

# General Dental Practice Inspection Report (Announced)

Teeth for Life Dental Care (Magor),  
Aneurin Bevan University Health  
Board

Inspection date: 02 October 2025

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In writing:

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

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

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

## Our purpose

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

## Our values

We place people at the heart of what we do.

We are:

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

## Our goal

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

## Our priorities

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



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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 Teeth for Life Dental Care (Magor), Aneurin Bevan University Health Board on 02 October 2025.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 24 questionnaires were completed by patients and 8 were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found patients to be complimentary of the practice, staff and care. Staff were considered to be professional and demonstrated that patient care was the practice's top priority. Practice policies and staff training protected patients' rights and equality. We found an individualised approach to meeting patients' needs and preferences, with provision of an environment that supported privacy and confidentiality and promoted patient dignity and respect.

Key patient-facing documents, including the dental standards and those outlining practice information, were available in both English and Welsh. However, a wider range of accessible formats were not readily available.

Although visible throughout the practice, not all respondents to the HIW patient questionnaire were aware of the emergency contact details for the practice, indicating communication around this could be strengthened. A good range of oral health promotion information was seen.

This is what we recommend the service can improve:

- The practice should implement weekly reviews of onward referrals to support continuity of care between services
- Provision of information in a wider variety of formats to ensure accessibility to patients with different communication needs
- More robust information to be provided to patients regarding what to do if dental issues arise following appointments.

This is what the service did well:

- Interactions with patients in a manner that demonstrated respect for individual needs and preferences
- Appointments were offered across sites to promote timely access and continuity of dental professional.

### Delivery of Safe and Effective Care

Overall summary:

We observed the practice to be tidy and well-organised, and processes were in place to respond to any issues with the physical environment. A robust cleaning schedule supported effective general cleaning routines. Dental equipment was in suitable condition and available in sufficient quantity to support effective

decontamination between uses. However, we found that the ultrasonic machine had not recently been serviced. Not all dental practitioners had completed specific decontamination training. Electric, gas and fire safety equipment had been recently checked for safety.

Suitable precautions were taken to respond to patients reporting to have respiratory illnesses. Waste management contracts and facilities were in place and the Control of Substances Hazardous to Health was appropriate. Appropriate protocols underpinned X-ray imaging practices and internal radiography audits were completed. Inconsistencies were found within clinical records.

This is what we recommend the service can improve:

- All staff complete all mandatory training required to levels appropriate to role
- Robust implementation of medicines management procedures
- More proactive consideration of the environment and equipment checks to avoid problems arising.

This is what the service did well:

- Visibly clean, tidy and well-organised environment
- Relevant guidance and insurance documents were displayed to support clinical practice, inspire patient confidence and ensure staff members were aware of their responsibilities in the workplace.

## Quality of Management and Leadership

Overall summary:

Staff felt that there were appropriate staffing levels, skill mix and resources to enable them to meet the demands of their jobs and provide good care and support for their patients. We noted a clear management structure was in place and staff reported to feel confident to raise any concerns or suggestions. Good working relationships and a positive environment were observed. Once fully embedded, an electronic system for sharing, recording and monitoring compliance with training, safety alerts, personnel requirements and policies and procedures will more effectively support the practice manager in their role.

This is what we recommend the service can improve:

- Some key documents need updating for consistent and professional content and presentation
- Collation of patient feedback, concerns or complaints to enable continuous practice development.

This is what the service did well:

- Use of digital programmes and artificial intelligence within clinical and operational aspects of service delivery
- Positive relationships with other dental care providers within the locality and signposting to other services.

### 3. What we found

## Quality of Patient Experience

### Patient feedback

Overall, the responses to the HIW patient questionnaire were positive. All respondents rated the service they received from this practice as ‘very good’ and the facilities as ‘very clean’.

Patient comments frequently stated the practice was “excellent”. Staff were described as “wonderfully caring”, “happy and informative”, “professional” and to “always treat you with respect”. One patient reflected how the treatment they received had made a positive difference to them:

*“My oral health was in a poor state before I attended this establishment, now it is very good indeed.”*

### Person-centred

#### Health promotion and patient information

We observed a good range of health promotion information was available to patients. This included information leaflets regarding oral care during pregnancy and smoking cessation. In addition, a clear explanation of the role of oral health in preventing gum disease was found on the Teeth for Life website.

