Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Cwtch Dental Care, Cardiff and Vale University Health Board

Inspection date: 22 July 2025

Publication date: 22 October 2025

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Digital ISBN 978-1-80633-580-0

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

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 Cwtch Dental Care, Cardiff and Vale University Health Board on 22 July 2025.

Our team for the inspection comprised of two HIW Healthcare Inspectors and two Dental Peer Reviewers.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. We also spoke to staff working at the service during our inspection. In total, we received one response from patients and twelve responses from staff at this setting. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We found staff to be very friendly, polite and treated patients with kindness and respect. We found several patient waiting areas separate to the reception providing privacy for patients when checking-in.

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

The practice made efforts to accommodate unscheduled emergency treatment on the same day with emergency slots scheduled into the dental programme. Appointments could be arranged by various methods including an online booking facility for private patients.

There were up-to-date policies in place covering equality and diversity and disability access while relevant training had been completed by practice staff including transgender awareness.

This is what we recommend the service can improve:

- To review and update the list of names and General Dental Council (GDC) numbers for dental professionals at the practice
- To install blinds to the windows in Surgeries 2 and 5 to preserve the privacy and dignity of patients and staff during the hours of darkness.

This is what the service did well:

- Signs displayed to remind patients to inform the dental team of any changes in their medical history
- Open late four days per week to help accommodate patients who had difficulties attending during working hours
- The practice website was available in both English and Welsh
- A fully accessible practice offering easy access for patients in wheelchairs.

Delivery of Safe and Effective Care

Overall summary:
We saw the dental practice was well maintained, clean and decorated to a high standard. Appropriate arrangements were in place to ensure the practice remained

fit for the purpose of providing dental care with appropriate infection control policies and procedures in place.

There was a dedicated decontamination area with suitable systems in place for decontaminating reusable dental instruments. However, we found dental burs were not sealed following decontamination.

We reviewed the practice medicines management processes and found suitable process for handling and storing drugs at the practice. However, we found some emergency equipment was out-of-date or missing, which was resolved at the time of the inspection.

Safeguarding policies and procedures were in place and based on the Wales Safeguarding Procedures. A safeguarding lead was appointed, and all staff had completed appropriate training.

Patient information and dental records were securely managed. We reviewed records which were detailed and easy to follow although we did identify some omissions that must be addressed, including recording the language preference of patients.

This is what we recommend the service can improve:

- Fire drills to be logged when conducted
- Fire precautions to be reviewed annually
- Oxygen cylinders as part of emergency equipment to be checked daily.

This is what the service did well:

- Comfortable areas for staff and patients
- Clean throughout the practice with good infection control processes in place
- Consent policy in place with detailed guidance relating to patients' capacity to consent under the Mental Capacity Act 2005.

Quality of Management and Leadership

Overall summary:
We found clear reporting lines for staff and an effectively run practice with suitable arrangements for sharing relevant information across the team. Staff were found to be supported within their roles with a good range of policies readily available. Staff feedback was positive with all respondents saying that they would recommend the practice as a good place to work.

Compliance with mandatory staff training and professional obligations was good, although some Disclosure and Barring Service (DBS) checks were being processed at the time of the inspection.

There were various methods in place for obtaining patient feedback while the practice demonstrated a positive response to feedback, keeping patients informed of changes that were implemented.

While we identified several improvements were needed, we felt the practice was actively seeking to improve the service provided. Whilst we saw that numerous audits had already been conducted, we recommended that a smoking cessation audit be completed.

This is what we recommend the service can improve:

- To ensure staff appraisals are more structured with SMART objectives being set
- To ensure complaints are fully documented.

This is what the service did well:

- Good compliance with mandatory training
- Patients were informed of changes made as a result of their suggestions and feedback.

3. What we found

Quality of Patient Experience

Patient Feedback

There was just one patient who completed the HIW questionnaire about the practice. They rated the service as very clean, said that they were treated with dignity and respect and found it very easy to get an appointment. Overall, they rated the service as 'very good.'

Person Centred

Health Promotion

We saw patient information available in the patient waiting areas including information about oral health, recognising oral cancer signs, healthy eating and smoking cessation. Price lists for both NHS and private treatments were also on display where they could be easily seen by patients. No smoking signs were displayed in accordance with legislation.

