Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

St Julians Dental Centre, 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.

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 St Julians Dental Centre, Aneurin Bevan University Health Board on 09 September 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 29 questionnaires were completed by patients and 4 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:
The dental practice provided a wide range of patient information in the reception and waiting areas, covering topics such as oral health, smoking cessation, and treatment pricing. The statement of purpose and patient information leaflet were accessible. While the dentist's GDC details were displayed externally, we noted other registered staff details and HIW certificates were missing.

Staff were observed treating patients with dignity and respect, supported by policies and a building layout that promoted confidentiality. However, glass windows on surgery doors compromised patient privacy. Patient records were appropriately maintained, and respondents confirmed they received clear information about treatments and costs.

Appointments were arranged efficiently via phone, email, or in person, with emergency appointments typically available within 24 hours. Although staff were not fluent in Welsh, bilingual materials were provided, and Language Line interpretation service was available. The practice promoted equality and had reasonable adjustments for accessibility.

This is what we recommend the service can improve:

- Display registration details for all clinical staff
- Ensure HIW certificates are visible to patients
- Improve privacy in treatment areas.

This is what the service did well:

- Provided good patient information
- Treated patients with dignity and respect
- Timely access to emergency appointments.

Delivery of Safe and Effective Care

Overall summary:
We found the practice to be generally clean, safe, and well-organised, with appropriate policies and procedures in place. Staff had access to designated areas including a prayer room and decontamination room; however, there were no secure storage facilities for staff.

Equipment was well maintained, and servicing records were available. Patient care followed professional standards, and records were mostly clear and up to date.

We noted areas for improvements such as fire alarm and emergency lighting tests, documentation of audits and logs, and organisation of emergency equipment. We found fridge temperature monitoring also required improvement.

The practice had appropriate safeguarding policies and procedures in place. All staff had completed relevant training in safeguarding, infection control, and medical emergencies.

This is what we recommend the service can improve:

- Complete BOC oxygen cylinder training
- Improve completion of logbooks within decontamination room
- Implement procedure to check dental materials are within date
- Review decontamination process of reuseable instruments.

This is what the service did well:

- Followed national safeguarding procedures
- Maintained secure patient records.

Quality of Management and Leadership

Overall summary:
Staff feedback from the HIW questionnaire was positive and highlighted a commitment to patient care. The practice demonstrated clear governance with a structured management system and flexible meeting arrangements that supported effective communication.

The workforce was appropriately staffed, with a recruitment and induction process in place, although some pre-employment checks required improvement. Staff had mandatory training in place; however, a training matrix was not used to monitor compliance.

Patient feedback was encouraged and acted upon, with improvements shared through a “you said, we did” board. Complaints were managed effectively. However, we found staff had not completed duty of candour training. The practice used digital systems for patient records and participated in quality improvement activities; however, a quality and improvement policy was not in place.

This is what we recommend the service can improve:

- Ensure all pre-employment checks are completed and documented
- Implement a quality and improvement policy.

This is what the service did well:

- Maintained a supportive working environment
- Gained patient feedback and acted upon it
- Clear leadership in place.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW questionnaire were positive. We asked patients how they would rate the service provided by the setting; 28 patients responded and rated the service as 'very good' (25/28) or 'good' (3/28).

Patient comments included:

> *" My care at St Julian's Dental Centre was amazing. All the staff members were so kind and welcoming, and they really took the time to listen to me…"*
>
> *" Staff are polite and well trained. Efficient."*

Person-centred

Health promotion and patient information
We saw a good range of patient information available in the reception area and waiting room. This included information on sugar intake, smoking cessation, oral health and antibiotic information. The practice had a satisfactory patient information leaflet and statement of purpose, which were both available within the waiting room.

Information on treatment prices was displayed within the waiting room, within the patient folder and in each surgery.

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

The name and General Dental Council (GDC) registration number of the clinicians were displayed externally by the front door of the practice. However, we did not see names and GDC numbers for other GDC registered staff.

The registered manager must display the names and GDC registration numbers of all GDC registered staff members.

We noted the practice had a letter from HIW displayed in the reception area approving the appointment of the dentist as the registered manager. However, the official certificates for the registered manager and service were not displayed.

The registered manager must display all official HIW registration certificates.