#### Dignified and respectful care

All discussions we observed between practice staff and patients were respectful. Although the reception and waiting area were open plan, the reception desk was shaped and furnished with a privacy screen to protect patient information during in-person and telephone conversations. Surgeries were fitted with solid doors and blinds over the windows to ensure privacy for patients during appointments. A patient confidentiality agreement was in place, and all respondents to the HIW staff questionnaire indicated they either ‘agreed’ or ‘strongly agreed’ that patients’ privacy and dignity is maintained. We noted the nine core principles prepared by the General Dental Council (GDC) were on display in the waiting area.

#### Individualised care

Patients could make appointments via telephone, online, or in person and the practice opening times had been designed to accommodate patient access. All respondents to the HIW patient questionnaire found it ‘fairly easy’ or ‘very easy’

to get an appointment when needed. Emergency and out-of-hours numbers were displayed outside the practice, on the practice website and provided on the practice answerphone. However, not all respondents to the HIW patient questionnaire reported to be aware of these details, or to have been given information on how to contact the practice if they experienced emergency dental issues, such as infection, following treatment.

**The registered manager must provide more robust information to patients regarding what to do if dental issues arise following appointments.**

### **Timely**

We found the daily appointments available for patients promoted the delivery of both emergency, urgent and routine dental care. Emergency appointments were available every day and urgent needs would be allocated the next available appointment. Use of a cancellation list, and the offer for patients to attend at both the Magor and Caldicot Teeth for Life sites was available to enable timely care and support continuity for treatments. Criteria were used by reception staff to help their initial triage of patient need and appropriate appointment timescales.

We were told that in general patients would not wait long for routine care, with treatment appointments usually being available within two weeks. Staff informed us that should appointments run late, patients would be notified in a timely manner and offered an alternative appointment if required.

While the practice appointment system was designed to offer timely care, we did find that referrals from the practice to other services were not always completed or followed up in a timely manner.

**The registered manager must implement weekly reviews of onward referrals to support continuity of care between services.**

### **Equitable**

#### **Communication and language**

We saw key documents, such as the nine GDC principles, HIW registration and the practice complaints procedure, available in both English and Welsh. We were told that patients unable to communicate in English would be supported via language line.

There were no Welsh speakers working within the practice, and there was no routine consideration of patient language preference recorded within case notes. Inspection discussions highlighted the requirement for the practice to make the Active Offer to Welsh speakers, and through the course of the day a 'laith Gwaith' sign was prepared for display within the waiting area. The medical history section

of the electronic record keeping system was also updated to enable people to have their language preference recorded.

Written patient information was only available in English small print formats and therefore did not cater to a variety of communication needs.

**The registered manager must ensure that written patient information is available in a variety of formats such as large print, easy-read and alternative languages.**

### **Rights and equality**

We found that equality, diversity and inclusion was promoted through practice policies and relevant staff training. Protected characteristics were acknowledged within the Statement of Purpose and Acceptance Policy. All respondents to the HIW staff questionnaire indicated access to fair and equal workplace opportunities.

Level access to the building and treatment areas and adaptations to the patient toileting facilities were in place to support patients with physical disabilities. Most respondents to the HIW patient questionnaire agreed that the building was accessible (20/24). We were told that patients who attended the practice in wheelchairs could either be seen in the dental chair or in their wheelchair, according to physical ability and preference. We were also informed patient names and pronouns could easily be updated within the patient record, and that all staff used these details to ensure appropriate communication.

# Delivery of Safe and Effective Care

## Safe

### Risk management

We found the premises to be generally clean, tidy and well organised. A water leak which had occurred earlier in the week had been responded to immediately to make the building safe and minimise disruption to patients.

We saw a formal health and safety risk assessment was completed by a contractor on a two-yearly basis with recommendations implemented. We were told that staff also complete visual environmental inspections and immediately escalate issues to the registered manager. However, as an informal process completed on an ad hoc basis, this could mean issues were not identified or dealt with as proactively as possible. One comment received through the HIW staff questionnaire indicated concern over damp in the building.

**The registered manager must implement a more formal system of undertaking and documenting health and safety environmental assessments.**

We observed the dental equipment used by the practice was in good condition and in sufficient numbers to enable effective decontamination between uses. We also saw single use items were utilised where necessary. Needle re-sheathing devices ensured care was delivered in a manner that was safe for both patients and staff.

