

General Dental Practice Inspection Report (Announced)

94 Dental, Aneurin Bevan University
Health Board

Inspection date: 13 November 2025

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of 94 Dental, Aneurin Bevan University Health Board on 13 November 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 38 questionnaires were completed by patients and 3 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 patient experience at 94 Dental was rated highly, with all surveyed patients describing the service as ‘very good’ or ‘good’. Staff were praised for their professionalism, friendliness and ability to put patients at ease. Most patients felt well-informed about treatment options and involved in decision-making about their care. The practice was considered generally clean and physically accessible. Some patients reported that contact with the practice to make appointments could be improved. However, completion of referrals from the practice to other services was timely. Health promotion materials were limited and there were no formal arrangements to support patients unable to speak or read easily in English.

This is what we recommend the service can improve:

- Ensure all methods of contact for appointments are consistently available
- Provide a broader range of materials to promote oral health, including smoking cessation, reducing sugar intake, alcohol awareness
- Implement a formal translation service for patients unable to speak English
- Make patient information available in a range of formats, such as large print, easy read and alternative languages.

This is what the service did well:

- Information on treatment options, risks and costs was provided
- Respectful care was observed and privacy measures were in place
- Timely completion of referrals to other services when required.

Delivery of Safe and Effective Care

Overall summary:

We found the premises to be generally secure and in a satisfactory state of repair. Staff were aware of their responsibilities regarding health and safety and reported to know what they would do in the event of an emergency. Electric, gas and fire safety equipment maintenance records indicated all assets had valid, in-date safety checks. However, the 5 yearly electrical installation inspection needed reviewing. Appropriate Infection Prevention and Control (IPC) policies and a robust cleaning schedule supported effective general cleaning routines. Clinical record keeping was considered indicative of high quality dental care. However, we identified concerns regarding the decontamination and storage of dental instruments. A suitable medicines management policy was in place. Missing emergency equipment was ordered on the day of the inspection. However, the

maintenance of emergency drugs needed improvement. Radiation risk assessments and maintenance of the Cone Beam Computed Tomography (CBCT) machine were also incomplete.

Immediate assurances:

- Radiation risk assessment and critical examination for CBCT machine missing
- Decontamination practices did not ensure safe infection prevention and control.

This is what we recommend the service can improve:

- Further electrical installation inspection and completion of any actions required to ensure any electrical issues are resolved
- Maintain comprehensive records of emergency drug and equipment checks to ensure required items are consistently available for use should a medical emergency occur at the practice
- Ensure all relevant contact details and training are in place to enable staff to fully discharge their duty of care for safeguarding
- Routinely record language preferences and informed consent in patient records.

This is what the service did well:

- High quality clinical recording
- Local Safety Standards for Invasive Procedures checklists used to prevent wrong site tooth extraction
- Appropriate follow-up of referrals to other services.

Quality of Management and Leadership

Overall summary:

We noted a clear management structure and positive staff relationships. Staff meetings took place regularly and staff development was supported through an annual appraisal process. The practice engaged in self-evaluation, benchmarking, and regular audits. However, this could be strengthened further.

This is what we recommend the service can improve:

- Create and maintain staff personal files to ensure contracted terms and conditions and staff suitability is recorded on employment and remains clearly evidenced
- Undertake regular smoking cessation and HEIW IR(ME)R audits.

This is what the service did well:

- Generally appropriate skill mix and staffing levels

- Long-standing team members provided mutual support
- Good compliance with mandatory training.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

3. What we found

Quality of Patient Experience

Patient feedback

All patients rated the service as ‘very good’ or ‘good’. Patient comments praised the professionalism, care and staff friendliness within the practice. Patients also noted how practitioners put them at ease. Many patients stated this practice was better than others they had attended.