The practice telephone number and opening hours were displayed clearly at the entrance to the practice. We were told the emergency out of hours details were available on the practice voicemail.

Dignified and respectful care

During the inspection we observed staff being friendly, polite and treating patients with kindness and respect. All patients who responded to the HIW questionnaire agreed that staff treated them with dignity and respect. The GDC nine core principles of ethical practice were displayed in the reception and waiting area in English and Welsh.

We saw a confidentiality policy in place which had been reviewed by all staff. The main reception desk was separate from the waiting area which allowed staff to have confidential conversations both on the phone and in person. There were solid doors to clinical areas and surgeries which were kept closed whilst treating patients. However, the glass window present on the surgery doors meant patients could be seen having treatment and reduced privacy.

The registered manager must ensure that patient privacy is maintained and prevent patients from being visible during treatment.

Individualised care

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

Where applicable, all respondents who complete the HIW questionnaire agreed that they were given enough information to understand treatment options available to them and agreed the cost was made clear to them before receiving treatment.

Timely

Timely care

There was no online booking system available to patients; the setting arranged appointments by telephone, email or in person at reception. We heard telephone lines working effectively on the day.

We were advised the average waiting time between treatment appointments was two weeks. Where an appointment may be needed sooner, a waiting list was available. Patients are informed they can access emergency appointments by calling the practice in the morning and we were told they can usually be seen within 24 hours.

Staff working in the dental surgeries informed reception staff of any delays. We were told reception staff would then inform patients verbally in person and would offer the option to rearrange their appointment. Respondents to the HIW questionnaire said it was 'very easy' or 'fairly easy' to get an appointment when they need one.

Equitable

Communication and language

We were told none of the staff at the practice were able to speak Welsh fluently. However, they were able to greet patients in Welsh. When asked, the registered manager told us staff would be directed to Welsh language training if interest was shown. We were assured that if patients wanted to speak Welsh or needed any other language this would be accommodated through Language Line.

We saw patient information such as post operative instructions; NHS information and the practice information leaflet were available in English and Welsh. We were told the practice received support and information from the local health board to implement the 'Active Offer'.

We were told patient information would be available in large print if requested; however, other alternative formats were not available. Patients without digital access would receive information by letter and contact would be made via telephone if available.

Rights and equality

The practice had an adequate and up to date policy in place to promote equality and diversity. Staff told us preferred names and/or pronouns were recorded on patients records to ensure all patients were treated equally and with respect.

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

We found the practice had reasonable adjustments in place to ensure the setting was accessible to all. There was one surgery available on the ground floor and toilet facilities with handrails. However, the toilet was not wheelchair accessible. A ramp was available when requested at the front entrance.

Delivery of Safe and Effective Care

Safe

Risk management
We saw external and internal areas of the practice were visibly clean and tidy with no obvious hazards. However, we noted storage of cardboard boxes within the loft space which posed a potential fire risk. This was raised to the registered manager and was cleared on the day of the inspection. Further details on actions taken can be found in Appendix A.

There was one waiting area available which was of an appropriate size for the setting. A staff room was available for lunch breaks and staff had use of a prayer room to change. However, we noted there were no locker facilities for staff to store their possessions.

The registered manager must provide staff with facilities to store their possessions.

The employer's liability certificate and the public liability certificate was available within the staff room. We found dental equipment was in good working condition and single use items were in use where appropriate.

We saw a health and safety policy in place as well as a health and safety risk assessment. The health and safety executive poster was displayed in the staff room. However, key details had not been completed; this was addressed by the registered manager on the day.

We saw evidence of gas safety records, five yearly fixed wire testing and portable appliance testing (PAT).

We examined fire safety documentation and found adequate maintenance contracts in place. Fire extinguishers were available around the premises and had been serviced within the last year. We saw appropriate signage displayed and evidence was available of routine fire drills. However, no fire alarm tests were documented, and emergency lighting was not being tested on a regular basis. Fire alarms were tested on the day by HIW to ensure patient safety.

The registered manager must test fire safety equipment on a regular basis and keep documented evidence.

We reviewed the fire risk assessment and found it had been reviewed yearly. However, the risk assessment was basic and lacked an action plan. A new fire risk assessment was booked and completed shortly following the inspection. Further details can be found in Appendix A. We found all staff had up to date fire safety training certificates available.

