

General Dental Practice Inspection Report (Announced)

DentalNova Dental Practice,
Cwmbran

Inspection date: 21 October 2025
Publication date: 21 January 2026



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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
Website: 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 DentalNova Dental Practice, Cwmbran on 21 October 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 seven questionnaires were completed by patients and eight were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that staff at DentalNova were committed to providing a positive experience for their patients. We observed staff treating patients in a polite, friendly and professional manner.

Patients who responded to the HIW questionnaire rated the service as 'very good' and were satisfied with the amount of information provided during their treatment, accessibility of appointments and cleanliness of the practice. Respondents also highlighted staff professionalism, friendliness and clear communication.

All respondents to the HIW questionnaire felt they were treated with dignity and respect and were satisfied with the information provided about treatments.

This is what we recommend the service can improve:

- Update the practice website to include the Statement of Purpose and patient information leaflet.

This is what the service did well:

- Good availability of appointments for patients.

Delivery of Safe and Effective Care

Overall summary:

Dental surgeries were well equipped and fit for purpose. Some equipment servicing records were incomplete, and a reliance on external providers had led to lapses.

Appropriate fire safety arrangements were in place, but we advised that the fire risk assessment be reviewed and updated by a suitably qualified person.

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

Patient records were of a generally high standard and stored securely.

This is what we recommend the service can improve:

- Ensure appropriate measures are in place for effective cleaning and maintenance of the practice
- Update the fire risk assessment and address any actions identified
- Ensure the decontamination room is clean, tidy and organised.

This is what the service did well:

- Appropriate arrangements to deal with medical emergencies
- Patient records were of a generally high standard
- A designated safeguarding lead was in place with appropriate training.

Quality of Management and Leadership

Overall summary:

A comprehensive range of policies and procedures were in place and reviewed regularly, enabling staff to provide safe and effective care for patients.

The practice had clear management structures in place, with regular team meetings and staff were seen to work closely and effectively.

Responses to the HIW questionnaire indicated staff had a high level of satisfaction with the practice, facilities and the service they provided.

Policies for quality improvement were in place but needed a structured programme of implementation. A clear complaints procedure was in place, and patient feedback was actively sought and reviewed.

Most staff were compliant with mandatory training, but monitoring systems needed improvement. Some refresher training was overdue but addressed immediately after the inspection.

This is what we recommend the service can improve:

- Improved monitoring of staff training compliance
- Set up a programme of audits to drive service quality improvement.

3. What we found

Quality of Patient Experience

Patient feedback

Seven patients completed the HIW questionnaire. Comments were generally very positive, with all respondents rating the service as 'very good'.

Patient comments included:

"They have always been very amenable, professional and helpful."

Person-centred

Health promotion and patient information

A limited amount of information was available to patients in the waiting area, but posters on display did include advice on healthy eating, smoking cessation and good dental hygiene.

Signage both inside and outside the practice displayed information about the clinical team, including their name and General Dental Council (GDC) registration number. However, both signs required updating to reflect changes in personnel. This was addressed during the inspection with a poster showing complete and up-to-date information about clinical staff put on display in the waiting area.

A comprehensive patient information leaflet was made available to patients. However, we noted that the practice website did not include the patient information leaflet nor the Statement of Purpose.

The registered manager must ensure the practice website is updated to include the patient information leaflet and Statement of Purpose.

A price list was available to patients on request. We advised that this be made more readily available to patients and this was addressed during the inspection with a poster put on display.

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

Dignified and respectful care

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

External windows in the surgeries were obscured to preserve patient privacy and dignity. Staff told us that doors to surgeries were normally kept closed during treatment. However, we observed a surgery door being left open during treatment on more than one occasion during the inspection.

The registered manager must ensure that doors to surgeries are kept closed during the treatment of patients.

The nine core ethical principles of practice, as set out by the GDC, were displayed on the inside of one surgery door; however, we felt visibility of the poster was limited. We recommended that a poster be displayed in the patient waiting area and this was addressed immediately during the inspection.

