and that any actions identified are addressed.**

The practice did not have finalised procedures for business continuity and disaster recovery. Staff told us that this was in the process of being drafted.

**The registered manager must ensure that appropriate policies and procedures are in place regarding business continuity.**

We reviewed documents relating to fire safety and found there was a fire risk assessment in place. This had been conducted by in-house staff and we advised that an assessment should be carried out by suitably qualified and experienced persons. Staff confirmed and provided evidence that a fire risk assessment had been booked with an external contractor, to take place within a week of the inspection.

Fire escape routes were clearly signposted and fire extinguishers were mounted and indicated appropriately with evidence of regular servicing and maintenance. 'No smoking' signs were clearly displayed. We saw some evidence of escape routes being checked and fire drills taking place, however records were inconsistent.

**The registered manager must ensure that regular checks of fire protection measures are carried out and recorded, including fire drills.**

There were records to show that fire protection equipment and systems had been checked and maintained. However, there was no formal contract or document to specify what checks were required and how often.

**The registered manager must put systems in place to specify the frequency of servicing and maintenance of fire protection equipment and systems.**

Staff had access to changing facilities and storage for personal items. The staff toilet and the mixed-gender patient toilet were visibly clean, had suitable hand washing and drying facilities and sanitary disposal units.

There were appropriate procedures in place for the disposal of waste. There was a secure clinical waste storage unit to the front of the premises.

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

Surgeries were visibly clean and arrangements were in place to ensure a good standard of infection control. These included appropriate infection control policies and procedures and cleaning schedules. However, there was no designated IPC lead. We advised that an IPC lead should carry out checks on cleaning regimes to ensure standards were maintained and identify any areas requiring improvement.

**The registered manager should designate a member of staff to lead on IPC matters.**

We noted that some wipe-clean upholstery, including on dental chairs, was worn which could make effective cleaning more difficult.

**The registered manager must repair or replace worn upholstery in clinical areas.**

The practice had a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. We found the decontamination room to be clean and organised with facilities enabling compliance to a good standard. However, there was inadequate ventilation in place. The owners told us that this was already being considered with plans to install a ventilation system.

**The registered manager must ensure that the decontamination room has adequate ventilation in place.**

The procedures for processing, decontamination and sterilisation of dental instruments were appropriate and well understood by staff. Appropriate checks on decontamination equipment were carried out and recorded.

We checked a sample of four staff records and saw evidence that staff were suitably immunised against Hepatitis B.

All respondents to the HIW questionnaire said that the practice was ‘very clean’, and that infection prevention and control measures were evident.

### **Medicines management**

There was a medicines management policy in place, and procedures for the safe use, storage and disposal of medicines. A designated fridge was used to store medicines with daily temperature checks carried out. Controlled drugs were seen to be stored securely and staff described appropriate procedures for their disposal.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be appropriate with equipment and emergency drugs being in-date and regular checks carried out.

We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR). Staff did not have additional training in the safe use of oxygen cylinders, further to Patient Safety Notice (PSN) 041. This was addressed immediately after the inspection with staff confirming that the training had been completed.

Three members of staff were designated first aiders and first aid kits were well stocked and readily available.

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

Policies and procedures on safeguarding of adults and children were in place and available to all staff. These included flowcharts and external contact details.

We reviewed a sample of staff records and saw evidence of appropriate and up-to-date training in the safeguarding of children and adults. There was a nominated safeguarding lead, with training to level three which we consider to be good practice.

Staff were aware of the Wales Safeguarding Procedures and we saw that they had access to the mobile phone application.

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

We reviewed documentation about the use of X-ray equipment and found appropriate records of equipment in use, maintenance and local rules. However, some parts of the radiographic file required completion and updating. These included having a policy for carers and comforters and ensuring protocols for each type of X-ray were in place.

**The registered manager must ensure that all relevant documentation relating to X-ray equipment is in place.**

We noted that there was no quality assurance programme in respect of written procedures and protocols for medical devices.

**The registered manager must put a quality assurance programme in place regarding written procedures and protocols for medical devices.**

Staff described auditing work carried out on the use of ionising radiation. We advised that the Quality Improvement Tool for Ionising Radiation provided by Health Education and Improvement Wales (HEIW) be used as a guide.

We reviewed staff training records and saw that staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

## **Effective**

### **Effective care**

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients in line with regulatory and statutory guidance. However, we noted that the practice did not use Local Safety Standards for Invasive Procedures (LocSSIPs) checklists which can help reduce the risk of wrong site tooth extraction.