Most ‘strongly agreed’ or ‘agreed’ that they received enough information about treatment options, risks, benefits and costs and nearly all respondents felt involved in decisions about their treatment. Most patients reported they were given aftercare instructions and clear guidance for emergency contact. Some indicated less clarity regarding complaint resolution. Most patients rated the practice as very clean and felt the practice was accessible.

Patient comments included:

“Excellent staff, very professional.”

“I am a very nervous person when it comes to dentist I was very made to feel so relaxed...”

“I would not want my care from any other surgery. I feel my whole family are treated on a personal level and nothing is ever too much trouble to explain even to my children when they ask questions.”

Person-centred

Health promotion and patient information

We found a practice information folder in the waiting room contained Assessment of Clinical Oral Risks and Needs (ACORN) information to highlight preventative advice and assist patients in understanding their oral health. The patient information folder also contained leaflets and posters to raise awareness of oral cancer and sepsis.

We saw that a display screen within the waiting room presented information on a loop system and that other leaflets and posters were visible. However, these focused on advertising services available at the practice not oral hygiene and

health promotion. Health promotion information was also not found on the practice website.

We were told that bespoke materials were being produced for the practice to offer a wider range of oral health promotion. However, generic leaflets regarding key areas of smoking cessation, reducing sugar intake and alcohol awareness were not available for patient use while the bespoke information was being created.

The registered manager must ensure that a range of information promoting oral health is readily available to patients.

We found NHS and private dentistry pricelists were published on the practice website and displayed within the practice premises.

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. We were also informed that any conversations or phone calls which were of a sensitive nature would be undertaken within the surgeries to protect patient confidentiality. Surgeries were fitted with suitable solid doors and blinds over the windows for privacy.

A patient confidentiality agreement was found to form part of staff employment contracts and all respondents to the HIW staff questionnaire 'strongly agreed' that patient privacy and dignity was maintained at the practice. All respondents to the HIW patient survey 'strongly agreed' or 'agreed' that they were treated with dignity and respect.

We noted the nine core principles prepared by the General Dental Council (GDC) were available within the patient waiting area.

Individualised care

Patients could make appointments via telephone, online, or in person. The out-of-hours contact number was displayed outside the practice, within the Statement of Purpose published on the practice website and was provided on the practice answerphone. However, respondents to the HIW patient questionnaire provided mixed views on the ease of making appointments, with some patients (6/38) finding it 'not very easy'.

The registered manager must ensure that all methods of contact for patients to make appointments are consistently available to ensure ease of access to dental care.

Timely

Timely care

We found the practice provided routine and urgent dental care, with one of the dentists maintaining appointment allocations to respond to emergency needs. Criteria were in place to help reception staff with initial triage to understand patient need and appropriate appointment timescales. A cancellation list and routine contact with patients ahead of booked appointments were also in place to reduce the number of missed appointments and enable timely care. Due to recent high rates of patients not attending appointments a notice was displayed to encourage patients to attend future appointments. We were informed that patients would generally wait for up to four weeks for routine dental care appointments. However, one person did report they had experienced repeated issues with the timeliness of appointments.

We were told that should appointments run late patients would be notified in a timely manner. One of the dentists reported to have been trialling earlier starts to their working day to better support appointments in running to time and that so far this had been positive for patients and staff. We saw evidence that referrals to other services were routinely completed the same day the need had been identified to support timely continuity of care for patients.

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 none of the practice staff could speak Welsh. Inspection discussions highlighted the requirement for the practice to make the Active Offer to Welsh speakers, and through the course of the day 'laith Gwaith' signage was prepared and displayed within the waiting area. We suggested accessing health board training and resources to further strengthen the practice's understanding and implementation of the Active Offer.

We were informed that individual staff members could speak a range of languages and that this was beneficial in communicating with patients who could not speak English. However, no formal translation service was available.

The registered manager must ensure that a formal translation service, such as a language line, is in place within the practice to support patients unable to speak English.