The practice had up-to-date Employer's Liability Insurance. We recommended that a copy of the certificate be put on display and this was addressed immediately during the inspection.

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

Individualised care

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

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

Timely

Timely care

The practice opening hours were clearly displayed by the front door, in the patient information leaflet and on the practice website. The practice opening times enabled patients to attend appointments outside of normal working hours.

Staff told us there was effective communication between the surgeries and reception, with patients verbally updated about any delays, and given the option to re-book their appointment if desired.

Emergency appointments were made available daily and the practice operated a cancellation list to ensure patients received treatment promptly. Patients in need of emergency treatment were prioritised based on symptoms and clinical need. Reception staff had a checklist to aid them in the triage process. Patients calling the practice out of hours would hear a voicemail message with instructions about how to access emergency treatment.

All respondents to the HIW questionnaire said that it was very easy to get an appointment when they needed one.

Equitable

Communication and language

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

The practice did not have access to formal translation services. Staff told us they found online translation tools were sufficient for the needs of their current patients, and alternatives would be considered if the need arose.

Rights and equality

An equal opportunities policy was in place for members of staff, referencing the Equality Act and protected characteristics. We recommended that this be reviewed and expanded to include patients.

The registered manager must ensure that a policy is in place to protect patient rights and equality.

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

The waiting area and both surgeries were on the ground floor. There was a step up from the street to the front door and a portable ramp was available to enable wheelchair users to access the services. Staff told us that notes were kept on patient records to indicate if assistance would be required.

The patient toilet was not wheelchair accessible and this was made clear in the patient information leaflet. Staff told us that a disability access audit had been carried out several years ago. We recommended that this be reviewed and updated, to identify if any additional reasonable adjustments could be made.

The registered manager should ensure an updated disability access audit is carried out.

Delivery of Safe and Effective Care

Safe

Risk management

The door to a storage area next to the patient toilet was broken and could not be closed. We noted that the storage area contained materials subject to the Control of Substances Hazardous to Health (CoSHH) and the compressor units were adjacent to this. Staff told us that the risk to patients was mitigated by having staff accompany and supervise patients, to ensure no unauthorised access. However, there was still a risk that patients could access the hazardous materials.

The registered manager must ensure that measures are put in place to restrict patient access to:

- a) CoSHH substances, and
- b) The compressor units

We reviewed arrangements relating to fire safety and saw evidence of a fire risk assessment, up to date servicing of fire extinguishers and regular checks of fire doors. Fire extinguishers of different types were safely mounted and clearly indicated. Records showed regular fire drills taking place with details of those taking part and any issues noted.

However, we felt that additional signage was required to more clearly indicate the fire exits. The current arrangements were for staff to verbally raise the alarm in the event of fire and we recommended that alternatives be considered. The practice manager placed an order for additional signs and a sounding device during the inspection. While a fire risk assessment had been undertaken internally, we felt it should be reviewed and updated by a suitably qualified person, to ensure all areas of the premises meet current legislative requirements.

The registered manager must ensure the fire risk assessment is reviewed and updated by a suitably qualified person.

We saw evidence of up-to-date Portable Appliance Testing (PAT), a five-yearly electrical installation inspection and annual gas safety check.

There was a health and safety (H&S) policy in place and an up-to-date H&S risk assessment. There were comprehensive measures in place to ensure business continuity in the event of an emergency. There was no specific policy regarding the maintenance of the building and equipment.

The registered manager must ensure that suitable policies and procedures are put in place for the maintenance of the premises and equipment.

The mixed gender practice toilet had suitable hand washing and drying facilities and a sanitary disposal unit.

There were appropriate procedures and contracts in place for the disposal of clinical and non-clinical waste. During the inspection we found the external clinical waste bin to be unlocked and not secured. This was addressed immediately during the inspection.