Infection, prevention and control (IPC) and decontamination
We found an appropriate infection, prevention and control policy in place to maintain a safe and clean clinical environment. Cleaning schedules were available to support the effective cleaning of the practice.

We saw personal protective equipment (PPE) was readily available for all staff. The practice had suitable hand hygiene facilities available in each surgery and in the toilets. We were informed there was appropriate Occupation Health support available to staff if required.

The practice had a designated room for the decontamination and sterilisation of dental instruments. We found appropriate processes and equipment in place to safely transport instruments around the practice. However, we found the following areas that required improvement:

- Only one sink was available within the decontamination room which was used for hand washing as well as rinsing instruments
- There was visible dirt and debris around the sink area in the decontamination room; however, this was rectified on the day
- Stock such as paper towels and gloves were stored on shelving uncovered in the decontamination room creating a risk of contamination
- The work surface was not continuous, with gaps visible between the wall and countertop.

The registered manager must provide a separate hand wash sink from where instruments are being processed.

The registered manager must relocate stock items currently kept within the decontamination room to avoid cross contamination.

The registered manager must ensure worksurfaces are impervious and continuous within the decontamination room.

We found the decontamination equipment was regularly tested and was being used safely. We saw evidence of daily logs documented within logbooks and we were told information from the autoclaves were downloaded regularly. However, we noted the organisation of paper test strips needed improvement and some

information was missing such as the batch number and expiration date of test items from the logbook.

The registered manager must ensure any paper logbooks kept within the decontamination room are fully documented with proof of testing organised appropriately.

We saw evidence of staff IPC training and the practice had an IPC audit action plan within the last year. However, the audit sheets were not dated and therefore we could not be assured when the audit had been completed.

The registered manager must ensure the IPC audits are dated appropriately.

We found the practice had an appropriate contract in place for the handling and disposal of waste, including clinical waste. We noted full clinical waste bags were being stored in a locked cupboard within the setting. However, this could be seen as an avoidable fire risk as they had use of a clinical waste bin at the rear which they chose not to use. The clinical waste bin was kept locked; however, it was not secured to a permanent structure.

The registered manager must ensure the clinical waste bin is secured to a permanent structure.

The registered manager must review clinical waste storage arrangements to ensure any potential risks are mitigated.

We saw appropriate arrangements in the practice for handling substances which are subject to Control of Substances Hazardous to Health (COSHH).

Respondents to the HIW questionnaire said the practice was ‘very clean’ (27/28) and ‘fairly clean’ (1/28) and felt that infection prevention and control measures were being followed.

Medicines management
We found the practice had a medicines management policy in place which had been reviewed by staff.

We identified some dental materials that were out of date within a surgery. This was brought to the attention of the registered manager and appropriate action was taken on the day.

The registered manager must implement a robust procedure to ensure all medical materials are checked on a regular basis and kept in date.

We saw evidence that staff recorded medicines administered to patients in their notes and we were told patients were given information about medicines prescribed. Any adverse reactions to drugs were discussed with staff.

The practice had a dedicated medical fridge away from the patient area. However, we found the following areas required improvement:

- The temperature of the fridge on the day of the inspection was out of the required parameters
- The daily fridge temperature was not recorded and there was no log in place
- We noted patient impressions and dental materials were kept within the non-clinical fridge among food items.

Further information on actions taken regarding the temperature of the fridge can be found in Appendix A.

The registered manager must implement a procedure to be followed in the event the medical fridge temperature is out of required parameters.

The registered manager must store medical items separate to food items in a fridge.

The registered manager must keep a daily log of the temperature to ensure items remain viable.

We saw the practice had a medical emergency policy in place; however, this required updating and did not include all the necessary information.

The registered manager must review and update the medical emergency policy and procedure.

We looked at staff training records and found all staff members had up-to-date training in cardiopulmonary resuscitation (CPR). All staff members had completed first aid training, and we saw a first aid kit available with all items in place and in date.

We inspected equipment in place to deal with a medical emergency and found all items were available and in date. However, we noted that the Aspirin that was available was not dispersible. We also noted medical emergency drugs were stored in the fridge which was not required and could affect the efficacy. Both issues were resolved on the day; further details can be found in Appendix A.

