Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

The Dental Centre Oakdale

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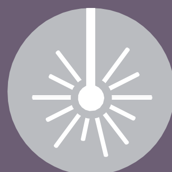

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Copies of all reports, when published, will be available on our website or by contacting us:

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

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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 The Dental Centre Oakdale on 06 January 2026.

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. A total of 18 were completed. We also spoke to staff working at the service during our inspection. 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:
Overall, patient feedback gathered through the HIW questionnaire was positive, with patients rating the service as 'very good' or 'good'. Comments highlighted the friendliness of staff and clear treatment plans.

The practice provided a range of oral health and treatment information in the reception area. Treatment prices were clearly displayed, and signage regarding smoking restrictions and CCTV was visible. Clinicians' names and GDC registration numbers were displayed, and practice contact details and emergency arrangements were accessible.

Staff were observed treating patients with dignity and respect, and confidentiality measures were in place. Respondents confirmed they received clear information about treatment options and costs.

Appointments were arranged by phone, email, or in person, with average waiting times within one week and emergency appointments usually available the same day. Communication support, including translation services and large-print materials, were offered.

This is what the service did well:

- Equality and diversity policies were in place
- Friendly and respectful staff
- Clear information available for patients.

Delivery of Safe and Effective Care

Overall summary:
The premises were clean, tidy, and well-maintained, with appropriate health and safety policies and risk assessments in place. Fire safety arrangements were adequate; however, fire drills had not been routinely carried out. Infection prevention and control measures were generally robust, with personal protective equipment (PPE) and cleaning schedules available; however, the decontamination room lacked ventilation, and occupational health support was not in place.

Medicines management was satisfactory, with policies and checks in place. We noted the medical fridge temperature was outside the correct range at the time of inspection, which was resolved on the day. Emergency equipment was available

and in date, and staff had CPR training. However, there was no qualified first aider. Safeguarding arrangements were appropriate, though one clinician lacked training.

Patient records were secure and most information was recorded. However, some records were missing documented evidence such as smoking cessation advice, oral hygiene guidance, and risk assessments.

This is what we recommend the service can improve:

- Secure clinical waste bins to a permanent structure
- Ensure occupational health arrangement are in place
- Implement a process to ensure regular fire drills are carried out.

This is what the service did well:

- Maintained a clean environment
- Medicines management and emergency equipment checks in place
- Clear safeguarding policies with flow charts available.

Quality of Management and Leadership

Overall summary:
The practice had a clear management structure and held formal team meetings every six months, supported by informal meetings when required. Policies were accessible both in a dedicated folder and online.

The workforce consisted of dentists, nurses, and administrative staff, with robust recruitment processes in place. Staff records contained essential documentation, although one lacked employment references, and another had no Hepatitis B blood results. Mandatory training was mostly up to date, but one staff member had not completed safeguarding or IPC training.

Feedback was collected through paper forms and QR codes, and complaints were managed appropriately. Most audits were available; however, we found some were missing, including smoking cessation, healthcare waste, and health and safety.

This is what we recommend the service can improve:

- Ensure all staff have the appropriate training for their roles

This is what the service did well:

- Accessible policies
- Appropriate complaints policy and feedback mechanisms.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, responses to the HIW questionnaire were positive. We asked patients how they would rate the service provided by the setting; 18 patients responded and rated the service as 'very good' (16/18) or 'good' (2/18).

Patient comments included:

> *"… all staff are very lovely and chatty. I always feel welcome."*
>
> *"… I have always received excellent care in this practice and very happy with the treatment plans offered…"*
>
> *"… The whole practice team are always friendly and helpful…"*
>
> *"… always goes over and above to ensure I am happy with my treatment."*

Person-centred

Health promotion and patient information
We saw a range of patient information available in the reception area. This included leaflets on oral health and treatments provided. The practice had a satisfactory patient information leaflet and statement of purpose, which were both available at reception when requested. A Statement of Purpose (SoP) was also available on the practice website. We found both documents contained the information required by the Private Dentistry (Wales) Regulations 2017.

