

General Dental Practice Inspection Report (Announced)

Dermaskin Dental Clinic, Cardiff and
Vale University Health Board

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



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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 Dermaskin Dental Clinic, Cardiff and Vale University Health Board on 04 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 spoke to staff working at the service during our inspection. In total, we received 15 responses from patients and one response from staff. Some questions were skipped by some respondents, meaning not all questions had responses. 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:

Dermaskin Dental Clinic provided a pleasant environment for patients to receive treatment. We found staff to be welcoming, respectful while most patients said they felt their dignity was maintained. All respondents to the HIW questionnaire rated the service as 'very good.'

There was a good range of information available in the practice. Patients said they had received enough information to understand treatment options and the risks and benefits of those options. We found staff were enthusiastic about providing treatment in the Welsh language, although provision for other languages was limited.

The practice was all on one floor with level access throughout, although the patient toilets were not fully accessible for wheelchair users.

This is what we recommend the service can improve:

- To amend the patient information and statement of purpose posted on their dental website to make them specific to the dental service provided.

This is what the service did well:

- Short waiting times for follow-up treatment appointments
- Extended opening hours throughout the week offering flexibility to patients.

Delivery of Safe and Effective Care

Overall summary:

We found the practice appeared very clean, was well maintained and decorated to a high standard. Patient areas were comfortable and free of hazards providing a safe environment to receive care.

There were appropriate medicines management processes in place with fridge temperatures monitored and prescription pads kept secure. First aid kit and staff training were in place, and emergency equipment was mostly available although one airway needed to be replaced.

In general, fire safety arrangements were good, although one emergency exit was difficult to open during the inspection. We found suitable arrangements in place

for safeguarding of children and vulnerable adults with a lead appointed and staff appropriately trained in the subject.

Patient dental records were generally good although some improvements were identified.

This is what we recommend the service can improve:

- To develop the policy for identifying, assessing and managing risks at the practice
- To install sanitary waste bins in the staff and patient toilets
- To remove plugs, and cover or seal overflows in all handwashing sinks located in the surgery
- To complete daily checklists for both the surgery and decontamination process
- To ensure the room used to store clinical waste is kept locked.

This is what the service did well:

- Well-designed modern surgery with well-maintained equipment
- Safety syringes in use with quick-reference flowchart available readily available to aid staff in the event of a needlestick injury
- Good X-ray compliance with appropriate signage on surgery doors.

Quality of Management and Leadership

Overall summary:

We found an effectively run practice with a clear management structure in place. Staff appeared supported in their roles with evidence of regular appraisals. An appropriate recruitment process was in place with the relevant checks completed to ensure staff were fit to work at the premises.

There was a good range of comprehensive written policies and procedures in place that were readily available for staff, while compliance with professional obligations was very good.

While we identified some improvements were needed, overall, we considered the practice to be very well managed.

This is what the service did well:

- Good level of compliance with mandatory staff training
- Very supportive of staff development
- Patient satisfaction survey results available for patients to read

- A good scheme of clinical audits in place as part of the practice's quality improvement activity.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 15 respondents rated the service as ‘very good.’

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

“Staff are very friendly, and the clinic is always very clean and comfortable.”

“...found the whole experience excellent... staff, including reception staff are consistently excellent, warm, friendly and helpful too.”

“Everyone is always very professional and friendly. I would feel confident recommending to a friend.”

Person Centred

Health Promotion

We saw relevant dental healthcare information available within patient waiting areas including smoking cessation, preventative oral care and diet advice. Treatment charges and the practice complaints procedures were on display and available on the practice website.

The practice had an up-to-date statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. Whilst both documents were also available on the practice website, they contained information for both the dental service and the attached laser clinic, even though the laser service had a separate website. We considered this would be unclear for patients and suggested both documents on the dental website be amended to be more specific to the dental service.

We recommend the registered manager amends the patient information and statement of purpose on their dental website to make them specific to the dental service provided.

The names of the dental team and their General Dental Council (GDC) registration numbers were clearly displayed. We saw signs advising visitors that smoking was not permitted on the premises in accordance with legislation.

All respondents who answered the questions on the HIW patient questionnaire told us they were provided with aftercare instructions on how to maintain good oral health and all but one agreed that they had their oral care explained to them in a way they could understand.

Dignified and Respectful Care

During the inspection we found staff were very welcoming, friendly and respectful. Whilst the reception desk and waiting area were in the same room, we were told private discussions could be taken in the office behind reception or in a consultation room. An up-to-date confidentiality policy was signed by all staff and formed part of their employment contracts.