Infection, prevention and control (IPC) and decontamination

We found the premises to be generally clean and tidy. However, we did note some areas would benefit from more scrutiny and deep cleaning to ensure a high standard of infection prevention and control (IPC). We advised that having a member of staff leading on IPC and regular audits would be beneficial.

The registered manager must ensure that all clinical areas are thoroughly cleaned and checked on a regular basis.

Some areas of the premises, including the surgeries, required maintenance to ensure effective cleaning could be carried out. We advised that a thorough review be undertaken to ensure all flooring, paintwork, upholstery and equipment is in a good condition and enables effective IPC.

The registered manager must review all clinical areas and address any issues where repair or replacement is required to enable effective cleaning.

The practice had a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. The procedures for processing, decontamination and sterilisation of dental instruments were appropriate and well understood by staff. Appropriate checks on decontamination equipment were carried out and recorded.

However, we found that the decontamination room required attention to ensure effective IPC. We identified that:

- Staff were storing personal belongings in the area and these should be removed
- A clinical waste bin and IT equipment and cabling were immediately adjacent to the 'clean' area of the room
- The room required decluttering and reorganisation.

The registered manager must ensure staff have appropriate facilities to change and secure storage for personal belongings, and do not store personal belongings in the decontamination room.

The registered manager must review the layout and storage of items in the decontamination room to enable effective use and IPC.

We saw evidence that staff were routinely checked for Hepatitis B immunity as part of the recruitment process.

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

Medicines management

There was a medicines management policy in place and appropriate procedures for the safe use, storage and disposal of medicines.

We noted that a fridge being used to store medicines also contained foodstuffs and there were no temperature checks being carried out. This was addressed immediately during the inspection with the foodstuffs removed and a thermometer ordered.

The registered manager must ensure that the temperature of the fridge used to store medicines is checked and recorded twice daily.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be appropriate with equipment and emergency drugs being in-date and regular checks carried out. The emergency equipment was stored in the decontamination room and a wheeled trolley impeded easy access. We also noted that storage in elevated temperatures could reduce the effectiveness of some drugs.

The registered manager must ensure there is clear and easy access to the equipment used to deal with medical emergencies.

The registered manager should carry out monitoring of temperatures in the decontamination room to review whether storage conditions are appropriate.

Staff training records showed evidence of up-to-date training in cardiopulmonary resuscitation (CPR). Three members of staff were designated first aiders, with up-to-date training.

Safeguarding of children and adults

Comprehensive policies and procedures for the safeguarding of children and vulnerable adults were in place and available to all staff. These included flowcharts and external contact details. We recommended that copies of the flowchart be kept in both surgeries for easy reference and this was done during the inspection.

Staff training records showed appropriate and up-to-date training in safeguarding. The practice manager was the safeguarding lead, with training to level three which is in line with guidance.

Staff were not aware of the Wales Safeguarding Procedures but installed the relevant web page and mobile phone application during the inspection.

Management of medical devices and equipment

We found clinical equipment to be safe and in good condition with staff trained in their use. Reusable medical devices were handled and disinfected appropriately. We noted that staff had not undertaken additional training in the use of oxygen cylinders in line with a patient safety notice.

The registered manager must ensure that relevant staff receive relevant training in the safe use of oxygen cylinders.

We reviewed documentation relating to the use of X-ray equipment and found the practice to have safe procedures for the use of ionising radiation, including appropriate local rules with input from a qualified Medical Physics Expert (MPE). Relevant staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

We saw records showing regular annual servicing and maintenance of equipment. However, certificates could not be provided to show that the compressor and autoclave had undergone specific pressure vessel testing. In addition, three-yearly servicing of the X-ray equipment was overdue. This was raised as a matter that required urgent attention. During the inspection, the practice manager contacted the external provider and arranged for appropriate testing to be carried out as soon as possible. Discussion with the practice manager identified that reliance on the external provider to manage timescales had contributed to the lapse.

The registered manager must ensure robust systems are in place to identify, monitor and schedule servicing and maintenance requirements for equipment at the practice.

