

General Dental Practice Inspection Report (Announced)

Severn Dental, Aneurin Bevan
University Health Board

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Severn Dental, Aneurin Bevan University Health Board on 01 July 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 spoke to staff working at the service during our inspection. In total, we received 19 responses from patients and five responses from staff at this setting. Some questions were skipped by some respondents, meaning not all questions had responses. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patients provided positive feedback about the care and service provided by the dental practice. All respondents to the HIW questionnaire rated the service as 'good' or 'very good.'

We found staff treated patients with kindness and respect and saw good standards of patient privacy were maintained. Whilst there was an equality and diversity policy in place, staff had not completed training in this subject at the time of the inspection.

There was a range of information available throughout the practice and patients said they had received enough information to understand treatment options and their risks and benefits. However, we felt there was scope for additional information to be made available to patients.

Appointments were made via telephone or in person, enabling patients without digital access to arrange treatment. Most patients said it was easy to get an appointment, although several were unaware of how to access out of hours dental services.

This is what we recommend the service can improve:

- To review the emergency contact numbers to ensure the correct information is consistently available to patients
- To take action to implement the 'Active Offer' of providing a Welsh language service
- Ensure patients preferred choice of language is checked and any action taken to address any language needs are recorded within the patient records
- To make information readily available in alternative formats.

This is what the service did well:

- Well presented and comfortable reception and waiting area
- Extended opening hours on Tuesdays and Wednesdays to enable access for patients unable to attend during daytime working hours
- Conscious sedation service available for anxious patients
- Fully accessible to wheelchair users and patients with impaired mobility.

Delivery of Safe and Effective Care

Overall summary:

We saw the dental practice was well maintained, appeared very clean and was decorated to a high standard. Patient areas were uncluttered and free of hazards.

There were good arrangements with regards to the use of X-ray machines, with evidence of safe processes in place for the use, maintenance and testing of the equipment.

Appropriate arrangements were in place for the safeguarding of children and vulnerable adults with a lead appointed and staff trained in the subject. There was good compliance with fire safety requirements, medicines management and handling of clinical waste.

Patient dental records were very good, detailed and easy to follow with evidence that medical history was checked, consent obtained, and treatment plans in place.

This is what we recommend the service can improve:

- To ensure future infection prevention and control audits fully align with the Welsh guidelines.

This is what the service did well:

- Recommended checklists were being used to help prevent wrong tooth extractions
- The decontamination room was well organised with good processes demonstrated
- Good arrangements for safe sedation services
- Business continuity arrangements with branch practices in place.

Quality of Management and Leadership

Overall summary:

We found senior management were committed to providing a high-quality service with evidence of further ongoing developments to improve and expand services offered. All staff who responded to the HIW questionnaire said the practice was supportive of equality and diversity and would recommend the practice as a good place to work.

There was a good range of policies and procedures in place that were regularly reviewed, easily accessible and countersigned by staff. Compliance with mandatory training and professional obligations was good, with effective monitoring by the practice management team.

An appropriate recruitment process was in place with the required pre-employment checks made to ensure staff were fit to work at the premises. There was a good scheme of clinical audits in place as part of the practice's quality improvement activity with just a smoking cessation audit outstanding.

While there were some improvements identified, overall, we felt the practice was well managed.

This is what we recommend the service can improve:

- To maintain full evidence of staff hepatitis vaccinations and test results.

This is what the service did well:

- A fully documented induction process which was signed off by senior staff
- 'You said, we did' notice on displayed informing patients of changes made based on their feedback
- Effective use of external management systems such as Eden and NHS Compass
- Positive response to feedback with several recommendations actioned either during or shortly following the inspection.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 19 respondents rated the service as ‘good’ or ‘very good.’

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

“Very friendly and welcoming.”

“Staff super friendly, very settling. Room very clean. Even though I hate the dentist the staff make it bearable.”