We reviewed electric, gas and fire safety equipment maintenance records and found all assets had been recently checked for safety. Expired fire safety items in the staff area had already been reordered, and equipment unsuitable for use labelled as such. We saw comprehensive evidence of regular fire drills, and that all staff had completed fire safety training. Fire assembly points were clearly displayed, and emergency exit routes were clearly signposted on the ground floor. There was no signage regarding emergency exits from the upstairs of the building, which housed staff facilities and offices, potentially placing staff and visitors at risk in the event of an emergency.

**The registered manager must ensure that fire escape routes are signposted from the upstairs of the building to support staff and visitors in the event of an emergency.**

Staff changing and refreshment facilities were available away from patient areas.

The practice Public and Employer Liability Insurance certificates and Health and Safety Executive poster were on display in appropriate areas.

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

We found that appropriate IPC policies and procedures were in place, and that a robust cleaning schedule supported effective general cleaning routines. Decontamination facilities were suitable. The ultrasonic machine was regularly tested but had not recently been serviced.

**The registered manager must ensure that ultrasonic machine is serviced on an annual basis.**

The use of bur stands ensured burs were accessible for dentists to use when required. However, we discussed burs being bagged and date stamped to maintain cleanliness the same as other equipment.

Not all dental practitioners had completed specific decontamination training, which was discussed as best practice during the inspection.

**The registered manager must ensure dental practitioners complete a specific decontamination module within the IPC training package.**

We saw that suitable precautions were taken to respond to patients reporting to have COVID or other respiratory illnesses to minimise transmission risk while supporting appropriate oral health. Staff were aware of the needlestick risk assessment and most knew how to access health board occupational health services should they need to.

We saw suitable waste management contracts and facilities were in place. Precautions were also implemented according to the Control of Substances Hazardous to Health.

**Medicines management**

We noted a suitable medicines management policy was in place. Patients were reminded via signage, medical history questionnaires and verbally at the beginning of consultations, to inform their dentist of any updates to their health. A new fridge was on order and due for delivery to resolve an issue that had been noted with the fridge temperature range in the lead up to the inspection.

Prescription pads were kept in a suitable locked draw, although records of serial numbers were not held separately, which would improve security.

**The registered manager must implement a system for prescription pad serial numbers to be recorded to support reporting in the event of theft.**

A Midazolam policy was noted to be in place but required more robust implementation for patient safety and transparent medicines management.

**The registered manager must ensure that:**

- Midazolam dosages are more clearly indicated to ensure suitable administration to both adults and children
- Recording of Midazolam disposal is comprehensive.

Adult defibrillator pads were present within the emergency resuscitation kit. Staff reported to have had training on how to use the adult pads for children, but there was no written information to remind staff of how to do this in the event of a paediatric emergency.

**The registered manager must ensure that a formal risk assessment and action plan are created to support staff in the event of a paediatric medical emergency requiring the use of the defibrillator.**

All other medical emergency drugs and equipment were observed to be in place including appropriately serviced oxygen cylinders which staff were trained to use.

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

We found staff were clear about their responsibilities should they identify a safeguarding concern for one of their patients. However, the contact number for the local authority adults safeguarding team was missing from the safeguarding policy. The children's Was Not Brought action prompts were also not readily available. The practice safeguarding policy was updated on the day of the inspection.

While the practice had a designated safeguarding person, they had not completed Safeguarding Children and Safeguarding Adults training to level 3, which would ensure they were fully able to discharge their duty of care should a safeguarding concern arise.

**The designated safeguarding person must complete Safeguarding Children and Safeguarding Adults training to level 3.**

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

We noted clinical equipment at the practice was appropriate for its intended purpose. Suitable protocols and risk assessments underpinned robust

communication of risks and benefits of X-rays to patients and enabled informed consent, justification, completion and analysis of imaging. Dentists had completed Ionising Radiation (Medical Exposure) (IR(ME)R) training. The principal dentist was the nominated Radiation Protection Supervisor (RPS). However, there was no evidence that they had undertaken training to support this role.