Effective

Effective care

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

The registered manager must adopt the use of LocSIPPs checklists to help provide safe care for patients undergoing invasive procedures.

Patient records

Patient records were held electronically and securely, with regular back-ups.

We reviewed a sample of ten patient records and found that information was being recorded to a high standard. We saw evidence of thorough, comprehensive and consistent recording of clinical information. This included base charting, basic periodontal examination, soft tissue and extra and intra oral examinations, and cancer screening. We noted an instance where antibiotics were prescribed as a seven-day course rather than in line with current guidelines of five days.

The registered manager should ensure that all clinical staff are aware of current guidelines regarding the prescription of antibiotics.

Quality of Management and Leadership

Staff feedback

Staff responses to the HIW questionnaire were generally very positive. Staff expressed satisfaction with the facilities, equipment, staffing levels and the service provided to patients.

Staff comments included:

"This is a nice place to work. All standards are met and clinicians are trained and encouraged and well supported to do good work all the time."

Leadership

Governance and leadership

There were clear management structures in place including a practice manager based at the premises. Staff showed a positive attitude towards providing a high standard of service.

We saw evidence of regular team meetings with flexibility applied to accommodate different working patterns.

Dental nurses and administrative staff had regular appraisals and we were told that clinicians undertook informal peer review and discussions to ensure performance issues were addressed.

A range of policies and procedures were in place. These were stored and managed using an electronic system and we saw evidence of documents being reviewed and updated.

Workforce

Skilled and enabled workforce

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

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

The practice did not typically use agency staff, with the practice manager being qualified as a dental nurse and able to provide staff cover if required.

An electronic system was used by staff to identify and record required training. We noted that the practice manager did not have suitable access in place to have an overview of staff records, making it more difficult to monitor compliance.

We reviewed staff records and found generally good compliance with mandatory training requirements. However, we did find three instances where refresher training was overdue. This was addressed immediately after the inspection with the relevant courses completed within 24 hours and evidence submitted to HIW.

The registered manager must ensure they have suitable systems in place to monitor staff compliance with training requirements and identify training needs.

Culture

People engagement, feedback and learning

Staff told us that patient feedback was actively sought. Following each appointment, patients received an email inviting them to leave an online review. A physical suggestion box had been used in the past but removed due to lack of use. We were told that feedback was reviewed monthly and, if appropriate, negative reviews were brought into the complaints process for consideration.

There was no mechanism in place to highlight actions taken because of feedback, such as a 'you said, we did' board. The registered manager should consider sharing with patients how feedback has been acted upon.

An appropriate complaints procedure was in place and readily available to patients. This included how to raise a complaint, a point of contact, timescales for response and how to escalate an issue if needed. The practice manager demonstrated how any complaints would be recorded electronically, including a log to provide an overview and help identify any recurring themes.

Learning, improvement and research

Quality improvement activities

There were policies and procedures in place about quality improvement activities. However, we found that improvement was required in putting the actions into practice.

Peer review and sharing of professional advice between clinical staff was done informally and we advised that having a more structured and recorded approach would be of benefit to staff.

Some auditing had been carried out, including health and safety and healthcare waste. However, we there was no evidence of up-to-date audits on smoking cessation, antibiotic prescribing or patient records. We advised that a robust rolling programme should be put in place to identify and carry out appropriate audits.

The registered manager must identify audits required to monitor and improve service quality and put a programme in place to ensure these are carried out.

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
During the inspection we found the external clinical waste bin to be unlocked and not secured.	Unauthorised persons could have access to clinical waste.	The issue was raised with the practice manager.	This was addressed immediately during the inspection with the bin being locked and secured.
A fridge was used to store medicines contained foodstuffs.	There was a risk of cross-contamination of foodstuffs and medicines.	The issue was raised with the practice manager.	This was addressed immediately during the inspection with the foodstuffs removed.
Certificates could not be provided to show that the compressor and autoclave had undergone specific pressure vessel testing. In addition, three-yearly servicing of the X-ray equipment was overdue.	Records could not be provided to provide assurance that equipment was maintained safely.	This was raised with the practice manager as a matter that required urgent attention.	During the inspection, the practice manager contacted the external provider and arranged for appropriate testing to be carried out as soon as possible.
We found three instances where staff had training that was overdue.	Staff are required to have up-to-date training.	This was raised with the practice manager.	This was addressed immediately after the inspection with the relevant courses completed within 24 hours and evidence submitted to HIW.