We saw evidence of regular checks being carried out on emergency equipment. However, the process required significant improvement; multiple different forms were being used, some of which were photocopied, and some documents did not contain a full list of items to be checked.

The registered manager must ensure documentation for checks of medical emergency equipment contains all items and is completed appropriately.

The medical emergency equipment was kept within the staff area in a large box. We advised the registered manager to review the current storage arrangements for medical emergency equipment, as storing items in a large box may hinder quick access and transportation during an emergency.

We found oxygen cylinders were in place. However, no written procedures were available, and staff had not completed BOC oxygen cylinder training.

The registered manager must implement written procedures for oxygen management.

The registered manager must ensure all staff complete BOC oxygen cylinder training.

Safeguarding of children and adults
We saw evidence the practice had an up-to-date safeguarding policy in place. This was in line with the Wales Safeguarding Procedures (WSP) and included the relevant external contract details for local safeguarding teams. The setting has an appointed safeguarding lead who had access to the WSP on their smart phone. Staff were aware of the support available to them in the event of a safeguarding concern.

We reviewed safeguarding training records and saw most staff had up-to-date safeguarding training to an appropriate level. However, we found certification of safeguarding training was not available for one staff member. We were provided with safeguarding certification for this staff member shortly following the inspection.

Management of medical devices and equipment
We found medical devices and clinical equipment were in good working order and suitable for purpose. Most reuseable devices were disinfected appropriately; however, we noted one instrument that had been processed within the decontamination room had dental material still visible. This was raised to the registered manager on the day of inspection and was reprocessed.

The registered manager must remind clinical staff of their responsibilities to visually inspect reusable devices throughout the decontamination process.

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

Documentation was in place to evidence the safe use of X-ray equipment. We viewed evidence of maintenance records of X-ray equipment and local rules were displayed near to each X-ray machine in each surgery.

Effective

Effective care

We found the practice had safe arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. We found staff were following the advice of relevant professional bodies and knew where to find information when required. Local Safety Standards for Invasive Procedures (LocSSIPs) were used to help minimise the risk of wrong tooth extraction.

Patient records

We saw a suitable system in place to ensure the safety and security of patient records. The practice had an appropriate records management and consent policy in place.

We reviewed a sample of eight patient records. Overall, the recording of information was clear and was being maintained to a good standard. Each patient had identifiers, reasons for attending were recorded and medical histories were updated at each visit. However, we found the following areas that could be improved:

- The preferred language of patients was not consistently recorded
- Patient charting had not been updated at each visit
- Notes for one patient were inappropriate due to prepopulated templates being used.

The registered manager must ensure that patient records are complete and include all relevant information in line with professional standards and guidance.

Efficient

Efficient

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

Quality of Management and Leadership

Staff feedback

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

Leadership

Governance and leadership
We found a clear management structure in place to support the running of the practice. We saw evidence the practice held formal team meetings every six months and noted suitable discussions around surgery cleanliness, payments and time management. As they operate with a small team, additional meetings were arranged on an ad-hoc basis when needed. Staff shared that this flexible approach worked well for them and supported effective communication without the need for frequent formal meetings.

We saw staff had access to policies within a dedicated policy folder. We were told they were updated annually and saw evidence of staff reviewing policies annually.

Workforce

Skilled and enabled workforce
The team comprised of one dentist, two therapists, one qualified nurse, two newly qualified nurses awaiting GDC registration and one receptionist. We found an appropriate system in place to ensure a suitable number of staff were working at any time. We were told the practice rarely uses agency staff; when extra staff are required, nurses from local practices will work on an informal basis.

We saw a suitable and up-to-date recruitment policy. We were told any new staff members were required to complete an induction process and are supervised by the dentist and qualified nurses. We were told any performance issues would be discussed with the individual staff member in private and a disciplinary procedure would follow if necessary.

We reviewed seven staff member records and found suitable evidence was in place for professional indemnity, GDC registration, contract of employment and appraisals. However, we noted the following that required improvement:

- One disclosure and barring check was basic when enhanced was required
- Blood results following Hepatitis B vaccination was not available for two members of staff
- Two staff members had no employment history
- Four staff members had no references.

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

We reviewed a sample of seven staff training records and found all staff members had up-to-date certification in place for most mandatory courses. We noted that one staff member did not have IPC training and two staff members did not have fire awareness training. However, certification was provided within 24 hours of the inspection.