**The principal dentist must undertake RPS training to support their role in overseeing compliance with radiation protection measures.**

We were informed that internal radiography audits were completed, but national quality assurance tools were not used. We discussed the benefits of the practice implementing annual Health Education and Improvement Wales (HEIW) IRMER audits. A contract was in place with a Medical Physics Engineer and there was evidence of records of maintenance and local rules in place.

## **Effective**

### **Effective care**

We were told that professional, regulatory and statutory guidance was followed within the delivery of dental services and that additional advice would be sought as required. Local Safety Standards for Invasive Procedures checklists were displayed on surgery walls so that dentists had easy access to help prevent wrong site tooth extraction.

### **Patient records**

We reviewed a total of ten patient records during our inspection. Electronic and paper-based records were securely stored and suitable retention schedules were in place.

The records reviewed indicated comprehensive assessment of oral structures and procedures appropriate to cancer screening. Medical history was also verbally checked, but we noted this could be more clearly recorded on the electronic system.

Evidence of consideration of wider lifestyle choices which may affect oral health was inconsistent, with alcohol use and diet not being explored. Where patients were identified as tobacco smokers, verbal health promotion around this was provided, but no onward smoking cessation referrals offered or made, which could more effectively support lifestyle change.

We noted some inconsistencies of reporting and grading of radiographs when these were required, and that antibiotic justification was not in-line with guidance. The records we reviewed also indicated that signed treatment planning was not

routinely completed with patients. Responses to the HIW patient questionnaire also indicated variation in patient involvement with treatment planning.

**The registered manager must address these inconsistencies and ensure clinical records are accurate, complete, and contemporaneous in line with professional standards and regulatory requirements.**

## **Efficient**

### **Efficient**

We found patients progressed through internal treatment pathways efficiently, with internal referrals being made easily through the computer system. We saw that the appointments system, dental rotas and cross-site working with the Caldicot practice ensured an appropriate skill mix and provision of dental cover for both NHS and private patients.

# Quality of Management and Leadership

## Staff feedback

Overall, responses to the HIW staff questionnaire were positive. All respondents agreed or strongly agreed that there were appropriate staffing levels, skill mix and resources to enable them to meet the demands of their jobs and provide good care and support for their patients. All respondents strongly agreed that patient care was the practice's top priority, and that they would be happy with the standard of care provided if friends or relatives needed dental care at the practice. The practice was recommended as a good place to work.

One member of staff commented:

*"We are a friendly, welcoming and caring practice where the patient's best interests always come first...always open to suggestions from staff and feedback from patient surveys."*

## Leadership

### Governance and leadership

We found a clear management structure and definition of all staff roles and responsibilities in place to support the effective running of the practice. Both the registered manager and practice manager were long-standing members of the team and reported to work well together and provide mutual support for their roles. They also stated that they work across both practice sites at regular intervals to maintain visible leadership and support across the team.

We reviewed minutes of staff meetings and were told these tended to take place monthly, or as required. These meetings were joint between both Teeth for Life sites, and all staff were invited to bring items for discussion. We observed an electronic system was being embedded to securely store meeting minutes, policies, procedures, personnel files and other relevant alerts and information. Messaging systems were also in place for information sharing and structured to ensure that important information was highlighted and more informal communication could easily be filtered out.

We were told that the practice had previously used a Maturity Matrix Dentistry team development tool but had not completed this recently. We discussed that completion of team development tools could inform the further development of the team and services delivered and suggested the HEIW Maturity Matrix and Skills Optimiser Self-Evaluation tools as suitable options.

We saw that key policies were in place and that the practice Statement of Purpose had been recently reviewed, although some further updates to format and content were still required for these to provide patients with comprehensive professional information. HIW contact details were not provided within the Statement of Purpose.

**The registered manager must review and update the practice Statement of Purpose in line with regulations and send to HIW.**

## Workforce

### Skilled and enabled workforce

We observed good staff working relationships and noted a positive working environment at the practice. A whistleblowing policy was in place and all staff we spoke to reported they would feel confident in raising concerns or suggestions to management.

We saw evidence that staff undertake an annual appraisal and that feedback and training requests resulting from these were responded to ensuring professional and practice development. Practice management told us they were part of professional networks which provided support and benchmarking opportunities.

We reviewed a total of nine staff records and found nearly full compliance with all mandatory training requirements. Administrative staff had not completed level 1 IPC training. This training was completed by the end of the inspection.