We were told that surgery doors were closed during treatment maintaining the privacy and dignity of the patients. Blinds were installed to the surgery windows to restrict the view from outside.

We saw that the GDC nine core ethical principles of practice were clearly displayed in the reception area.

Fourteen of the respondents who completed the HIW patient questionnaire felt they were treated with dignity and respect at the practice, while the remaining respondent disagreed.

Individualised care

All respondents who completed a HIW patient questionnaire said that they were given enough information to understand the treatment options available and said they were given enough information to understand the risks and benefits associated with those options. All agreed that charges were made clear prior to commencing treatment.

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment and confirmed that their medical history was checked before receiving treatment.

Timely

Timely Care

We were told that reception staff informed patients of any delays to appointment times. Waiting times between treatments were short with follow-up appointments

offered within one to two weeks. We were told that patients who required emergency treatment could telephone or email at any time and were generally seen on the same day.

The practice opening hours and emergency contact details were displayed and visible from outside the premises and were also available on the practice website. We noted there were extended opening times throughout the week and availability on Saturday mornings to provide flexibility for school children and patients who work standard business hours.

All respondents who completed the HIW patient questionnaire said it was very easy to get an appointment when they needed one. Whilst most respondents said that they knew how to access the out of hours dental service if they had an urgent dental problem, two respondents said that they did not.

Equitable

Communication and Language

We found written information displayed in the practice was available primarily in English, although some staff were learning Welsh and wore lanyards indicating their willingness to speak in Welsh if required. We were told that patients whose first language was not English were asked to attend with someone who could translate to ensure informed consent was obtained. However, we considered this was not without risk as there was no guarantee that this third person was able to translate properly and therefore, we were not assured that the dentist was able to communicate effectively with these patients.

The registered manager is required to provide HIW with details of how the practice intends to address the individual language needs of patients.

Whilst most respondents who answered the HIW questionnaire indicated English as their preferred language, two respondents selected Welsh. They confirmed that they felt comfortable using the Welsh language within the practice and said that healthcare information was available to them in their preferred language.

Appointments could be booked by telephone or in person at reception, ensuring patients without digital access could arrange treatment. There were some easy read versions of leaflets available, and large print copies of documents could be printed as required. We were also told that staff would offer to read and complete forms for patients who had visual impairment or difficulties reading. We saw a hearing loop system was installed to assist patients with impaired hearing.

Rights and Equality

We considered that dental care at the practice was provided in a way that recognised the needs and rights of patients. The practice had an up-to-date equality and human rights policy that included bullying and harassment in the workplace. We were assured that the rights of transgender patients would be upheld with preferred names and pronouns used as required.

All respondents who completed the HIW patient questionnaire confirmed they had not faced discrimination when accessing the service.

The practice was located on the ground floor which was down a flight of steps from the roadside, while a ramp at the end of the building enabled wheelchair access to the practice. Whilst we considered the practice to be suitable for wheelchair users with wide doorways and level flooring, we found that the toilets were not accessible. This was indicated within the patient information leaflet along with notice that the practice was unable to assist in transferring patients from wheelchairs into the treatment chairs.

Delivery of Safe and Effective Care

Safe

Risk Management

In general, Dermaskin Dental Clinic appeared well maintained with a spacious, well-lit surgery. Internally, the environment was decorated and furnished to a high standard, with the patient waiting area comfortable and free from hazards. However, we found there was no buildings maintenance policy to help ensure the premises always remain fit for purpose. We raised this with the registered manager who arranged for a policy to be drafted during the inspection.

The practice had a business continuity policy with a list of procedures to be followed were it not possible to provide dental services due to an emergency event or disaster. This included arrangements with several dental practices in Cardiff and the South Wales area. We found up-to-date policies relating to the health and safety of patients and staff at the practice. However, we found the policy for assessing and managing risks at the practice was brief and lacked detail.

The registered manager must develop the policy for identifying, assessing and managing risks at the practice, and provide a copy to HIW on completion.

There were suitable arrangements for staff to change their clothes and store their personal belongings safely. An approved health and safety poster and the employer's liability insurance were displayed as required.

We were shown a current five yearly Electrical Installation Condition Report (EICR), up to date Portable Appliance Testing (PAT) records and a valid annual gas safety certificate.