Person Centred

Health Promotion

We found some appropriate healthcare information available in the patient waiting areas including smoking cessation and advice regarding the risks and benefits of dental X-rays. The practice also used digital screens within waiting areas to provide additional information which runs on a loop. However, there was scope for additional relevant written information to be made available, such as healthy diet, oral cancer, and preventative oral hygiene. We did not see information in the patient waiting area relating to the conscious sedation service provided.

The registered manager must provide HIW with details of action to be taken to provide patients with further relevant healthcare advice.

The names and General Dental Council (GDC) registration numbers for the current dental team and the GDC core ethical principles of practice were clearly displayed in the waiting area. We saw that both NHS and private treatment charges, and the practice complaints process were also on display.

Signage was displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with legislation.

All respondents who answered the question in the HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could

understand and most said that staff had provided them with aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

During the inspection, we observed that staff were polite, friendly and treated patients with kindness and respect. We found the reception team extremely welcoming. We found signed confidentiality agreements within the staff personal folders that we reviewed. We were told that patients who undergo sedation are allowed time to recover in the dental chairs with appointment times extended as necessary.

We saw that surgery doors were kept closed when dentists were treating patients, and that windows had frosted glass to maintain patient privacy and dignity. The reception desk and waiting area were in the same room. At the time of the inspection, a conference room could be used for confidential discussions. We saw that a treatment co-ordinator's office was under construction on the first floor, which would be used for this purpose in future.

All respondents who completed a HIW patient questionnaire agreed that staff treated them with dignity and respect at the practice.

Individualised care

Most respondents who answered the question on the HIW patient questionnaire said that they were given enough information to understand the treatment options available, that staff had listened to them and answered their questions. Most said the risks and benefits associated with their treatment options was explained to them, and that their medical history was checked before treatment.

Most respondents said that the charges were made clear prior to commencing treatment although one respondent disagreed. All felt they had been involved as much as they had wanted to be in decisions about their treatment.

Timely

Timely Care

We found the practice opening hours were prominently displayed and could be seen from outside the premises. These included extended opening hours on Tuesday and Wednesdays to aid accessibility for patients unable to attend during daytime working hours.

We were told that patients who required emergency treatment should call at 09:00am, with the urgency assessed by reception staff and any queries referred to the dentists. Appointment bookings in after school hours were prioritised for

children. We were told the average waiting time between appointments was two weeks and that any delay in appointment times would be communicated to patients by the reception staff.

All except one respondent who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one. Whilst most respondents said that they knew how to access the out of hours dental service if they had an urgent dental problem, six respondents said that they did not. The emergency out of hours numbers for NHS, Private and Denplan patients were clearly displayed outside the premises. These emergency numbers were also included within the patient information leaflet, although the Denplan contact number differed to the one on display.

The registered manager must review the emergency contact numbers to ensure the correct information is consistently available to patients.

Equitable

Communication and Language

We found some written information displayed in the practice was available in English and Welsh. However, the Active Offer of providing a service in the Welsh language was not given. The practice believed there was no patient requirement for Welsh language services due to the proximity with the English border and the patient demographics of the practice. However, we were told that should the need arise, staff were available at a branch practice who could assist. A translation service was also available for patients whose first language was not English. However, we spoke with a family member of one patient who stated that they had not been asked their language preference or offered the option of a translation service despite the patient being unable to speak any English.

The registered manager:

- **Is required to provide HIW with details of the action taken to implement the 'Active Offer'**
- **Must ensure patients preferred choice of language is checked and recorded within the patient records and action is taken to address any language needs.**

The practice arranges appointments by telephone or in person at reception, ensuring patients without digital access could arrange treatment. There was no online appointment booking facility available.

A hearing loop system was in place to assist patients with hearing difficulties. However, we found information was not available in other formats such as large print or easy read.

The registered manager is required to provide HIW with details of how the practice can make information available in alternative formats that considers patients individual needs.