The practice had a statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. Both documents provided useful information about the services offered at the practice and had been the subject of recent review. Copies of the statement of purpose and patient information leaflet were included on the practice website. We found the patient information leaflet was readily available to patients in large print format.

The names and General Dental Council (GDC) registration numbers for the dental team were clearly displayed, although this required updating as we were informed that one staff member had recently left the practice.

The registered manager must update the displayed list of names and GDC registration numbers for all dental professionals at the practice.

Dignified and Respectful Care

We found staff were friendly and polite and treated patients with kindness and respect. Overall, we felt there was a very calm atmosphere and that it was a relaxing environment for patients. The ground floor reception area was linked to a small waiting area with another two waiting areas in separate rooms. An additional waiting area for private patients was located on the first floor. We felt this

arrangement provided a good level of privacy for patients. Reception staff were mindful of the need to maintain confidentiality when dealing with patients and saw that a confidentiality policy had been circulated to all staff.

We observed that surgery doors were closed during treatment maintaining the privacy and dignity of the patients. A combination of reflective glass and opaque film were installed on the windows for additional privacy. However, the reflective glass only works during hours of daylight, and the opaque film only partially covered the lower part of the windows. We noted that patients in Surgery 5 on the first floor and Surgery 2 on the ground floor could easily be seen from the building opposite.

We recommend the registered manager installs blinds to the surgery windows to preserve the privacy and dignity of patients and staff during the hours of darkness.

The nine core ethical principles of practice established by the GDC were clearly displayed in the reception area in both Welsh and English.

Individualised care

We reviewed a sample of 10 patient records and confirmed that appropriate identifying information and medical history was recorded. We saw that patient social history, oral hygiene and diet were assessed with relevant advice, such as smoking cessation noted. There was evidence of individual treatment planning with treatment options noted and we saw that informed consent was obtained.

We saw notices displayed requesting that patients inform the dental team of any changes in their medical history, which we considered good practice.

Timely

Timely Care

We were told that reception staff informed patients of any delays in their appointment time. Appointments were booked by telephone or face-to-face at reception, while private patients were able to book online via the practice website. The practice was open late four days per week to help accommodate patients who had difficulties attending during working hours.

Emergency treatment slots were scheduled every day into the dental programme to enable patients to access emergency treatment, with urgent calls assessed by staff to determine priority. We were told that there was a two-week wait between each treatment appointment.

The opening hours and practice telephone number were clearly displayed and visible from outside the premises. We saw instructions to obtain the emergency out-of-hours number by calling the practice telephone number. These numbers were also available on the practice website.

Equitable

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

We saw notices in patient waiting areas promoting the Active Offer of providing a service in Welsh and were told that there was one Welsh speaking member of staff at the practice. The registered manager told us that they were awaiting delivery of a 'Iaith Gwaith' lanyard and badge that was already on order.

Whilst some information was available in large print and easy read versions, we discussed opportunities to expand on this provision. A hearing loop system was in place to assist patients with hearing difficulties.

Rights and Equality
We found dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients. The practice had several appropriate policies to help ensure patients and staff were treated fairly and equally, while a Refusing Access to Patients policy outlined the practice's process for dealing with unacceptable behaviour including threats, discrimination and abuse. We saw evidence that staff had completed Equality and Diversity training.

Appropriate arrangements were in place to uphold the rights of transgender patients including the use of preferred names and pronouns. We were told patients were able to update their details in private when checking in by using the practice tablet. There was evidence that staff had completed training in transgender awareness.

There were four surgeries located on the ground floor with a further surgery located on the first floor. There was a dedicated disabled parking bay at the front of the practice with ramp access to the front entrance. We saw level flooring throughout the ground floor and found the patient toilet to be fully accessible with appropriate fixtures to assist patients in wheelchairs or with impaired mobility. We also noted that the reception desk had a lowered section to ease communication for wheelchair users.

Delivery of Safe and Effective Care

Safe

Risk Management
We found the premises well-maintained and free from obvious hazards to patients. Internally, the practice was decorated and furnished to a high standard with spacious, bright and well-equipped treatment rooms. Staff were able to change in private, and lockers were available for staff to store their belongings securely. However, we did find a lot of boxes of personal protective equipment (PPE) stored under the stairs leading to the underground car park. We discussed the potential fire hazard that this could pose; the matter was resolved shortly following the inspection with surplus and expired stock being disposed of and new shelving installed for remaining stock.