**The registered manager must adopt the use of LocSIPPs checklists to help provide safe care for patients undergoing invasive procedures. We also recommend that the LocSIPPs flowchart is placed in each dental surgery.**

### **Patient records**

Patient records were held electronically and appropriately. However, there was no records management policy in place.

**The registered manager should ensure a records management policy is put in place.**

We reviewed a sample of ten patient records and found generally good recording of clinical information, with consistent and detailed notes. Each record had the initial medical history and subsequent updates, recorded and signed by both patient and dentist. We saw evidence of full base charting, soft tissue examination and that treatment planning and options, and baseline Basic Periodontal Examination (BPE) were recorded where appropriate. All records indicated that recall was in accordance with National Institute for Health and Care Excellence (NICE) guidelines.



# Quality of Management and Leadership

## Staff feedback

In total, nine members of staff completed the HIW questionnaire. Generally, the responses were positive regarding the environment, facilities, cleanliness and the quality of patient care. However, the majority of those who responded did not believe there were enough staff to enable them to work effectively, almost half the respondents did not agree that the practice took positive action on their health and well-being and the majority were unaware of occupational health support. However, eight out of nine respondents said they would recommend the practice as a good place to work.

Staff comments included:

*" Communication needs to improve to all staff."*

*"I feel we would benefit from more 'in-house' training."*

## Leadership

### Governance and leadership

Prior to the inspection we identified that following the retirement of the previous owner, no application had been made to HIW to designate a new Registered Manager. This is a serious breach of the Private Dentistry (Wales) Regulations 2017, and we instructed the practice to take urgent action. This was addressed immediately with an application made to HIW and this was ongoing at the time of inspection.

There were clear management structures in place and we observed a commitment to providing a high standard of service and a positive attitude to making improvements. During discussions, some members of staff highlighted that there was no practice manager and felt that more robust direction on compliance issues would help them provide an effective service. Staff suggested one way of achieving this would be through having designated and empowered leads on specific matters, such as IPC or decontamination. The owners stated that they were reviewing options, including whether to appoint a practice manager.

**The registered manager should review how best to deliver an effective service, taking staff views into account.**

The practice held regular team meetings, with minutes shared with any staff unable to attend.

We found that performance management was managed informally and that staff did not have regular appraisals.

**The registered manager must ensure staff have regular appraisals.**

A range of policies and procedures were in place and a new electronic system was being used to store and manage these. However, work was ongoing with some documents yet to be in place.

**The registered manager must ensure that all relevant policies and procedures are in place, reviewed regularly and made available to staff.**

## **Workforce**

### **Skilled and enabled workforce**

An appropriate recruitment policy was in place. This included details of pre-employment checks to be carried out, including proof of identity, the right to work, qualifications, vaccinations and checks using the Disclosure and Barring Service (DBS).

We reviewed a sample of staff records and saw evidence that staff were registered with the GDC and covered by professional indemnity insurance, and had appropriate DBS checks carried out.

We were told that there had been regular use of agency staff at the practice due to staffing issues, which included accommodating maternity leave and changes to staff working patterns. Evidence of appropriate pre-employment checks on the agency staff used was made available during and immediately following the inspection. We advised that the practice needed to either conduct their own pre-employment checks on agency staff or have written assurance from the agency that appropriate pre-employment checks had been completed and were up to date.

Staff feedback in the HIW questionnaire included the following comment:

*" There is sometimes staffing issues which leaves no decon nurse - this puts pressure on everyone."*

**The registered manager must ensure systems are in place and records kept, to demonstrate that appropriate pre-employment checks have been completed when using agency staff.**

**The registered manager must review staffing levels to ensure there are sufficient numbers of suitably qualified and experienced staff at the practice.**

We reviewed staff training records and found good compliance with mandatory training requirements and well organised records. However, we did not see evidence of an effective training matrix or management system in use to ensure compliance and recommended that one be put in place.

Two members of staff that responded to the HIW questionnaire felt they would benefit from more training. The practice may wish to reflect on this and how to best identify staff training requirements.

## **Culture**

### **People engagement, feedback and learning**

Patient feedback was actively sought by the provision of a suggestion box in the waiting area.

There was a 'you said, we did' poster in the waiting area to highlight actions taken because of feedback. This was incomplete at the time of inspection. However, staff were able to give an example where patients had expressed difficulty in getting in and out of chairs, and risers had been fitted.

An appropriate complaints procedure was in place and readily available at reception. This included how to raise a complaint, timescales for response and how to escalate an issue if needed.

There was a complaints log in place and staff told us that feedback and complaints were discussed during team meetings. We advised that a more formal system should be put in place to gather, log and review feedback and complaints, and to identify any themes or recurring issues.