Appendix B - Immediate improvement plan

Service: DentalNova

Date of inspection: 21 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 assurance or non-compliance issues were identified during the inspection					

Appendix C - Improvement plan

Service: DentalNova

Date of inspection: 21 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.	The practice website did not include the patient information leaflet nor the Statement of Purpose.	The registered manager must ensure the practice website is updated to include the patient information leaflet and Statement of Purpose.	The Private Dentistry (Wales) Regulations 2017: Regulations 5 and 6	Website updated to include downloadable brochures	Desi Nikolova	Already completed 9/12/2025
2.	We observed a surgery door being left open during treatment on more than one occasion during the inspection. This compromised patient privacy and dignity.	The registered manager must ensure that doors to surgeries are kept closed during the treatment of patients.	The Private Dentistry (Wales) Regulations 2017: Regulation 15	Staff meeting held all clinical personal advised. Routine checks	Desi Nikolova	Already Completed 20/11/2025

3.	An equal opportunities policy was in place for members of staff but did not cover equality and rights of patients.	The registered manager must ensure that a policy is in place to protect patient rights and equality.	The Private Dentistry (Wales) Regulations 2017: Regulation 15	Policy to be updated	Desi Nikolova	18/11/2025 Already completed
4.	Staff told us that a disability access audit had been carried out several years ago.	The registered manager should ensure an updated disability access audit is carried out.	The Private Dentistry (Wales) Regulations 2017: Regulation 15	Update scheduled	Desi Nikolova	19/12/2025
5.	Some areas would benefit from more scrutiny and deep cleaning to ensure a high standard of infection prevention and control (IPC).	The registered manager must ensure that all clinical areas are thoroughly cleaned and checked on a regular basis.	The Private Dentistry (Wales) Regulations 2017: Regulation 13	Deep clean whole practice	Desi Nikolova	05/12/2025 Already Completed
6.	Some areas of the premises, including the surgeries, required maintenance to ensure effective cleaning could be carried out.	The registered manager must review all clinical areas and address any issues where repair or replacement is required to enable effective cleaning.	The Private Dentistry (Wales) Regulations 2017: Regulations 13 and 22	Maintenance scheduled In December and January	Desi Nikolova	31/01/2026
7.	The door to a storage area next to the patient toilet was broken and could not be closed.	The registered manager must ensure that measures are put in place to restrict patient access to: a) CoSHH substances, and	The Private Dentistry (Wales) Regulations 2017: Regulation 22	a/ Maintenance scheduled In December	Desi Nikolova	05/12/2025 Already Completed

		b) The compressor units.		b/ scheduled for April		b/April 2026
8.	We recommended that the fire risk assessment be reviewed and updated by a suitably qualified person, to ensure all areas of the premises meet current legislative requirements.	The registered manager must ensure the fire risk assessment is reviewed and updated by a suitably qualified person.	The Private Dentistry (Wales) Regulations 2017: Regulation 22	Fire risk assessment carried out. Attached document and improvement schedule.	Desi Nikolova	Completed November 2025
9.	There was no specific policy regarding the maintenance of the building and equipment.	The registered manager must ensure that suitable policies and procedures are put in place for the maintenance of the premises and equipment.	The Private Dentistry (Wales) Regulations 2017: Regulation 8	Policy to be set in place	Desi Nikolova	Completed November 2025
10.	The decontamination room required attention to ensure effective IPC.	The registered manager must ensure staff have appropriate facilities to change and secure storage for personal belongings, and do not store personal belongings in the decontamination room.	The Private Dentistry (Wales) Regulations 2017: Regulations 13 and 22	Lockers to be installed upstairs for staff use and changing. Decon room Decluttered and optimised	Desi Nikolova	Completed November 2025