Rights and Equality

We found dental care and treatment was provided at the practice in a way that recognised the rights and needs of patients, with preferred names and pronouns used for transgender patients, as required. We saw the practice had an up-to-date equality and diversity and bullying and harassment policy in place, which were contained within the staff handbook. However, we found that equality and diversity training had not been completed by staff. We discussed this with the registered manager who arranged for staff to complete this training. HIW were provided with completed Equality and Diversity training certificates for all staff shortly following the inspection.

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

The practice was currently located on the ground floor with level floors throughout and wide access to all areas including each surgery. However, we found that additional surgeries and a waiting area were being installed on the first floor. We found these to have been designed with patient access considered, with a lift installed to aid patients with impaired mobility.

We inspected the patient toilet and found this to be suitable for wheelchair users, although the lighting was quite dim. The registered manager told us that new lighting was already planned to be installed as part of the current development work.

Delivery of Safe and Effective Care

Safe

Risk Management

The dental practice appeared well maintained with spacious, well-lit surgeries that had a consistent layout throughout. Internally, the environment was decorated and furnished to a very high standard. Patient areas were comfortable, uncluttered and free from hazards.

There was an up-to-date health and safety policy in place and an approved health and safety poster was on display in the staff room. Current employer's liability insurance was also displayed. We saw arrangements for staff to change their clothes and store their personal possessions and saw that a dedicated staff changing room was part of the ongoing development plans.

A business continuity policy was in place with procedures to be followed should it not be possible to provide the full range of services due to an emergency event. This included the details of an alternative practice that could assist in providing care.

We found appropriate fire safety arrangements were in place with a fire risk assessment recently completed. Fire extinguishers had been serviced within the last year and all staff at the practice had completed fire safety training.

Infection Prevention and Control (IPC) and Decontamination

We saw an up-to-date infection prevention and control policy with a designated infection control lead appointed. All areas in use were visibly clean and furnished to enable effective cleaning, with schedules used to support these processes. Personal protective equipment (PPE) was readily available to staff, while suitable hand hygiene facilities were seen in the surgeries and toilets.

We found that the latest IPC audit was conducted within the last year, although it was unclear if this was fully aligned with the Welsh Health Technical Memorandum (WHTM) 01-05.

The registered manager must ensure all future infection prevention and control audits are conducted in line with the Welsh Health Technical Memorandum (WHTM) 01-05.

We saw that safer sharp devices were in use to help prevent needlestick injuries while needlestick flowcharts were in each surgery to advise staff of the action to

take in the event of injury. The practice had access to occupational health services with staff confirming they were aware of how to access this support service.

The decontamination room was well organised with appropriate arrangements demonstrated for the decontamination of reusable dental instruments. We saw a suitable system to safely transport instruments between the surgeries and the decontamination room. We saw evidence of regular maintenance and periodic checks of the decontamination equipment.

We saw contracts were in place to safely transfer waste from the practice. Clinical waste produced by the practice was appropriately separated and securely stored while awaiting collection. Suitable arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH).

We inspected arrangements for the ventilation of sedative gas from the surgeries and found suitable scavenging equipment and gas outflow to effectively remove nitrous oxide from the surgery.

We confirmed all staff working at the practice had completed IPC training and saw evidence of this within the sample of staff files that we reviewed.

All respondents who answered the HIW patient questionnaire felt the setting was either 'very clean' or 'fairly clean' and all but one felt that infection and prevention control measures were evident.

Medicines Management

We saw an appropriate medicines management policy was in place. We found medicines were being stored securely and in accordance with the manufacturer's instructions with suitable processes in place for obtaining and disposal. We saw that medicines administered were recorded in the patient notes and that adverse reactions to medicines would be reported via the Yellow Card scheme. We saw signage reminding patients to inform staff of any changes in their medical history.

There was a written policy in place for responding to medical emergencies at the practice which was based on the national resuscitation guidelines. We confirmed that staff working at the practice had completed up-to-date resuscitation training.