We were told inhouse training for some mandatory courses was arranged by the practice. Of those who responded to the HIW questionnaire, staff said they felt they had appropriate training to undertake their role. On talking to the registered manager, we found they did not have a suitable training matrix in place to monitor the completion of mandatory training courses. We advised they put this in place to ensure compliance with core training.

Culture

People engagement, feedback and learning
The practice had a suggestions box available within the ground floor corridor with forms for patients to provide feedback. We were informed patients could also provide feedback verbally in person, through email or via Google reviews. We were told staff act on feedback when it is received. The registered manager discussed that signs directing patients to the reception desk had been added in the corridor following patient feedback. We noted a 'you said we did' board available within the waiting room to share improvements with patients.

The practice had an appropriate complaints policy which was reviewed annually. We noted this was displayed in the waiting room, reception desk and in each surgery. The policy included timescales for complaints, an escalation process if required and contact information for external bodies such as Llais and HIW.

We were informed the registered manager was responsible for handling complaints. If the complaint was regarding the registered manager, the receptionist would take responsibility. We saw evidence of a complaints log which was regularly reviewed to identify common themes.

We viewed the duty of candour guidance which outlined responsibilities of staff members. Staff were confident in describing the process; however, we were told staff had not completed duty of candour training.

The registered manager must ensure all staff members have completed duty of candour training.

Information

Information governance and digital technology

The practice used an electronic system to manage patient records. A paper system was in place for staff training records and all policies and procedures. There was an accident reporting system in place and we were told information was shared with staff members.

Learning, improvement and research

Quality improvement activities

We were told clinical staff were a part of a dental cluster WhatsApp group where they could discuss and obtain professional advice. We saw audits for smoking cessation, radiography, antibiotic prescribing and hand washing. We were told the practice made use of the maturity matrix development tool. We were told audits were completed at regular intervals and outcomes shared with staff. However, we noted there was no policy in place for quality improvement activities.

The registered manager must implement a policy for quality improvement.

Whole-systems approach

Partnership working and development

We were told the practice maintains a good working relationship with other primary care services.

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
The risk assessment was basic and lacked an action plan.	Potential risk to patient safety.	Raised to the registered manager.	The registered manager booked fire risk assessment on the day of inspection and provided evidence of this to HIW. The fire risk assessment completed shortly following the inspection.
We noted storage of cardboard boxes within the loft space.	Potential to be a fire risk.	Raised to the registered manager.	The registered manager removed all boxes from the loft space on the day of the inspection. Photographic evidence was provided to HIW.
The temperature of the fridge on the day was out of the required parameters.	Risk of dental materials or drugs being stored incorrectly and reducing their efficacy.	Raised to the registered manager.	The registered manager adjusted the fridge temperature on the day. We viewed the fridge thermometer during the inspection following the adjustment and found it was within the required parameters.

We noted medical emergency drugs were stored in the fridge when not required which could affect the efficacy.	Incorrect storage of emergency drugs could reduce efficacy of life saving drugs putting patients at risk.	Raised to the registered manager.	Medical emergency drugs were removed from the fridge and replaced on the day. Assurance was given that they would not be stored within the fridge going forward.
We noted Aspirin was available; however, it was not dispersible.	Incorrect formulation of Aspirin could delay treatment or reduce efficacy in a medical emergency.	Raised to the registered manager.	The registered manager replaced the Aspirin with dispersible tablets on the day.

Appendix B - Immediate improvement plan

Service: St Julian Dental Centre

Date of inspection: 09 September 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 non-compliance issues.					