**The registered manager must ensure that feedback and complaints are gathered, logged and reviewed regularly to enable themes or recurring issues to be identified.**

## **Learning, improvement and research**

### **Quality improvement activities**

The practice had a Quality Assurance Statement on display at reception, outlining the aims of the practice. However, policies and procedures about service improvement needed more detail, such as which clinical and non-clinical audits would be carried out and how the outcomes would be shared and taken forward.

We saw evidence of some audits being carried out, including antibiotic prescribing, radiography, record keeping and health and safety. However, there was no evidence of audits having been undertaken in relation to smoking cessation, healthcare waste or IPC in line with WHTM 01-05. We were also told that the practice did not use quality improvement training tools, and we recommended that these be considered.

**The registered manager:**

- must put a documented programme in place to carry out regular clinical and non-clinical audits, to monitor and improve the service quality
- should review the adoption of quality improvement training tools.

## 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
There was a fire risk assessment in place, conducted by in-house staff. We advised that an assessment should be carried out by suitably qualified and experienced persons.	An appropriate fire risk assessment helps to minimise the risk to patients in the event of a fire.	This was raised with the practice owners.	Staff confirmed that a fire risk assessment had been booked with an external contractor, to take place within a week of the inspection.
Following the retirement of the previous owner, no application had been made to HIW to designate a new Registered Manager.	Regulations require that a registered manager be in place to ensure appropriate management of the practice.	This was raised with the practice owners prior to the inspection.	This was addressed immediately with an application made to HIW and this was ongoing at the time of inspection.
Staff did not have additional training in the safe use of oxygen cylinders, further to Patient Safety Notice (PSN) 041.	Staff must be trained to use equipment safely.	This was raised with the practice owners.	This was addressed immediately after the inspection with staff confirming that the training had been completed.

## Appendix B - Immediate improvement plan

**Service:** Llanishen Dental Centre

**Date of inspection:** 10 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.	No immediate assurance or non-compliance issues were identified.					

## Appendix C - Improvement plan

**Service:** Llanishen Dental Centre

**Date of inspection:** 10 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.	A patient information leaflet was available at the practice, however this was not on the practice website.	The registered manager must ensure that a copy of the patient information leaflet is available on the practice website.	The Private Dentistry (Wales) Regulations 2017, Regulation 6	Patient leaflet to be made available on website. To be done by contacting website management company.	Rhys Loxton	4 weeks
2.	There was no H&S risk assessment in place for the practice.	The registered manager must ensure that a H&S risk assessment is carried out and that any actions identified are addressed.	The Private Dentistry (Wales) Regulations 2017, Regulation 8	Health and safety risk assessment to be carried out by appropriate agency and any identified issues to be addressed.	David Morgan	12 weeks
3.	The practice did not have finalised procedures for	The registered manager must ensure that appropriate policies and	The Private Dentistry (Wales) Regulations 2017, Regulation 8	To finalise procedures and have a written business continuity	David Morgan	12 weeks



	business continuity and disaster recovery.	procedures are in place regarding business continuity.		and disaster recovery plan in place.		
4.	We saw evidence of escape routes being checked and fire drills taking place, however records were inconsistent.	The registered manager must ensure that regular checks of fire protection measures are carried out and recorded, including fire drills.	The Private Dentistry (Wales) Regulations 2017, Regulation 22	Regular checks to be undertaken and documented of all fire protection measures and fire drills.	Rhys Loxton	Actioned
5.	Fire protection equipment and systems had been checked and maintained. However, there was no formal contract or document to specify what checks were required and how often.	The registered manager must put systems in place to specify the frequency of servicing and maintenance of fire protection equipment and systems.	The Private Dentistry (Wales) Regulations 2017, Regulation 22	Assessment and formal contract to be put in place with appropriate fire safety company for all fire safety equipment and systems.	Rhys Loxton	12 weeks
6.	There was no designated IPC lead.	The registered manager should designate a member of staff to lead on IPC matters.	The Private Dentistry (Wales) Regulations 2017, Regulation 13	Appropriate member of staff to be designated as IPC lead.	David Moran	4 weeks
7.	Some wipe-clean upholstery, including on dental chairs, was worn which could	The registered manager must repair or replace worn upholstery in clinical areas.	The Private Dentistry (Wales) Regulations 2017, Regulation 13	All worn upholstery to be repaired or replaced.	Rhys Loxton	6 months due to potential replacement