We inspected equipment and medicines for use in the event of an emergency at the practice. There was a suitable system for checking stocks and monitoring expiry dates of medicines and equipment with all items in date. We also found suitable arrangements in place for emergencies where sedation is used with relevant staff having completed immediate life support training as necessary.

We found that oxygen cylinders had been serviced as necessary and staff had completed training in their safe use.

We found the first aid kit was appropriately stocked with all items in date and the practice had appointed several trained first aiders to ensure there was sufficient cover in the event of sickness and holidays.

Management of Medical Devices and Equipment

We found the dental surgeries were suitably equipped to provide safe and effective dental treatment including sedation. Clinical equipment appeared clean and in good condition.

We saw that the X-ray equipment had been subject to the necessary maintenance and testing and found a radiation risk assessment was in place. Appropriate signage was displayed on each surgery door. Whilst most documentation was available to show arrangements were in place for the safe use of the X-ray equipment, there was no policy in place for the management of carers and comforters who may be supporting a patient during and X-ray. We raised this with the registered manager who provided HIW with a suitable carers and comforters policy shortly following the inspection.

We found justifications and clinical evaluations for each X-ray exposure were noted in patient records and that a quality assurance programme was in place covering accidental and unintended exposures, dose levels and image quality. We saw evidence that radiography audits had been completed.

We saw evidence that all staff who were involved in the use of X-rays had completed relevant training.

Safeguarding of Children and Adults

A suitable up-to-date safeguarding policy was in place and we saw that this had been aligned with the latest Wales Safeguarding Procedures, with the local safeguarding team contact details included. The practice had a safeguarding lead appointed and quick reference safeguarding flowcharts were available in each surgery and in the staff room for easy access in the event of a concern.

All staff were appropriately trained to an appropriate level in child and adult protection and knew the process, and who to contact for support, in the event of a concern.

Effective

Effective Care

There was sufficient trained staff at the practice to provide patients with safe and effective care. Staff were clear regarding their roles and responsibilities at the practice and we were assured that regulatory and statutory guidance was being followed when treatment was provided. We saw that recommended checklists to minimise the risk of wrong tooth extraction were used at the practice.

We found conscious sedation was being delivered in accordance with best practice guidelines, and that appropriate specialist training had been completed by the staff involved. However, we were unable to locate a clinical audit concerning sedation which we raised with the registered manager. A sedation audit was received by HIW shortly following the inspection.

Patient Records

We saw a suitable system in place for the safe management of patient records. There were appropriate processes and policies in place to protect the rights of patients who may 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 and considered these to be well maintained. Each record had suitable patient identifiers with the previous dental history and reason for attendance recorded. All records indicated that medical history was checked and informed consent was recorded at each appointment. Evidence of treatment planning was found in all records we reviewed.

Efficient

Efficient

We found suitable arrangements in place to ensure the practice operated in an efficient way that maintained standards of quality care, with sufficient clinicians for the services provided. A short notice list was in operation to enable staff to back-fill cancelled appointments. We considered the referrals process was managed effectively with good levels of communication between the team and other services to ensure urgent referrals were dealt with promptly.

We considered the facilities and premises well equipped for the services currently being delivered and with current ongoing development of the practice, there will be opportunities for improved movement via internal treatment pathways.

Quality of Management and Leadership

Staff feedback

Five staff responded to the HIW questionnaire and overall, responses were positive. Comments relating to the patient dignity and staff wellbeing were positive, with all respondents agreeing that care of patients was the top priority of the practice. All said they would be happy with the standard of care provided if a friend or relative needed treatment.

All respondents said there were enough staff to allow them to do their job properly and that they were able to meet the conflicting demands of their time at work. All staff agreed that there was an appropriate skill mix at the practice.

Leadership

Governance and Leadership

There was a clear management structure in place, with the principal dentist and practice manager responsible for the day-to-day management of the practice. We found the practice was well led with a clear commitment to providing a high-quality service.