A system was being embedded to monitor compliance with staff training and enable staff to remain trained to an appropriate level for their roles. Once fully incorporated this system will more effectively support the practice manager in their role.

Arrangements were in place to monitor and maintain the professional obligations of registered dental professionals, with all relevant staff having up to date GDC registration and professional indemnity insurance in place. Appropriate health screening records were in place for all staff. Evidence was seen that enhanced Disclosure and Barring Service (DBS) checks were renewed on a three yearly basis. We discussed the completion of self-declarations to improve assurance that all staff remain of good character in between formal DBS checks.

We were told that all members of staff had been in post for at least four years. Verbal references were generally collected but nothing was documented. There was also no templated induction process.

**The registered manager must define and implement robust recruitment and induction procedures to help support all new starters at the practice.**

## Culture

### People engagement, feedback and learning

We saw a suggestion box was available for patients to place written comments within the waiting area and we were informed that all patients received a link to an online feedback form following appointments. Feedback was reviewed by the practice manager and particularly good feedback shared with the team. We were told that no complaints or incidents had arisen, and that concerns were not recorded. We advised the practice to fully record concerns and feedback, as well as complaints, and collate themes for broader learning.

We saw that a complaints procedure was in place but that there were different versions of this available to patients on the practice website and within the premises. Some of the timescales for investigations and responses were also not in line with NHS Putting Things Right. Not all respondents to the HIW patient questionnaire reported to be informed on how complaints were handled, indicating that patients were not clearly signposted to the complaints process.

**The registered manager must ensure that a clear practice complaints procedure is provided consistently across the website and premises, in line with Putting Things Right and containing the HIW contact details as a mechanism patients can use to raise concerns.**

## Information

### Information governance and digital technology

We found that the practice was moving towards digital impressions. The use of Artificial Intelligence for recording minutes of staff meetings was also being piloted, with staff checking the minutes generated for accuracy.

Staff we spoke with were aware of information governance requirements but also who to share information with if required for patient and public safety.

## Learning, improvement and research

### Quality improvement activities

We saw evidence of regular dentists' meetings to share clinical practice. Audits were also undertaken to strengthen clinical and operational aspects of service delivery. These audits included IPC, healthcare waste and disability access. We did not find evidence of a smoking cessation audit having been completed, which would make a valid contribution to developing more robust health promotion practices.

The registered manager must ensure that regular smoking cessation audits take place within the practice.

## **Whole-systems approach**

### **Partnership working and development**

We found that the practice was in contact with other dental care providers in the locality and had agreed to assist with business continuity if required. The practice also signposted patients onto other services if appropriate.

As well as being subject to HIW inspections, we also noted other inspections took place to monitor both private and NHS service provision.

## 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
Administrative staff not compliant with IPC training requirements.	IPC procedures may not be fully implemented increasing risk of healthcare associated infections.	Discussed with Registered Manager and Practice Manager.	Administrative staff completed IPC module on online training platform on the day of inspection.
Not all information to support the safeguarding of adults or children readily available.	Information not readily available to support staff to report or follow-up on concerns if required	Discussed with Registered Manager and Practice Manager.	Practice safeguarding policy updated on day of inspection.

## Appendix B - Immediate improvement plan

**Service:** Teeth for Life, Magor

**Date of inspection:** 02 October 2025

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate concerns were identified on this inspection.					

## Appendix C - Improvement plan

**Service:** Teeth for Life, Magor

**Date of inspection:** 02 October 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. Patients not consistently aware of how to contact the practice if dental issues occur following treatment.	Provision of more robust information to patients regarding what to do if dental issues arise following appointments.	Health and Care Quality Standards (2023) - Timely	The practice will implement more measures to make patients aware of how to contact the practice such as including information in treatment plans	Adam Lody	Completed
2. Referrals from the practice to other services were not always completed or	Implementation of weekly referral reviews to support continuity of care between services.	Health and Care Quality Standards (2023) - Timely	Create a referrals log on compliance software and fill in every time	Adam Lody, Rebecca Anderson and Jessica Oliver (dentists)	Completed