	make effective cleaning more difficult.					ordering times.
8.	The decontamination room had inadequate ventilation. The owners told us that plans to install a ventilation system were ongoing.	The registered manager must ensure that the decontamination room has adequate ventilation in place.	The Private Dentistry (Wales) Regulations 2017, Regulation 13	Ventilation system to be installed as planned to improve airflow.	David Morgan	6 months
9.	Some parts of the radiographic file required completion and updating.	The registered manager must ensure that all relevant documentation relating to X-ray equipment is in place.	The Private Dentistry (Wales) Regulations 2017, Regulation 13	Radiographic file to be fully completed and updated.	David Morgan	12 weeks
10.	There was no quality assurance programme in respect of written procedures and protocols for medical devices.	The registered manager must put a quality assurance programme in place regarding written procedures and protocols.	The Private Dentistry (Wales) Regulations 2017, Regulation 13	An appropriate quality assurance programme to be put in place for written procedures and protocols.	Rhys Loxton	6 months
11.	The practice did not use Local Safety Standards for Invasive Procedures (LocSSIPs) checklists, to minimise the risk of	The registered manager must adopt the use of LocSIPPs checklists to help provide safe care for patients undergoing invasive procedures. We also	The Private Dentistry (Wales) Regulations 2017, Regulation 13	LocSSIPs checklists to be used for all patients undergoing invasive procedures and flowcharts to be	Rhys Loxton	4 weeks

	wrong site tooth extraction.	recommend that the LocSIPPs flowchart is placed in each dental surgery.		placed in each surgery.		
12.	There was no records management policy in place.	The registered manager should ensure a records management Policy is put in place.	The Private Dentistry (Wales) Regulations 2017, Regulation 8	An appropriate records management policy to be put in place using compliance software.	David Morgan	16 weeks
13.	Staff indicated that more robust management would help enable compliance and effective service provision.	The registered manager should review how best to deliver an effective service, taking staff views into account.	The Private Dentistry (Wales) Regulations 2017, Regulation 16	A more robust management system to be planned and put in place to improve effective service and take staff views into account.	Rhys Loxton	6 months
14.	Staff did not have regular appraisals.	The registered manager must ensure staff have regular appraisals.	The Private Dentistry (Wales) Regulations 2017, Regulation 17	Regular staff appraisals to be undertaken at regular intervals.	David Morgan	4 weeks
15.	Some required policies and procedures were not in place.	The registered manager must ensure that all relevant policies and procedures are in place, reviewed regularly and made available to staff.	The Private Dentistry (Wales) Regulations 2017, Regulation 8	Any missing policies and procedures to be put in place.	David Morgan	20 weeks

16.	We advised that the practice needed to either conduct their own checks on agency staff or have written assurance from the agency that appropriate checks had been completed and were up to date.	The registered manager must ensure systems are in place and records kept, to demonstrate that appropriate checks have been completed when using agency staff.	The Private Dentistry (Wales) Regulations 2017, Regulation 18	Agency to provide all required details and documents for any agency member to be working at the practice.	Rhys Loxton	4 weeks
17.	Some staff expressed concern about staffing levels.	The registered manager must review staffing levels to ensure there are sufficient numbers of suitably qualified and experienced staff at the practice.	The Private Dentistry (Wales) Regulations 2017, Regulation 17	Staffing levels to be reviewed and new staff to be employed as required to keep staffing levels satisfactory.	Rhys Loxton	20 weeks
18.	A more formal system should be put in place to gather, log and review feedback and complaints, and to identify any themes or recurring issues.	The registered manager must ensure that feedback and complaints are gathered, logged and reviewed regularly to enable themes or recurring issues to be identified.	The Private Dentistry (Wales) Regulations 2017, Regulation 16	A formal system to be put in place to log and review feedback and complaints. This will be used to identify and remedy any themes or issues.	David Morgan	16 weeks
19.	There was no evidence of audits about smoking	The registered manager: <ul style="list-style-type: none"> <li>• must put a documented</li> </ul>	The Private Dentistry (Wales) Regulations 2017, Regulation 16	A documented programme to be put in place to carry out	Rhys Loxton	20 weeks

cessation, healthcare waste or the IPC audit in line with WHTM 01-05. The practice did not use quality improvement training tools.	<p>programme in place to carry out regular clinical and non-clinical audits, to monitor and improve the service quality</p> <ul style="list-style-type: none"> <li>• should review the adoption of quality improvement training tools.</li> </ul>		clinical and non-clinical audits using new installed digital compliance software. Quality improvement training tools to be used.		
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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):** Rhys Loxton

**Job role:** Practice Principal

**Date:** 20 July 2025