There was a business continuity policy in place with a list of procedures to be followed should it not be possible to provide the full range of services due to an emergency event. We saw the practice had an up-to-date building maintenance policy.

The practice had completed a comprehensive Health and Safety Risk Assessment and had a Health and Safety Policy in place. We saw five yearly wiring inspection and Portable Appliance Testing (PAT) were all current. Current employer's and public liability insurance was displayed. However, we were unable to find an approved health and safety poster.

The registered manager must display an approved Health and Safety poster.

A fire risk assessment had been completed within the last year, and we discussed arrangements for ensuring an annual review was carried out. Fire extinguishers had been serviced within the last year, and we saw that weekly fire alarm checks were being recorded. However, there was no evidence that the fire drills were being logged. Evacuation routes were appropriately signposted and obstruction free.

The registered manager must:

- **ensure regular fire drills are conducted and recorded in a log**
- **ensure a review of fire precautions is conducted annually.**

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

Infection Prevention and Control (IPC) and Decontamination
We found an up-to-date infection prevention and control policy in place with a designated infection control lead appointed. Cleaning schedules were used to support cleaning routines. We discussed options for additional details to be included on the schedules although the dental surgeries were visibly clean and clutter free. Chairs appeared to be in good condition to enable effective cleaning.

Suitable handwashing facilities were available in each surgery and in the toilet, and we also saw a shower room was installed for staff use. Personal protective equipment (PPE) was readily available for staff use and safer sharp devices were in use to help prevent needlestick injuries. All dental materials were found stored safely and in date.

The decontamination area was well organised with 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. Arrangements were demonstrated for cleaning and decontaminating reusable instruments, although we found burs were not being sealed in sterile bags. We suggested that the registered manager double stamps the sterile bags with both the processing and expiry date.

The registered manager must ensure burs are sealed in sterile bags after they have been through the decontamination process.

We saw evidence that regular maintenance and annual infection control audits were completed in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05. We found the practice had installed a washing machine to provide a staff uniform laundering service. However, there was no policy in place for this service, and we were unable to confirm that this installation was in accordance with Welsh Health Technical Memorandum (WHTM) 01-04.

The registered manger must:

- **Develop and implement a suitable policy to cover the laundry facilities as part of the infection prevention and control processes**
- **Ensure the laundry facility fully complies with the guidelines as described in Welsh Health Technical Memorandum (WHTM) 01-04.**

Suitable arrangements were in place for the separation and storage of clinical waste produced by the practice. Contracts were in place for the collection and disposal of waste. There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

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

Medicines Management
There was an up-to-date policy in place for the management of medicines at the practice, with suitable processes in place for ordering, storing and handling drugs. We were told that any adverse reactions to medicines were appropriately reported.

We saw up-to-date policy for responding to medical emergencies which was based on current national resuscitation guidelines. We confirmed staff had completed resuscitation training within the last year.

We inspected equipment and medicines for use in the event of an emergency at the practice. Medicines were found to be stored securely and in accordance with the manufacturer's instructions. A suitable system was in place for checking stocks of medicines and identifying when they required replacement. However, we found that some resuscitation equipment, including oropharyngeal airways and self-inflating face masks were either out of date or not available. We raised this with senior management at the practice who ordered replacements at the time of the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A.

We saw evidence that oxygen cylinders had the required service maintenance checks and that staff had completed basic training in their use. However, we found that the daily oxygen cylinder check record had not been completed since 2017.

The registered manager must ensure the oxygen cylinder checklist is completed daily.

The first aid kit was checked and found to be in order. The practice had an appropriate number of trained first aiders to ensure cover for staff holidays and sickness.

Management of Medical Devices and Equipment
We saw the dental surgeries had suitable equipment to provide dental care and treatment. Equipment we saw was visibly clean and appeared in good condition. We found a lack of information displayed to advise patients of the risks and benefits of having an X-ray. We raised this with senior staff who put up appropriate notices in patient waiting areas during the inspection.

There was evidence showing that the required maintenance and testing of the X-ray equipment had been carried out. We saw an up-to-date radiation risk

assessment along with documentation that showed arrangements were in place for the safe use of the X-ray equipment. Appropriate procedures were in place to reduce the probability of accidental exposure and optimise patient dose levels. Whilst we found that a number of up-to-date radiation audits had been carried out, we discussed completing the HEIW radiation audit tool as part of the practice quality assurance programme.