We reviewed the practice's patient information and found that it was only available in small print formats and therefore did not cater to a variety of

communication needs. We also found that there was no hearing loop available. We were told that if needed, a member of the dental team would discuss documents with patients in the case that patients were unable to read the information. However, we were also told that paper copies were particularly beneficial in providing information to less digitally enabled patients.

The registered manager must ensure that written patient information is available where appropriate in formats such as large print, easy-read and alternative language formats.

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.

The majority of respondents to the HIW questionnaire agreed that the building was accessible (33/38). Patient feedback indicated that narrow corridors were a potential barrier for patients attending in wheelchairs and the lack of on-site parking a potential difficulty for people unable to walk long distances. However, a ramp to the practice entrance and ground floor treatment areas were in place to support patients with reduced mobility in accessing dental care. Seating available within the waiting area was considered to be suitable for a range of needs. Patient toileting facilities had enough space to allow for wheelchair access and handrails were in place. We discussed installing a pull cord so that patients could summon emergency assistance if needed. A poster seen within the patient information folder invited individuals to make any support needs known to practice staff so that reasonable adjustments could be made.

We were told that the preferred names and pronouns were documented within patient records.

Delivery of Safe and Effective Care

Safe

Risk management

We found the premises to be generally clean, secure and in a satisfactory state of repair. A health and safety risk assessment and a business continuity plan were both in place and staff reported to know what they would do in the event of an emergency.

We observed appropriate dental equipment was used by the practice and that this was in good condition and sufficient in number to allow for decontamination between uses.

We viewed electric, gas and fire safety equipment maintenance records and found all assets had valid, in-date safety checks. However, a number of potential issues requiring urgent action had been identified within the five yearly electrical installation inspection in 2022, with no evidence available of follow-up action taken to rectify these. We were told that a suitably qualified electrician was due to visit the practice the day after the inspection and that the electrical installation inspection report would be discussed with them and a suitable plan made.

The registered manager must ensure that the electrical installation inspection and test report are reviewed by a suitably qualified electrician and all steps required to ensure electrical safety are implemented and evidence supplied to HIW.

We saw that a fire risk assessment had been recently undertaken by an external company and recommendations were in the process of being implemented. Regular testing of fire detection equipment was completed. We found evidence that regular fire drills were undertaken, and staff had completed appropriate fire safety training. Emergency exit routes were clearly signposted and the evacuation plan and assembly point were placed on display during the inspection.

We saw that a Health and Safety Executive poster was displayed in an appropriate area for staff to refer to. The practice Public and Employer Liability Insurance certificates were initially seen within the patient information folder and had also been placed on display by the end of the inspection.

Infection, prevention and control (IPC) and decontamination

We found that appropriate IPC policies were in place and that a robust cleaning schedule supported effective general cleaning routines.

The practice layout did not include a dedicated decontamination space and decontamination was therefore undertaken within surgeries. Processes for manual cleaning, use of an autoclave and separate transportation of dirty and clean items around the practice were satisfactory. However, we identified that the flow of items from dirty to clean areas within surgeries was not clear and that the infection control practices in place put the sterilised instruments at high risk of being re-contaminated prior to their use. Although an IPC lead was in place and staff had completed appropriate IPC and decontamination training, discussions around IPC and decontamination practices and processes indicated that understanding and implementation of IPC principles required improvement.

Our concerns regarding these issues were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

We saw that suitable precautions were in place to respond to patients reporting to have COVID or other respiratory illnesses to minimise transmission risk. Staff were aware of the sharps injuries protocol. Occupational health services were accessed via the health board as and when required.

We found suitable waste management contracts and facilities were in place. Comprehensive risk assessments and a practice policy for the Control of Substances Hazardous to Health and precautions were seen. These were fully implemented by the end of the inspection.

Medicines management

We noted a suitable medicines management policy in place. Prescription pads were kept secure and logbooks maintained a record of all medicines administered. Medication storage fridge temperatures were checked on a daily basis and a back-up fridge was available should the temperature be outside of the acceptable temperature range.