Overall, we found the practice had good arrangements in place in relation to fire safety with a fire risk assessment completed and evidence that this was reviewed on an annual basis. All staff had completed fire safety training with a suitable proportion also trained as fire marshals. The fire extinguishers had been serviced within the last year, and appropriate evacuation signage was displayed. However, we found the rear fire exit could not be opened easily. We raised this immediately with the registered manager. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

Infection Prevention and Control (IPC) and Decontamination

There was an appropriate infection prevention and control policy which included the name of the appointed lead. Appropriate personal protective equipment (PPE) was readily available for staff use.

The surgery was visibly clean and suitably furnished to enable effective cleaning while hand hygiene facilities were available both in the surgery and in the toilets. However, there were no sanitary waste bins in the patient and staff toilets, and we found that the sink in the surgery contained a plug and had an overflow contrary to the Welsh Health Technical Memorandum (WHTM) 01-05.

The registered manager must:

- **Install sanitary waste bins in the staff and patient toilets**
- **Ensure that plugs are removed, and overflows covered or sealed in all handwashing sinks located in the surgery.**

The practice used safer sharps single-use syringes with a safe disposal system in place. We reminded staff that sharps bins must be suitably labelled when full. Quick reference flowcharts were displayed in the surgery to aid staff in the event of a needlestick injury, with an on-site doctor also available for advice, treatment and blood tests, if necessary.

Staff demonstrated the decontamination process for reusable dental instruments, which included a suitable system to safely transport instruments around the practice. However, we considered there was scope for additional governance within the packaging stage by ensuring the person who carried out the decontamination process signs the sterilised packs when sealed.

We recommend the registered manager ensures the packaging is signed by the person who carried out the decontamination procedure as additional governance.

We saw evidence that regular maintenance and periodic checks of the decontamination equipment were carried out. However, whilst start and end of day checks were described as being undertaken, we found that these were not being recorded. Similarly, daily surgery checklists were not being completed.

The registered manager must ensure daily checklists for both the surgery and decontamination process are completed and retained.

We saw evidence that handwashing audits were completed and found that the annual infection prevention and control (IPC) audit was due. We discussed

contacting Health Education and Improvement Wales (HEIW) to obtain the IPC audit tools.

All respondents who completed the HIW patient questionnaire told us that in their opinion, the practice was very clean and that staff followed infection prevention and control measures. One respondent commented:

“As a nurse with knowledge of infection prevention and control, I observed excellent practice being followed. Staff were compliant with hand hygiene, PPE, and equipment cleaning protocols, which gave reassurance of a safe and professional standard of care.”

We saw a current contract was in place to safely transfer clinical waste from the practice with clinical waste produced by the practice stored in appropriate containers while awaiting collection. However, we found the room used for storage was not locked and therefore allowed unauthorised access to visitors. We raised this immediately with the registered manager. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

The registered manager must ensure the room used to store clinical waste is kept locked.

We reviewed staff files and found that all staff working at the practice had completed the required infection prevention and control training.

Medicines Management

There was an appropriate policy in place for the management of medicines at the practice. We found that medicines were being handled and stored safely with suitable processes in place for ordering, checking and disposal of out-of-date items. We noted that fridge temperatures were monitored with an alert sent via telephone if they fell outside the acceptable range.

Prescription pads were kept secure, and staff were aware of the yellow card scheme for reporting any adverse reactions to medicines. Following discussion with the registered manager, notices were displayed to remind patients to inform the practice of any changes in their medical history.

There was an appropriate medical emergencies policy in place which was based on national resuscitation guidelines. We confirmed that all staff had completed resuscitation training within the last year.

We inspected equipment and medicines for use in the event of an emergency at the practice and confirmed that all medicines were in date. However, we found

that one of the five recommended sizes of oropharyngeal airway as part of the emergency equipment was missing. We raised this immediately with the registered manager. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We saw that service maintenance of the oxygen cylinder had been carried out and that staff had completed relevant training in its use. We found the first aid kit was appropriately stocked with all items in date, and that an appropriate number of staff were trained to provide first aid.

Management of Medical Devices and Equipment

We found the dental surgery was suitably equipped to provide safe and effective dental treatment. All clinical equipment that we saw appeared clean and well maintained.

We reviewed documentation that indicated the X-ray equipment had been subject to the required maintenance and testing and that a radiation risk assessment was in place. We also saw the required documentation was available to show that safe arrangements were in place for the use of the X-ray equipment.

We found clinical evaluations and justifications for each X-ray exposure were noted in patient records. We were told that patients were verbally informed of the risks and benefits associated with dental X-rays by the dentist.

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

Safeguarding of Children and Adults

We found a comprehensive policy in place relating to safeguarding of children and vulnerable adults. Quick reference safeguarding flowcharts, that included the contact details for the relevant local safeguarding teams, were available to aid staff in the event of a concern.