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

Safeguarding of Children and Adults

We saw a comprehensive policy in relation to safeguarding of children and vulnerable adults with relevant contact details readily available in the event of a concern. There was also a consent policy with detailed guidance relating to patients' capacity to consent under the Mental Capacity Act 2005 and contained links to various advocacy and patient liaison services.

The practice had a safeguarding lead appointed and we found the Wales Safeguarding Procedures downloaded to staff mobile phones to ensure access to the latest guidance. We discussed installing safeguarding action flowcharts in discreet areas for quick reference in the event of a concern. All staff had up-to-date safeguarding training to an appropriate level.

Effective

Effective Care

We considered there to be sufficient suitably trained staff in place at the practice to provide patients with safe and effective care. We found staff were clear regarding their roles and responsibilities at the practice and that regulatory and statutory guidance was being obtained and followed as required. However, there was no evidence that recommended checklists were being used to help prevent the risk of wrong tooth extraction.

The registered manager must develop a procedure to prevent wrong site tooth extractions and ensure this is recorded in patient notes.

Patient Records

We found a suitable system was in place to ensure records were managed securely. We were told records were retained in line with the Private Dentistry (Wales) Regulations 2017 and there was appropriate off-site data backup.

We reviewed the dental care records of 10 patients. We saw evidence of full base charting, extra and intra oral examinations and screening for oral cancer. We

found that X-rays were justified and graded. However, we did identify some omissions in the records. Medical histories were not marked as reviewed by all dentists and there was one incident where there was no action recorded following a Basic Periodontal Examination with a score of three. We also found that patient language preferences were not recorded.

The registered manager must:

- **Provide HIW with details of the action taken to address our findings in relation to the completeness of patient records**
- **Ensure patients preferred choice of language and action taken to address any language needs are recorded within the patient records.**

Efficient

Efficient

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians available for the services provided. Two therapists were employed to provide additional dental care options for patients.

We considered the premises and facilities appropriate for the services provided and that clinical sessions were being used efficiently with referrals to other services recorded and followed up as necessary. The practice used a short notice list to help utilise cancelled appointments.

Quality of Management and Leadership

Staff feedback

HIW issued a questionnaire to obtain patient views on the care at Cwtch Dental Care for the inspection in July 2025. In total, twelve staff members responded to the HIW questionnaire and overall, the responses were positive. Comments relating to the patient dignity and staff wellbeing were positive, with all respondents being happy with the standard of care provided and agreeing that care of patients was the dental practice's top priority.

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

> *"I find that it's a great place to work and any issues get addressed. We do have a great work environment and very understanding and approachable boss."*
>
> *"Fantastic environment and hard-working team to provide excellent patient care. Best practice I've worked at."*
>
> *"We are a friendly practice, and patients generally like us and want to stay with us. All dentists are really approachable and care for their patients and we have a great team."*

All but one respondent felt that there were enough staff to allow them to do their job properly and all felt they were able to meet the conflicting demands on their time at work.

Leadership

Governance and Leadership
The day-to-day operation of the practice is run by the principal dentist along with a small management team. We considered there to be good leadership at the practice with clear lines of reporting described.

Suitable arrangements were described for sharing relevant information with the practice staff team. We saw minutes of staff meetings were taken and made available to those who were absent to ensure they remain up to date with work related matters. We discussed including an agenda on the minutes and documenting any resulting action points.

We confirmed a range of up-to-date policies were readily available to staff to support them in their roles. Policies had been subject to recent review, had good version control and were easily accessible using the practice computer system.

All staff who completed the HIW questionnaire said that they would recommend the practice as a good place to work. All agreed that their working pattern allowed for a good work-life balance and that the practice takes positive action regarding staff health and well-being.

Workforce

Skilled and Enabled Workforce

In addition to the principal dentist and management team, the practice team consisted of four dentists, two therapists, seven dental nurses, and a dedicated receptionist. We considered the number and skill mix of staff were appropriate to deliver the dental services provided.

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. We found that a suitable induction process was in place to ensure new staff were aware of practice procedures and competent in their role. GDC registration requirements were monitored by the practice manager.

We reviewed the personnel files of staff working at the practice and saw that most staff had a valid Disclosure and Barring Service (DBS) certificate while several had been requested and were pending completion. These were received shortly following the inspection. Whilst other information to confirm staff suitability for their roles was available, including Hepatitis B vaccinations, we found several instances where only one written reference was obtained.