Patients were reminded via signage to inform their dentist of any updates to their health or medical history.

We saw evidence that staff had completed appropriate training to respond to medical emergencies and suitable local procedures were in place.

We saw that emergency drugs met national guidelines and were informed that emergency drug and equipment checks were routinely completed. However, we did not find regular documentation of these checks.

The registered manager must ensure that a comprehensive record of emergency drug and equipment checks is maintained.

We identified that some items of emergency equipment were missing. These were ordered on the day of the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

Safeguarding of children and adults

We were told that staff were clear about their responsibilities should they identify a safeguarding concern. A safeguarding policy and procedure were in place based on the Wales Safeguarding Procedures. However, the contact details for the local authority and other relevant organisations were missing. A list of suitable contact details was collated on the day of the inspection and displayed within a staff area alongside the safeguarding procedure. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

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 saw that clinical equipment available at the practice was appropriate for its intended purpose. Suitable protocols underpinned communication of the risks and benefits of ionising radiation to patients and enabled informed consent, justification, completion, and analysis of imaging. Dental practitioners had completed Ionising Radiation (Medical Exposure) (IR(ME)R) training. One of the dentists was the nominated Radiation Protection Supervisor and appropriate contracts were in place with a Radiation Protection Advisor and Medical Physics Expert. However, documents relating to IR(ME)R were difficult to locate and some were missing.

Our concerns regarding these issues were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information

on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

We were informed that internal radiography audits were completed, but national quality assurance tools were not being used.

The registered manager must ensure the practice implements annual Health Education and Improvement Wales (HEIW) IR(ME)R audits to ensure quality assurance is robust and good practice is promoted.

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 used to 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 were considered comprehensive and robust with respect to clinical assessment and treatment, indicating that high quality oral care was a priority for all dental practitioners. However, patient language choice and measures implemented to support this were not documented in nine out of ten records, and the recording of informed consent was missing in more than half.

The registered manager must ensure that language preferences and informed consent are routinely recorded within patient records.

Efficient

Efficient

We saw that the appointments system, a local rota arrangement for responding to dental emergencies and the skill mix within the practice generally supported the provision of dental cover for both NHS and private patients. The practice was considering increased hygienist provision to reduce the wait time for this aspect of service provision.

Clear pathways were in place for referrals into and out of the practice. Dentists contacted patients referred onto hospital services with suspected oral cancer to confirm their referral had been appropriately actioned within two weeks.

Quality of Management and Leadership

Staff feedback

Overall, responses to the HIW staff questionnaire were positive. All respondents strongly agreed that patient care was the practice's top priority and that they were enabled in their jobs to provide quality care through appropriate staffing levels, skill mix and resources. All respondents indicated 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.

Leadership

Governance and leadership

We saw a clear management structure published in the practice Statement of Purpose. The registered manager and dental partners were all long-standing members of the team and reported to work well together and provide mutual support for their roles.

We read minutes of staff meetings and were told these take place every 4-6 weeks, or as required. All staff were invited to bring items for discussion and a range of operational topics had been discussed within recent months. We discussed enhancing the use of team meetings to streamline communication and support consistent understanding of safety alerts, best practice updates, and patient feedback. We also suggested minutes be circulated electronically to increase accessibility.

We saw that an electronic system was in place for the storage and maintenance of policies and risk assessments. Paper copies of information staff would need to refer to easily were also displayed in staff areas. Key policies were in place and many had been recently reviewed.

We were told that the practice had completed the Skills Optimiser Self-Evaluation Tool and Maturity Matrix Dentistry for team development within suitably recent timeframes. Peer review had also been carried out with two other practices in the area in the last two years for benchmarking.

Workforce

Skilled and enabled workforce

We observed good staff working relationships and noted a positive working environment at the practice. We were informed that adjustments had been made to support different communication styles within the practice staff team. A whistleblowing policy was in place and examples of when staff had raised concerns with the management structure were discussed.