		<p>The registered manager must review the layout and storage of items in the decontamination room to enable effective use and IPC.</p>			
11.	Temperature checks were not being carried out on a fridge used to store medicines.	<p>The registered manager must ensure that the temperature of the fridge used to store medicines is checked and recorded twice daily.</p>	The Private Dentistry (Wales) Regulations 2017: Regulation 13	Fridge thermometer purchased and installed. Record sheet in place	Desi Nikolova Completed October 2025
12.	The emergency equipment was stored in the decontamination room and a wheeled trolley impeded easy access.	<p>The registered manager must ensure there is clear and easy access to the equipment used to deal with medical emergencies.</p> <p>The registered manager should carry out monitoring of temperatures in the decontamination room to review whether storage conditions are appropriate.</p>	The Private Dentistry (Wales) Regulations 2017: Regulation 31	Reorganisation of trolley unit	Desi Nikolova Completed October 2025
13.	Staff had not undertaken additional training in the use of	The registered manager must ensure that relevant staff receive relevant	The Private Dentistry (Wales) Regulations 2017: Regulation 31	Online training completed by all staff. Link sent to all staff	Desi Nikolova Completed November 2025

	<p>oxygen cylinders in line with a patient safety notice.</p>	<p>training in the safe use of oxygen cylinders.</p>		<p>and confirmation received that everybody has watched the BOC training video</p>		
14.	<p>Reliance on an external provider to manage timescales for servicing equipment had contributed to a lapse in records.</p>	<p>The registered manager must ensure robust systems are in place to identify, monitor and schedule servicing and maintenance requirements for equipment at the practice.</p>	<p>The Private Dentistry (Wales) Regulations 2017: Regulation 13</p>	<p>Schedule for maintenance updated with reminders not only for annual service but for other maintenance requirements for equipment at the practice.</p>	<p>Desi Nikolova</p>	<p>Completed November 2025</p>
15.	<p>The practice did not use Local Safety Standards for Invasive Procedures (LocSIPPs) checklists which can help reduce the risk of wrong site tooth extraction.</p>	<p>The registered manager must adopt the use of LocSIPPs checklists to help provide safe care for patients undergoing invasive procedures.</p>	<p>The Private Dentistry (Wales) Regulations 2017: Regulation 13</p>	<p>All dentists advised to implement the LocSIPPs checklists</p>	<p>Nik Chochev Anthony Tsoi</p>	<p>December 2025</p>
16.	<p>We reviewed patient records and noted an instance where antibiotics were prescribed as a seven-</p>	<p>The registered manager should ensure that all clinical staff are aware of current guidelines regarding</p>	<p>The Private Dentistry (Wales) Regulations 2017: Regulation 13</p>	<p>All dentists advised about new regulations</p>	<p>Nik Chochev Anthony Tsoi</p>	<p>November 2025 Already completed</p>

	day course rather than in line with current guidelines of five days.	the prescription of antibiotics.			
17.	More robust systems were required to monitor staff compliance with mandatory training requirements.	The registered manager must ensure they have suitable systems in place to monitor staff compliance with training requirements and identify training needs.	The Private Dentistry (Wales) Regulations 2017: Regulation 17	Management portal is now in place and all staff can be monitored about outstanding training via the system,	Desi Nikolova November 2025 Already completed
18.	Some audits had been carried out but no formal programme was in place.	The registered manager must identify audits required to monitor and improve service quality and put a programme in place to ensure these are carried out.	The Private Dentistry (Wales) Regulations 2017: Regulation 16	New system for Audits already in place for 2026	Desi Nikolova Nik Chochev 2026

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): **Desi Nikolova**

Job role: **Manager**

Date: **09/12/2025**