The registered manager must ensure that two references are obtained for all new staff employed and that evidence of the references is kept on file. We recommend all non-responses are documented.

Staff had attended training on a range of topics relevant to their roles within the practice. Mandatory training compliance was good and was monitored by practice management. A review of staff files indicated that staff had appraisals on a six-monthly basis. However, the documentation suggested this process lacked a distinct structure and that clear objectives had not been set.

The registered manager must ensure staff appraisals are structured and that SMART (Specific, Measurable, Achievable, Realistic/ Relevant, Time-bound) objectives are agreed and documented for each staff member.

Culture

People Engagement, Feedback and Learning

Various arrangements were described for seeking feedback from patients about their experiences of using the practice including questionnaires sent via text and email after appointments. A suggestions box was in place to enable patients without digital access to provide feedback.

We were told that feedback is monitored and assessed by the management team and discussed during staff meetings. We found the practice had implemented several improvements as a result, including additional parking spaces and a larger patient waiting area. The practice communicated changes made from patient suggestions by displaying a 'You said, we did' notice within the patient waiting area.

We saw an appropriate complaints procedure was displayed to guide patients who wanted to raise concerns about dental care provided at the practice. This was also available on the practice website. We saw complaints were recorded but the notes that we reviewed consisted primarily of a summary of the complaint and the subsequent investigation with dates and responses inconsistently recorded.

The registered manager must ensure complaints are fully documented in accordance with the regulations.

We saw the practice had an up-to-date Duty of Candour policy and saw evidence to confirm that Duty of Candour training had been completed by staff. We were told that there have been no incidents where Duty of Candour has been required.

All staff who completed the HIW questionnaire confirmed that the practice encouraged them to raise concerns if something had gone wrong and to share this with the patient.

Information

Information Governance and Digital Technology

The practice had an appropriate Data Protection and Information Security Policy. This was supported with written information governance and record retention procedures, while a data controller and a governance lead were appointed to help ensure safe and secure handling and storage of patient information. An up-to-date Privacy Notice was available on the practice website.

Learning, Improvement and Research

Quality Improvement Activities

It was clear that the practice was continuously looking to improve the service it provided with a Quality Assurance and Governance policy in place and the use of appropriate computer-based governance systems. Various dental quality improvement and team development tools had been used with plans to also complete the Maturity Matrix Dentistry scheme soon.

There was evidence that several audits had been completed including for clinical records, antibiotic prescribing and disability access. However, we considered there to be scope for additional audits to be completed.

We recommend that the registered manager conducts a smoking cessation audit and to provide a copy of the results to HIW when completed.

Whole Systems Approach

Partnership Working and Development

We were told that the practice actively used external healthcare quality management systems to support the provision of dental services.

We were told that the practice actively engages in the local healthcare cluster enabling better planning for effective co-ordinated healthcare for patients and the wider community.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found oropharyngeal airways and self-inflating face masks, as part of the emergency equipment, were either out of date or missing.	We could not be assured that they could be used effectively in event of an emergency.	We raised this immediately with senior management.	Replacements were ordered by the registered manager.

Appendix B - Immediate improvement plan

Service: Cwtch Dental Care

Date of inspection: 22 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 improvements were identified on this inspection.					

Appendix C - Improvement plan

Service: Cwtch Dental Care

Date of inspection: 22 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
The names and General Dental Council (GDC) registration numbers for the dental team required updating as we were informed that one staff member had left the practice.	The registered manager must update the list of names and GDC registration numbers for all dental professionals at the practice as displayed.	Quality Standard - Person Centred	New sign was ordered and installed	Owen Evans	Completed
Patients in Surgery 5 on the first floor and Surgery 2 on the ground floor could easily be seen from the building opposite.	We recommend the registered manager installs blinds to the surgery windows to preserve the privacy and dignity of	Regulation 15(1)	Blinds ordered and installed	Owen Evans	Completed already