We saw evidence of staff annual appraisal and personal development plans underpinning further professional development. New members of staff were supported through a structured induction. Training opportunities provided were relevant to staff roles and comprehensive evidence of courses completed was maintained. All respondents to the HIW staff questionnaire 'strongly agreed' that the practice supported equality and diversity and indicated access to fair and equal workplace opportunities. We reviewed six staff records and found that overall compliance with all mandatory training requirements was good.

Arrangements were in place to maintain the professional obligations of registered dental professionals, with all relevant staff having up to date GDC registration and professional indemnity insurance in place. We saw that the practice subscribed to Disclosure and Barring Service (DBS) renewals. Appropriate staff vaccination records were held. However, evidence of broader health screening on employment or subsequently was limited. Employment references were also absent from most staff files. We were told these were frequently difficult to obtain. Some staff files also contained either no formal contract or old versions with numerous amendments attached.

The registered manager must ensure contracted terms and conditions and suitable references are recorded on employment and remains clearly evidenced to ensure staff are fit to work at the practice.

As we found there was no systematic approach in place for monitoring compliance with training or professional obligations we discussed implementing a matrix or electronic reminders to better support the practice manager with this.

Culture

People engagement, feedback and learning

We saw that a suggestion box was available for patients to place written comments within the waiting area and that patients were encouraged to complete an annual patient survey. Online review platforms were also promoted and some of these had been printed and displayed in the waiting area.

We examined the practice complaints procedure but noted there were different timescales for acknowledging and responding to complaints provided within the complaints policy and Statement of Purpose. HIW was also not clearly signposted within the patient information leaflet for patients to raise concerns or complaints. Responses to the HIW patient questionnaire indicated that patients were not consistently made aware of the complaints process.

The registered manager must ensure that a clear practice complaints procedure is provided consistently across patient literature, in line with Putting Things Right and containing the HIW contact details.

Information

Information governance and digital technology

We found that the practice managed and protected information in ways that complied with the data protection legislation. 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 that regular audits were undertaken to strengthen clinical and operational aspects of service delivery. These included disability access, antimicrobial prescribing, radiography, record keeping, health and safety, IPC. The findings of a radiography audit were reported to have instigated the replacement of radiography films to improve imaging, indicating that the practice made changes as a result of their audit activity.

Dentists told us that due to changes they had observed within the local population's smoking and vaping habits that completion of a smoking cessation audit had not felt relevant over recent years. However, this would support the delivery of best practice for promoting smoking cessation within health care settings.

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

Whole-systems approach

Partnership working and development

We were told that the practice had links with local GP and pharmacy services to support patient care. Contact with other dental practices enabled benchmarking

and emergency cover. We were informed that communication with the health board ensured incident reporting, responses to patient safety measures and duty of candour were appropriately implemented. We noted that the practice also proactively engaged with external quality management dashboards.

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 |
|---|---|--|---|
| Oropharyngeal airways sizes 0 & 1, self-inflating bag with reservoir suitable for a child and clear face masks for self-inflating bags missing. | Equipment not available suitable to responding to medical emergencies for all patients. | Discussed with registered manager and dental partners. | Equipment ordered on the day on the inspection for delivery as soon as possible. |
| Contact details for the local authority and other organisations relevant to safeguarding not readily available. | Delay in contact with relevant services in relation to safeguarding concerns. | Discussed with registered manager. | List of relevant contact details collated and placed on displayed within a staff area alongside the safeguarding procedure. |