Suitable arrangements were described for sharing information with staff. We saw that minutes of meetings were recorded and held on file, although these were quite brief. We were told that a separate meeting would be held for non-attendees. We discussed the option of sharing more detailed minutes with staff who were absent to ensure they were kept up to date with work related matters.

We found a good range of written policies available to staff to support them in their roles. These had been subject to regular reviews and were countersigned by staff on the dental compliance system to confirm they had read and understood the latest version.

All staff who completed the HIW questionnaire agreed that their working pattern allowed for a good work-life balance. All agreed that they had fair and equal access to workplace opportunities, and felt the workplace was supportive of equality and diversity. All agreed that they had not faced discrimination within the workplace and said that they would recommend the practice as a good place to work.

Workforce

Skilled and Enabled Workforce

In addition to the principal dentist, the practice team comprised of three dentists, and three dental nurses. We considered the number and skill mix of staff was appropriate to deliver the dental services provided. We were told the practice used other staff from branch practices to cover leave and absences. On the day of our visit, we found that the senior managers to be approachable to staff and observed a friendly atmosphere among the team.

The practice had an up-to-date recruitment policy which set out the requirements in respect to the employment of staff at the dental practice. An induction process was in place which was documented and signed off by both the supervisor and employee when completed and considered competent. We saw the practice whistleblowing policy was contained within the staff handbook. We were told this was issued to each staff member.

We were told that compliance with workforce obligations were monitored by the practice management team. We reviewed the personnel files of staff working at the practice. We saw all staff had a valid Disclosure and Barring Service (DBS) certificate, and where relevant evidence of indemnity insurance and registration with the General Dental Council (GDC). Evidence of Hepatitis B immunisations were present for all staff, although we were unable to locate the Hepatitis B test result for one member of staff.

The registered manager must ensure they maintain full evidence of staff Hepatitis vaccinations and test results and provide a copy of the outstanding test result to HIW.

In general, compliance with mandatory staff training was good and was monitored by the practice manager. We saw that staff had attended training on a range of topics relevant to their roles within the practice including sedation. We saw evidence of annual staff appraisals and were told that these were supplemented with regular informal catch-up meetings.

All staff who responded to the HIW questionnaire felt that they had completed appropriate training to undertake their role at the practice and had had a review or appraisal within the last 12 months.

Culture

People Engagement, Feedback and Learning

We found various arrangements for seeking feedback from patients including sedation specific surveys and post treatment text and emails with links to the practice's feedback platform. A suggestions box was available to enable patients without digital access to provide anonymous feedback.

We were told that patient feedback is regularly reviewed with themes and trends identified and discussed at team meetings. We saw a 'You said, we did' notice displayed informing patients of action taken as a result of their feedback.

The practice complaints procedure was displayed in the waiting area. This indicated which staff member was appointed to handle complaints and included details of other organisations that patients could approach for help and support. We saw a complaints folder was available although there have been no complaints to date.

The practice had an up-to-date Duty of Candour policy which provided guidance and set out staff responsibilities. We were told that there have been no incidents where Duty of Candour has been exercised. However, we found that Duty of Candour training had not been completed by staff. We discussed this with the senior managers who arranged for staff to complete this training. HIW was provided with completed Duty of Candour training certificates for all staff shortly following the inspection.

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

Information

Information Governance and Digital Technology

We saw that patient safety incidents would be recorded on a significant event form. Appropriate methods were described for sharing this information with staff and with the wider NHS, although there had been no safety incidents to date.

Learning, Improvement and Research

Quality Improvement Activities

As part of the practice improvement activities, we found a good programme of audits. Except for smoking cessation, all recommended audits had been completed including antibiotic prescribing, clinical waste and disability access. The results of these were assessed to help inform decision making by the management team.

We recommend that the registered manager conducts a smoking cessation audit.