	followed up in a timely manner.			referral made - follow up weekly		
3.	Written patient information only available in English small print formats.	Written patient information to be made available in a variety of formats such as large print, easy-read and alternative languages.	Private Dentistry (Wales) Regulations 2017 Regulation 13(1)(a)	Get core patient information made into larger print and Welsh formats	Emma Baker	4 weeks
4.	Informal visual environmental inspections only between 2 yearly Health & Safety assessment.	Implementation of a more formal system of undertaking and documenting health and safety environmental assessments.	Regulation 16(1)(b)	Conduct own internal yearly health and safety risk assessments using compliance software template	Emma Baker	Completed
5.	Fire escape routes signposted from downstairs only.	Fire escape routes to be signposted from both the upstairs and downstairs of the building to support patients, staff and visitors in the event of an emergency.	Regulation 22(4)(b)	Add fire escape route signage/stickers upstairs to signpost correct route	Emma Baker	2 weeks
6.	Ultrasonic machine not recently serviced.	Ultrasonic machine to be serviced on an annual basis.	WHTM 01-05 Welsh Health Technical Memorandum	Book ultrasonic service with service engineer	Emma Baker	Booked

7.	Not all dental practitioners have completed a decontamination module within IPC training.	All dental practitioners to undertake specific decontamination training and maintain evidence of completion.	Regulation 8	Review dental practitioners CPD and ensure all have completed decontamination module or separate course	Emma Baker	Completed
8.	Prescription pad serial numbers not being recorded separately from the pads.	Implementation of a system for prescription pad serial numbers to be recorded.	Regulation 13(4)(a)	Fill in Prescription Pad management log on compliance software when pads received	Emma Baker	Completed
9.	Midazolam dosages not clearly indicated to ensure suitable administration to both adults and children.	Midazolam dosages to be more clearly indicated to ensure suitable administration to both adults and children	Regulation 13(4)(a)	Make sure child dosage noted with midazolam and made clear separately from adult dose	Emma Baker	Completed
10.	Midazolam disposal recording not comprehensive.	More comprehensive recording of Midazolam disposal.	Regulation 13(4)(a)	Start and fill in midazolam disposal log when midazolam next disposed of	Emma Baker	Completed
11.	No paediatric defibrillator pad.	Formal risk assessment and action plan required to	Regulation 31(2)(b)	Purchase paediatric	Adam Lody	Completed

		support staff in the event of a paediatric medical emergency requiring the use of the defibrillator.		defibrillator pads		
12.	Safeguarding designated person has not completed safeguarding training to level 3 for both children and adults.	Safeguarding designated person to undertake Safeguarding Children and Safeguarding Adults training to level 3 and maintain evidence of completion.	Regulation 14 (1)(b)	Safeguarding lead to find safeguarding children level 3 course and complete.	Adam Lody	Completed 27/10/2025
13.	Nominated RPS had not completed relevant training.	Principal dentist to undertake RPS training.	Regulation 17(3)(a)	Principal Dentist to book onto and complete RPS course	Adam Lody	2 weeks (course started)
14.	Inconsistencies found within clinical records.	Registered manager to address inconsistencies to ensure clinical records are accurate, complete, and contemporaneous in line with professional standards and regulatory requirements.	Regulation 20	Maintain regular and robust clinical record audits and act accordingly on findings	Adam Lody	Completed
15.	Statement of Purpose requiring updates in line with regulations.	Statement of Purpose to be reviewed and updated	Regulation 5(schedule 1)	Make updates to Statement of Purpose as	Adam Lody	Completed

		version forwarded to the HIW registration team.		suggested during the inspection and notify HIW		
16.	Informal recruitment and induction processes only.	Robust recruitment and induction procedures must be defined and implemented.	Regulation 18(1)(i)	Use recruitment and induction tools and matrix in compliance software robustly when taking on future staff	Emma Baker	Completed
17.	Inconsistencies within the complaints procedures published on the website and within the practice premises and Putting Things Right.	A clear practice complaints procedure to be provided across the website and premises which is consistent with Putting Things Right and contains the HIW contact details.	Regulation 21	Streamline and correct complaints procedure so it is in line with putting things right in policy and on website	Adam Lody	Completed
18.	No smoking cessation audit completed.	Regular smoking cessation audits to be undertaken.	Regulation 16(1)	Complete smoking cessation audit and carry out at regular intervals	Adam Lody, Rebecca Anderson and Jessica Oliver (dentists)	2 months to complete audit

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):** Adam Lody

**Job role:** Principal Dentist

**Date:** 29/10/2025