Appendix B - Immediate improvement plan

Service: 94 Dental

Date of inspection: 13 November 2025

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|---|---|--|------------------------|------------|
| 1. CBCT equipment must be in good working order, with relevant documentation including a critical examination. | The Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 15 | <p>Due to the company being based up North. They couldn't fit us in until December (when they had another job in the area) I understand this is not acceptable.</p> <p>We contacted the company immediately after the inspection & are working on the report hopefully being carried out this week.</p> <p>The CBCT is out of use until the critical examination is carried out & all staff are aware of this.</p> | Dee Evans | 24/11/2025 |
| 2. The Radiation Protection File must be completed with relevant information - including a radiation risk assessment, local rules, contingency plans and employer's procedures. | The Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 6 | Radiation is covered in our practice Health & Safety Risk assessment. This didn't cross my mind until after the inspection. I am also working on an online Radiation File with DD, so I will complete a Risk Assessment on this portal. | Dee Evans | 24/11/2025 |

| | | | | | |
|----|---|--|---|---------------------------|------------|
| | | | <p>There are local rules on display with each x-ray machine including the CBCT.</p> <p>We carry out an annual audit on the safe use of x-ray equipment.</p> <p>We have a policy in place M275 on The Safe Use of x-rays says (last updated February 2025) which includes contingency plans & practice procedures.</p> | | |
| 3. | Decontamination processes must be updated to ensure consistent dirty to clean flow, discontinuation of air-drying instruments within clinical areas and routine bagging and date-stamping procedures. | Health and Care Quality Standards (2023): Safe; Code of Practice for the Prevention and Control of Healthcare Associated Infections (2014) Standard 2; Welsh Health Technical Memorandum 01-05 | <p>All staff have been told about the points raised by Rebecca during the inspection.</p> <p>Instruments are now only being removed from the autoclave when there are no patients due in to allow the staff to remove & bag instruments without any cross-infection risk.</p> <p>We are also hoping to get our de-con room sorted over the Christmas period, so this issue will be resolved completely.</p> | Dee Evans | 17/11/2025 |
| 4. | Date stamps on bagged instruments must be regularly | Quality Standards (2023): Safe; | These are currently checked on a regular basis, so I was surprised to see | Dee Evans & Corrine Lewis | 24/11/2025 |

| | | | | |
|---|--|---|--|------------|
| reviewed to ensure items remain safe for use. | Code of Practice for the Prevention and Control of Healthcare Associated Infections (2014) Standard 2; Welsh Health Technical Memorandum 01-05 | <p>that there had been something found with a date of 2023.</p> <p>Staff have been spoken to; the procedure has been explained again to all staff.</p> <p>All staff have up to date infection control training which has been completed online, but I am currently looking for an external trainer to come in and complete training with all staff.</p> | | |
| Additional Infection Prevention & Control training, including Decontamination modules, must be undertaken and evidence supplied to HIW. | Quality Standards (2023): Safe; Code of Practice for the Prevention and Control of Healthcare Associated Infections (2014) Standard 2; Welsh Health Technical Memorandum 01-05 | <p>All staff have up to date infection control training which has been completed online, but I am currently looking for an external trainer to come in and complete training with all staff.</p> <p>Once the training is booked, I will share the date with you.</p> | | 24/11/2025 |

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: Dee Evans

Name (print): Dee Evans

Job role: Practice Manager

Date: 17/11/2025

Appendix C - Improvement plan

Service: 94 Dental

Date of inspection: 13 November 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. | Limited information promoting oral health available to patients. | A broader range of oral health promotion materials, for example, regarding smoking cessation, reducing sugar intake and alcohol awareness must be made available to patients. | Health and Care Quality Standards (2023) - Effective and Timely | More leaflets are available to patients. They are now on display in the waiting area * available in the surgeries. | Dee Evans | Completed |
| 2. | Some patients reported experiencing difficulties contacting the practice to make appointments. | All methods of contact for patients to make appointments must be consistently available to | Health and Care Quality Standards (2023) - Timely | We try our best to answer the phone calls, there is an | Dee Evans | Completed |