	patients and staff during the hours of darkness.				
There was no approved health and safety poster displayed.	The registered manager must display an approved Health and Safety poster.	Quality Standard - Safe	Displayed in staff room	Sarah Gatley	Completed
There was no evidence that the fire drills were being logged or that fire precautions were reviewed annually.	The registered manager must: • ensure regular fire drills are conducted and recorded in a log • ensure a review of fire precautions is conducted annually.	Regulation 22(4)(d) Regulation 22(4)(e)	6 monthly fire drills planned in Dentally and recorded in logbook/iComply The latter point I have put in for factual inaccuracy since Fire Risk Assessment was completed in Jan 2025	Owen Evans/Dennie Mainwaring	Completed
We found burs were not being sealed in sterile bags.	The registered manager must ensure burs are sealed in sterile bags after they have been through the decontamination process.	Regulation 13(6)(b)(ii)	Bur stands ordered, now reusable burs are kept in small stands which go through the autoclave and are bagged – e.g. cavity prep sets, crown prep sets, endo etc.	Dennie Mainwaring	Completed
The practice had installed a washing	The registered manger must:		We have taken this out of action at present	Owen Evans	No longer relevant

machine to provide a staff uniform laundering service. However, there was no policy in place for this service, and we were unable to confirm that this installation was in accordance with Welsh Health Technical Memorandum (WHTM) 01-04.	• Develop and implement a suitable policy to cover the laundry facilities as part of the infection prevention and control processes (Reg 8(1)(m) • Ensure the laundry facility fully complies with the guidelines as described in Welsh Health Technical Memorandum (WHTM) 01-04.	Regulation 8(1)(m) Regulation 13(6)(a)			
We found that the daily oxygen cylinder check record had not been completed since 2017.	The registered manager must ensure the oxygen cylinder checklist is completed daily.	Regulation 13(2)(a)	Daily QR code for this daily check created and is being completed by appropriate staff member, record checked weekly by management	Sarah Gatley/Dennie Mainwaring	Completed
There was no evidence that recommended checklists were being	The registered manager must develop a procedure to prevent wrong site tooth	Regulation 13(1)(b)	Whilst a LOCSSIP was available to staff, this has now been added as a	Sarah Gatley	Completed

used to help prevent the risk of wrong tooth extraction.	extractions and ensure this is recorded in patient notes.		template that shows on each extraction treatment item to prompt staff to remember the precautions required		
We identified some omissions in the patient records. We also found that patient language preferences were not recorded.	The registered manager must: • provide HIW with details of the action taken to address our findings in relation to the completeness of patient records • ensure patients preferred choice of language and action taken to address any language needs are recorded within the patient records.	Regulation 20(1)(a)(i) & (ii) Regulation 13(1)(a)	Staff have been requested to document the patients' preferences – added as an extra to clinicians' standard notes templates. Also prompted staff to note patient mobility, all agreed on how to record radiograph QA scores. Staff have also been reminded that they must note at every examination that the medical history has been checked and updated as appropriate.	Sarah Gatley	Completed
There were several instances where only one	The registered manager must ensure that two references are obtained for all new staff employed and	Regulation 18(2)(e) & Part	We have agreed that for future recruitments we will obtain two references and	Sarah Gatley	Will be done when

written reference was obtained for new staff.	that evidence of the references is kept on file. We recommend all non-responses are documented.	1(3) of Schedule 3	look to contact both AND record this in our staff file.		new staff recruited
Staff had appraisals on a six-monthly basis. However, the notes suggested this process lacked a distinct structure and clear objectives had not been set.	The registered manager must ensure staff appraisals are structured and that SMART (Specific, Measurable, Achievable, Realistic/ Relevant, Time-bound) objectives are agreed and documented for each staff member.	Regulation 17(4)	We have taken onboard the advice and plan to provide more structured appraisals when next due.	Sarah Gatley/Dennie Mainwaring	At next appraisals in winter
Complaints notes that we reviewed consisted primarily of a summary of the complaint and the subsequent investigation with dates and responses were inconsistently recorded.	The registered manager must ensure complaints are fully documented in accordance with the regulations.	Regulation 21	We have now agreed we will use iComply's template system for documenting complaints.	Dennie Mainwaring/Owen Evans/Sarah Gatley	Completed
Whilst there was evidence that some audits had been	We recommend that the registered manager conducts a smoking cessation audit	Regulation 16(1)(a)	We have signed up to do the HEIW smoking cessation audit and this is in process	Sarah Gatley	In progress

completed, we considered there to be scope for additional audits to be completed.	and to provide a copy of the results to HIW when 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): Sarah Gatley

Job role: Owner/ Dentist

Date: 25.9.2025