We were told that all branch practices engage in inter-group clinical peer reviews to encourage shared learning across the wider dental group. The practice also used recognised team development and risk assessment tools such as Maturity Matrix Dentistry (MMD) and Assessment of Clinical Oral Risks and Need (ACORN) as part of their wider quality improvement programme. We felt the practice used external management systems such as Eden and NHS Compass effectively.

Whole Systems Approach

Partnership Working and Development

We were told the practice had good links with the local health board with suitable arrangements described for engagement between the practice and other healthcare providers in the area, including safeguarding.

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
There were no immediate concerns resolved during this inspection.			

Appendix B - Immediate improvement plan

Service: Severn Dental

Date of inspection: 01 July 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 non-compliance concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Severn Dental

Date of inspection: 01 July 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
There was scope for additional relevant healthcare information to be made available, such as healthy diet, oral cancer, and preventative oral hygiene. We did not see information in the patient waiting area relating to the conscious sedation service provided.	The registered manager must provide HIW with details of action to be taken to provide patients with further relevant healthcare advice.	Quality Standard - Person Centred	We have ordered additional leaflets, posters and information cards to put on display and to hand out to patients when they attend the practice.	Registered manager	Completed.
Emergency out of hours numbers were clearly displayed. However, the Denplan emergency contact number within the patient	The registered manager must review the emergency contact numbers to ensure the correct information is	Regulation 6 & Schedule 2(1)(d)	The incorrect number has now been change to the correct phone number.	Registered manager	Completed.

information leaflet differed to the one on display.	consistently available to patients.				
The Active offer of providing a service in the Welsh language was not given.	The registered manager is required to provide HIW with details of the action taken to implement the 'Active Offer'	Quality Standard - Equitable	As a practice we are now proactively asking patients if they would like to be spoken to in Welsh and we have started greeting patients in both English and Welsh and have a displayed a poster offering the option to be spoken to in Welsh. Actively working alongside the translation service.	Registered manager	Completed.
We spoke with a family member of one patient who stated that they had not been asked their language preference or offered the option of a translation service despite the patient being unable to speak any English.	The registered manager must ensure patients preferred choice of language is checked and recorded within patient records and action is taken to address any language needs.	Regulation 13(1)(a)	As a practice we are now proactively asking if the patient has a preferred language and this is being documented onto patients record and appropriate action is taken for those who require the translation service.	Registered manager	Completed

Information was not available in other formats such as large print or easy read.	The registered manager is required to provide HIW with details of how the practice can make information available in alternative formats that considers patients individual needs.	Regulation 13(1)(a)	All documents can be amended to large print or easy read and printed there and then for any patients who may require them. A poster has been displayed to inform patients that this service is available.	Registered Manager	Completed
It was unclear if the latest infection prevention and control audit was compatible with the Welsh Health Technical Memorandum (WHTM) 01-05.	The registered manager must ensure all future infection prevention and control audits are conducted in line with the Welsh Health Technical Memorandum (WHTM) 01-05.	Regulation 13(6)(a)	We have checked with our compliance company DCME and they have confirmed that the IPC audit is compatible with the WHTM 01-05 however we have also requested the WHTM 01-05 version which we will also complete, In addition to current IPC audit.	Registered manager	Completed
We were unable to locate the Hepatitis B test record for one member of staff.	The registered manager must ensure they maintain full evidence of staff Hepatitis vaccinations and test results and provide a	Regulation 13 (6)(c)(ii)	A further blood test was completed and email confirmation has been	Registered Manager	Completed

	copy of the outstanding test result to HIW.		given to HIW to show results.		
All recommended audits had been completed except for smoking cessation.	We recommend that the registered manager conducts a smoking cessation audit.	Regulation 16(1)(b)	We have now started the smoking cessation audit. Audit can take up to 6 months to complete.	Registered manager	Completed

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): Carly Turner

Job role: Practice Manager

Date: 18/09/2025