| | | | | | | |
|----|--|--|--|--|-----------|-------------------|
| | | ensure ease of access to dental care. | | option for patients to leave a message & we will get back to them. Also patients can contact us on social media & email. | | |
| 3. | No formal arrangement in place to support patients unable to speak English in accessing dental care. | An agreement with a formal translation service, such as a language line, must be put in place. | Private Dentistry (Wales) Regulations 2017 Regulation 13(1)(a) | A request has been made to language line regarding more information on using their service in the future. | Dee Evans | Awaiting Response |
| 4. | Written patient information was only available in small print formats. | Accessible versions of key documents to be made available to patients (e.g. easy read, | Private Dentistry (Wales) Regulations 2017 Regulation 13(1)(a) | We are able to enlarge any policy / document at | Dee Evans | Completed |

| | | | | | | |
|----|---|--|--|---|-----------|-----------|
| | | large print, alternative languages). | | patients request | | |
| 5. | Electrical installation and test report in date but potential issues requiring urgent action not rectified. | Electrical installation inspection and test report must be reviewed by a suitably qualified electrician, all requirements to ensure electrical safety must be implemented, and evidence supplied to HIW. | Private Dentistry (Wales) Regulations 2017 Regulation 22(2)(a) | The test has been re-done. Work has been carried out. I will upload the new certificate. | Dee Evans | Completed |
| 6. | Emergency drugs and equipment checks not robustly documented. | A comprehensive record of emergency drug and equipment checks must be maintained to ensure items are available and appropriate for use. | Private Dentistry (Wales) Regulations 2017 Regulation 31(2)(b) | Emergency drug check has been added to our daily checklist which is completed by a nurse daily. A new record list has also been placed with the emergency | Dee Evans | Completed |

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| | | | | drugs & updated. | | |
| 7. | Designated safeguarding person had not completed Safeguarding Children and Safeguarding Adults training to level 3. | Designated safeguarding person to complete Safeguarding Children and Safeguarding Adults training to level 3. | Private Dentistry (Wales) Regulations 2017 Regulation 14(1)(b) | Training completed evidenced by certificate. | Dee Evans | Completed |
| 8. | Annual HEIW IR(ME)R audits not completed. | Annual HEIW IR(ME)R audits to be implemented to ensure quality assurance is robust and good practice is promoted with respect to IR(ME)R. | Private Dentistry (Wales) Regulations 2017 Regulation 16 | Dee will look into taking part in this audit over the next few weeks. | Dee Evans | 8 weeks |
| 9. | Language preferences and informed consent not routinely recorded within patient records. | Language preferences and informed consent must be routinely recorded within patient records. | Private Dentistry (Wales) Regulations 2017 Regulation 13(1)(a) | This has been happening for the last 3 months at least. It has been added to the dentists quick notes to prompt them to ask. | | |

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| 10. | Personal files missing initial references and updates to documentation difficult to follow. | Personal files must be created and maintained to ensure employment terms and conditions and staff suitability is recorded on employment and remains clearly evidenced. | Private Dentistry (Wales) Regulations 2017 Regulation 18 | It was suggested that each staff member has a new contract written up as 'subsequent changes' added to a contract weren't sufficient. I am currently working on this. | Dee Evans | 8 weeks |
| 11. | Inconsistencies within the complaints procedures outlined in the complaints policy, Statement of Purpose and patient information leaflets. | A clear complaints procedure to be provided across documents consistent with Putting Things Right and clearly signposting to HIW as one method of raising a concern or complaint. | Private Dentistry (Wales) Regulations 2017 Regulation 21 | This was rectified in the day of inspection. | Dee Evans | Completed |

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| 12. | No smoking cessation audit completed. | Smoking cessation audit to be undertaken. | Private Dentistry (Wales) Regulations 2017 Regulation 16(1) | We will work towards getting this audit completed as a practice | Dee Evans | 8 weeks |
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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): Dee Evans

Job role: Practice Manager

Date: 07/01/2026