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):

Job role:

Date:

Appendix C - Improvement plan

Service: St Julians Dental Centre

Date of inspection: 09 September 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.	We did not see names and GDC numbers for all GDC registered staff displayed.	The registered manager must display the names and GDC registration numbers of all GDC registered staff members.	GDC Standards for the Dental Team Standards 6.6.10	GDC-registered staff nameplates have been installed outside the practice premises. A comprehensive staff board has also been displayed in the waiting room to ensure patients can easily see and identify all members of the team.	Practice Manager	Completed

2.	The official HIW certificates for the registered manager and service were not displayed.	The registered manager must display all official HIW registration certificates.	Care Standards Act 2000 Regulation 28(1)	Following the practice name change, all relevant records have been updated, and new HIW certificates have been issued and received.	Practice Manager	Completed
3.	The glass window present on the surgery doors meant patients could be seen having treatment and reduced privacy.	The registered manager must ensure that patient privacy is maintained and prevent patients from being visible during treatment.	The Private Dentistry (Wales) Regulations 2017 Regulation 15(1)	Following the inspection, glass windows have been covered with opaque tint to ensure patient privacy	Practice Manager	Completed
4.	We noted there were no locker facilities for staff to store their possessions.	The registered manager must provide staff with facilities to store their possessions.	The Private Dentistry (Wales) Regulations Regulation 22(3)(b)	Locker facilities were installed and are now actively used by staff. Photographic evidence confirming this was provided the day following the inspection.	Practice Manager	Completed

5.	No fire alarm tests were documented, and emergency lighting was not being tested on a regular basis.	The registered manager must test fire safety equipment on a regular basis and keep documented evidence.	The Private Dentistry (Wales) Regulations 2017 Regulation 22(4)(a)	The fire alarm system and emergency lighting are now tested regularly, with a formal protocol in place.	Practice Manager	Completed
6.	Only one sink was available within the decontamination room which was used for hand washing as well as rinsing instruments.	The registered manager must provide a separate hand wash sink from where instruments are being processed.	WHTM 01-05 Chapter 2 (2.4)(r)	A second sink has been installed in the decontamination room for instrument processing. There are now two sinks in place to support proper decontamination procedures.	Practice Manager	Completed
7.	Stock such as paper towels and gloves were stored on shelving uncovered in the decontamination room creating a risk of contamination.	The registered manager must relocate stock items currently kept within the decontamination room to avoid cross contamination.	The Private Dentistry (Wales) Regulations 2017 Regulation 22(2)(c)	Paper towel and glove supplies have been organised and are now stored in closed cupboards within each surgery.	Practice Manager	Completed

8.	The work surface was not continuous, with gaps visible between the wall and countertop.	The registered manager must ensure worksurfaces are impervious and continuous within the decontamination room.	WHTM 01-05 Chapter 6 (6.46)	The decontamination room now has continuous, impervious work surfaces to support proper hygiene.	Practice Manager	Completed
9.	We noted the organisation of paper test strips needed improvement and some information was missing such as the batch number and expiration date of test items from the logbook.	The registered manager must ensure any paper logbooks kept within the decontamination room are fully documented with proof of testing organised appropriately.	WHTM 01-05 Chapter 2 (2.4)(m)	All paper logbooks within the decontamination room are fully documented, and proof of testing is organised and available for inspection.	Practice Manager	Completed
10.	The IPC audit sheets were not dated and therefore we could not be assured when the audit had been completed.	The registered manager must ensure the IPC audits are dated appropriately.	The Private Dentistry (Wales) Regulations 2017 Regulation 16 (1)	IPC audit sheets are appropriately dated and in place, and regular audits are being carried out.	Practice Manager	Completed
11.	The clinical waste bin was not secured to a permanent structure.	The registered manager must ensure the clinical waste bin is secured to a permanent structure.	HTM 07-01 Dental Practices (4)	The clinical waste bin has been permanently secured to its designated area.	Practice Manager	Completed

12.	Full clinical waste bags were stored in a locked cupboard; however, this could be seen as an avoidable fire risk as they had use of a clinical waste bin at the rear which they chose not to use.	The registered manager must review clinical waste storage arrangements to ensure any potential risks are mitigated.	HTM 07-01 Dental Practices (4)	We reviewed our clinical waste storage arrangements and, in consultation with our contractor and fire risk assessor, implemented amendments to ensure storage is compliant.	Practice Manager	Completed
13.	We identified some dental materials that were out of date within a surgery.	The registered manager must implement a robust procedure to ensure all medical materials are checked on a regular basis and kept in date.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(4)	We have implemented a procedure to record expiry dates for all medical materials in use, and these are checked on a regular basis.	Practice Manager	Completed
14.	The temperature of the fridge on the day of the inspection was out of the required parameters.	The registered manager must implement a procedure to be followed in the event the medical fridge temperature is out of required parameters.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(3)(c)	We have adjusted the settings to ensure the medical fridge maintains a constant temperature, in accordance with	Practice Manager	Completed