The practice had a dedicated safeguarding lead appointed who provided support and guidance to staff and had access to the latest Wales Safeguarding Procedures. All staff were appropriately trained and appeared knowledgeable about child and adult protection.

Effective

Effective Care

We found there was enough trained staff in place at the practice to provide patients with safe and effective care. Staff were clear about their roles and

responsibilities, and we were assured that statutory guidance was being followed when providing dental care. We saw that recommended checklists to minimise the risk of wrong tooth extraction had been recently introduced.

Patient Records

We found a suitable system was in place to ensure records were managed securely. We were told records were retained in line with the Private Dentistry (Wales) Regulations 2017.

We reviewed the dental care records of seven patients. All the records we reviewed had suitable patient identifiers, the reason for attendance and a full medical history recorded. Informed consent was recorded for treatment provided and we saw evidence of full base charting, extra and intra oral examinations. However, we did identify some omissions in the records. The X-ray reports required more detail, while more consistent recording of the referrers and that the risks and benefits of X-rays were explained was needed. We also found that risk factors such as caries, oral cancer screening and patient language preferences were not recorded.

The registered manager must:

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

Quality of Management and Leadership

Leadership

Governance and Leadership

There was a clear management structure in place, with the principal dentist responsible for the day-to-day running of the practice with the assistance of the wider practice team. We considered the practice to be well led with a clear commitment to providing a high standard of service. We were told that the practice had arranged team building days and it was apparent that there was a good team spirit at the practice.

There were suitable arrangements for sharing relevant information and urgent safety notices with staff using WhatsApp groups and monthly team meetings. We saw minutes of staff meetings were recorded and shared with staff. We discussed improving the structure of the minutes by adding an agenda and any action points identified.

There was a comprehensive range of written policies available to staff to support them in their roles. We reviewed several policies and found these had been subject to regular reviews and were signed by staff to confirm they had read and understood the contents.

The staff member who completed the HIW questionnaire said that they would recommend the practice as a good place to work. They agreed that they had fair and equal access to workplace opportunities, and felt the workplace was supportive of equality and diversity.

Workforce

Skilled and Enabled Workforce

The practice team comprised of two dentists and three dental nurses. We considered the number and skill mix of staff were appropriate to deliver the dental services provided.

The practice had an up-to-date recruitment policy which confirmed that new starters were subject to satisfactory pre-employment checks. We found that a suitable induction process was in place to ensure new staff were aware of practice procedures and competent in their role. A review of staff files indicated that staff had received annual appraisals.

We saw that all staff had a valid Disclosure and Barring Service (DBS) certificate and had issued annual declarations to confirm this status had not changed. Evidence of indemnity insurance, current registration with the General Dental Council (GDC) and other health screening records were present for all staff. We were told that compliance with workforce obligations were monitored by the registered manager.

We saw that staff had completed training on a range of topics relevant to their roles within the practice. We found mandatory training compliance was good with certificates retained within staff files. We found the practice was very supportive of staff development with several examples provided where staff had undertaken additional training to improve service provision and further their careers.

Culture

People Engagement, Feedback and Learning

Arrangements were described for seeking feedback from patients about their experiences of using the practice including online reviews via a QR code provided by the practice. A suggestions box was available in the waiting area to enable patients without digital access to provide anonymous feedback.

We were told that feedback is regularly reviewed and discussed with the management team. During the inspection, we noted a positive response to feedback that we provided, and we saw that this extended to patient comments with the results of a satisfaction survey put into the practice information folder.

We saw the practice complaints procedure displayed in the waiting area. This indicated which staff member was appointed to handle complaints and included details of other organisations that patients could approach if dissatisfied with the response. There was a complaints folder available although there had been no formal complaints to date.

Learning, Improvement and Research

Quality Improvement Activities

We found a good scheme of audits in place as part of the practice's quality improvement activity. We were provided with examples that had been completed recently including patient records, hand hygiene, antibiotic prescribing and radiograph quality. We discussed including smoking cessation and healthcare waste audits as part of their upcoming audit programme.