				recommended storage requirements, and this is monitored regularly.		
15.	We noted patient impressions and dental materials were kept within the non-clinical fridge among food items.	The registered manager must store medical items separate to food items in a fridge.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(6)(b)	Two fridges are now in place: one designated for staff food storage and one dedicated exclusively for medical items within the practice.	Practice Manager	Completed
16.	The daily fridge temperature was not recorded and there was no log in place.	The registered manager must keep a daily log of the temperature to ensure items remain viable.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(2)(a)	Fridge temperatures are recorded daily as part of our monitoring process to ensure medical items are stored within the required temperature range and remain viable.	Practice Manager	Completed
17.	The medical emergency policy required updating	The registered manager must review and update	The Private Dentistry (Wales) Regulations 2017	The medical emergency policy and procedures	Practice Manager	Completed

	and did not include all the necessary information.	the medical emergency policy and procedure.	Regulation 8(1)(q)	have now been reviewed and updated in line with current protocols.		
18.	Multiple different forms were being used to check emergency equipment, some of which were photocopied, and some documents did not contain a full list of items to be checked.	The registered manager must ensure documentation for checks of medical emergency equipment contains all items and is completed appropriately.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(2)(a)	Standard medical equipment and emergency medication checklists are now in place, covering all required items in line with protocol, and are completed daily.	Practice Manager	Completed
19.	No written procedures for oxygen cylinders were available.	The registered manager must implement written procedures for oxygen management.	The Private Dentistry (Wales) Regulations 2017 Regulation 31(1)	A written policy and procedure for oxygen management has been implemented to ensure safe handling, storage, and monitoring in line with required standards.	Practice Manager	Completed
20.	Staff had not completed BOC oxygen cylinder training.	The registered manager must ensure all staff	The Private Dentistry (Wales) Regulations 2017	We have liaised with BOC and confirmed a	Practice Manager	Completed

		complete BOC oxygen cylinder training.	Regulation 17(3)(a)	training date for all staff on the safe handling and management of oxygen cylinders		
21.	We noted one instrument that had been processed within the decontamination room had dental material still visible.	The registered manager must remind clinical staff of their responsibilities to visually inspect reusable devices throughout the decontamination process.	WHTM 01-05 2.4(h) 3.18	A clinical meeting was held with all staff to reinforce the importance of inspecting all reusable instruments at each stage of the decontamination process, ensuring compliance with required standards.	Practice Manager	Completed
22.	We found the following areas that could be improved: • The preferred language of patients was not consistently recorded	The registered manager must ensure that patient records are complete and include all relevant information in line with professional standards and guidance.	The Private Dentistry (Wales) Regulations 2017 Regulation 20	All patient notes have been meet professional standards and guidance. Patients' preferred language is now recorded consistently across all records.	Practice Manager	Completed

	• Patient charting had not been updated at each visit • Notes for one patient were inappropriate due to prepopulated templates being used.					
23.	We noted the following that required improvement: • One disclosure and barring check was basic when enhanced was required • Blood results following Hepatitis B vaccination was not available for two members of staff • Two staff members had no employment history	The registered manager must review their employment procedures to ensure pre-employment checks are appropriately completed and records are routinely reviewed to ensure compliance.	The Private Dentistry (Wales) Regulations 2017 Regulation 18(2)	All pre-employment checks have been reviewed and amended to ensure full compliance with current regulatory requirements.	Practice Manager	Completed

	• Four staff members had no references.					
24.	We were told staff had not completed duty of candour training.	The registered manager must ensure all staff members have completed duty of candour training.	The Private Dentistry (Wales) Regulations 2017 Regulation 17(3)(a)	All staff have now completed Duty of Candour training online following the inspection.	Practice Manager	Completed
25.	We noted there was no policy in place for quality improvement activities.	The registered manager must implement a policy for quality improvement.	The Private Dentistry (Wales) Regulations 2017 Regulation 8(1)(n)	The practice has now implemented a Quality Improvement Policy to support ongoing monitoring and enhancement of standards.	Practice 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): **Swetha Pooja Palagummi**

Job role: **Practice Manager**

Date: **03/11/2025**