We discussed using HEIW toolkits and audits, and utilising compliance software to assist in scheduling future quality improvement activities.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that the rear fire exit could not be opened easily.	Patients and staff could be at risk in the event of a fire emergency.	We raised this immediately with the registered manager at the practice.	Remedial maintenance was arranged and completed during the inspection.
We found the room used for the storage of clinical was not locked and therefore allowed unauthorised access to visitors	Patients and staff could be at risk of infection.	We raised this immediately with the registered manager at the practice.	The room was locked during the inspection.
We found that one of the five recommended sizes of oropharyngeal airway as part of the emergency equipment was missing.	Patients and staff could be at risk in the event of an emergency.	We raised this immediately with the registered manager at the practice.	Replacement was ordered shortly following the inspection.

Appendix B - Immediate improvement plan

Service: Dermaskin Dental Clinic

Date of inspection: 04 November 2025

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

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

Appendix C - Improvement plan

Service: Dermaskin Dental Clinic

Date of inspection: 04 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
The patient information and statement of purpose were available on the practice website. However, they contained information for both the dental service and the attached laser clinic, even though the laser service had a separate website	We recommend the registered manager amends the patient information and statement of purpose posted on their dental website to make them specific to the dental service provided.	Regulations 5(2) & 6(2)	We will make an alternative SOP & PIL that is specific for the dental department and display this on our website	Helen Rimmer	18th Jan 2026
We were told that patients whose first language was not English were asked to attend with someone who could translate to ensure informed consent was obtained.	The registered manager is required to provide HIW with details of how the practice intends to address the	Regulation 13(1)(a)	Policies are in place to ensure that valid informed consents are obtained. Where a fully informed consent cannot be obtained by reason of incapacity or a failure of understanding, treatment	Helen Rimmer	Already the policy of the clinic

However, we considered this was not without risk as there was no guarantee that this third person was able to translate properly.	individual language needs of patients.		<p>will be withheld in a sensitive manner unless it is an emergency.</p> <p>If a patient's first language is not English and it is compromising the individual's ability to understand the information given to them and provide informed consent we may delay any treatment until an official translator is able to be part of the consultation process</p> <p><u>This is set out in our SOP & PIL</u></p>		
The policy for assessing and managing risks was brief and lacked detail.	The registered manager must develop the policy for identifying, assessing and managing risks at the practice, and provide a copy to HIW on completion.	Regulation 8(1)(e)	The covering policy has been developed to provide an overview of all the existing related risk assessments & policies currently in place.	Helen Rimmer	completed
There were no sanitary waste bins in the patient and staff	The registered manager must:				

toilets, and we found that the sink in the surgery contained a plug and had an overflow.	<ul style="list-style-type: none"> • Install sanitary waste bins in the staff and patient toilets 	Regulation 13(1)(a) & 22(2)(a) & (c)	Sanitary bins installed	Helen Rimmer	Completed
	<ul style="list-style-type: none"> • Ensure that plugs are removed, and overflows covered or sealed in all handwashing sinks located in the surgery. 	WHTM 01-05	Plugs removed, either overflows will be sealed or sinks replaced in January	Helen Rimmer	25 th Jan 26
We considered there was scope for additional governance within the packaging process for decontaminated instruments.	We recommend the registered manager ensures the packaging is signed by the person who carried out the decontamination procedure as additional governance.	Regulation 13(3)(b)	Packaging will now have the expiry date initialled by person carrying out decontamination procedure	Helen Rimmer	Completed
We found that start and end of day checks, as part of the decontamination process, were not being recorded. Similarly, daily surgery checklists were not being completed.	The registered manager must ensure daily checklists for both the surgery and decontamination process are recorded and retained.	Regulation 13(3)(b)	Extra columns have been added to the decontamination logbook to register who has completed the relevant daily checks each day	Helen Rimmer	Completed

We found the room used for storing clinical waste was not locked.	The registered manager must ensure the room used to store clinical waste is kept locked.	Quality Standard - Safe	Lock has been placed on the door	Helen Rimmer	Completed
We identified some omissions in the records. The X-ray reports required more detail, while risk factors, oral cancer screening and patient language preferences were not recorded.	<p>The registered manager must:</p> <ul style="list-style-type: none"> • Provide HIW with details of the action taken to address our findings in relation to the completeness of patient records • Ensure patients' preferred choice of language and action taken to address any language needs are recorded within the patient records. 	<p>Regulation 20(1)(a)(i) & (ii)</p> <p>Regulation 13(1)(a)</p>	<p>A more in-depth template has been added to the patient record to ensure all risk factors levels are recorded when low.</p> <p>The radiographic report template has been developed further, to prompt some further information on analysis.</p> <p>Oral cancer screening is routinely carried out on every patient and recorded in the notes under their soft tissue exam. There was an absence of the recording of the risk level, when the risk level was low. This</p>	Helen Rimmer	Completed