Information on treatment prices was displayed within the main waiting area and was also available in the patient information file at the reception desk.

We saw signs displayed notifying patients and visitors to the practice that smoking was not permitted on the premises in accordance with current legislation. Notices were on display to inform patients of CCTV in operation.

The names of the clinicians were displayed at the entrance to the practice. The names of all registered health care professionals were displayed inside the

practice, which also contained their General Dental Council (GDC) registration numbers.

The practice opening hours, telephone number, email address and website address were displayed clearly at the entrance to the practice. The emergency out of hours details were available on the practice voicemail, and this was also displayed within the reception area.

Dignified and respectful care

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

The main reception desk formed part of the waiting room, and staff had access to an office away from patients where calls could be transferred to ensure confidentiality. We were told patients could also have conversations in person within the office if they wanted privacy. There were solid doors to clinical areas and surgery doors were kept closed whilst treating patients. We saw a confidentiality agreement in place which had been reviewed by all staff.

Individualised care

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

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

Timely

Timely care

The practice arranged appointments by telephone, email or in person at reception. We heard telephone lines working effectively on the day. There was no online booking system available to patients, however patients could send a message to the practice with queries via a contact form on the website.

We were advised the current average waiting time between treatment appointments was within one week. Where an appointment may be needed sooner, appointments would usually be available the next day. Patients are informed that they can access emergency appointments by phoning the practice any time of day, and we were told they can usually be seen on the same day.

Staff working in the dental surgeries informed reception staff of any delays, reception staff would then inform patients verbally in person. All respondents to the HIW questionnaire said it was ‘very easy’ or ‘fairly easy’ to get an appointment when they needed one.

Equitable

Communication and language
The practice manager told us that patient information was available in large print and audio format if requested and could be translated if required.

Details of a Welsh translation service were available within the reception area. We were told the practice would arrange an interpreter for patients whose first language was not English. The translator would either attend in person, via video call or via telephone.

We were told that patients without digital access could receive information on paper if requested.

Rights and equality
Staff told us preferred names and/or pronouns were recorded on patients records to ensure all patients were treated equally and with respect. We found there was an equality and diversity policy in place and a zero-tolerance of abuse poster displayed within the waiting area.

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

Delivery of Safe and Effective Care

Safe

Risk management
The practice was situated within a building that was shared with a GP practice, with the dental service being located on the first floor. The building did not have a lift, therefore individuals with mobility difficulties may experience challenges in accessing the service.

We saw that external and internal areas of the practice were well maintained and visibly clean and tidy with no obvious hazards. A staff room was available for lunch breaks, and this was also used as changing facilities. Staff had access to adequate locker facilities to store their possessions safely. There was one waiting area available which was of an appropriate size for the practice, and a patient and staff shared toilet was available at the entrance to the practice.

The employer's liability certificate was available and displayed behind the reception desk. We found dental equipment was in good working condition and single use items were in use where appropriate.

We saw an appropriate health and safety standard operating procedures policy in place as well as a health and safety risk assessment which had been reviewed annually. The health and safety executive poster was displayed within the storeroom where all staff could access the information.

We saw evidence of portable appliance testing (PAT) within the last year; however, when requested, the practice could not provide a gas safety certificate or evidence of five yearly fixed wire testing as this was not held at the practice. These issues were raised with the registered manager on the day of the inspection and was resolved on the day. Further information regarding this can be found in Appendix A.

We examined fire safety documentation and found adequate maintenance contracts in place. Fire extinguishers were available around the premises and had been serviced November 2025. The practice had an appropriate fire risk assessment in place which had been reviewed in December 2025. We saw appropriate signage displayed, and evidence was seen of routine checks undertaken on fire equipment. We saw all staff had up to date fire safety training certificates available. However, we noted there were no fire drills being undertaken at the practice. Evidence of a fire drill being completed was provided shortly following the inspection.

The registered manager must implement a process to carry out ongoing fire drills at regular intervals.

Infection, prevention and control (IPC) and decontamination

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

We saw personal protective equipment (PPE) was readily available for all staff. The practice had suitable hand hygiene facilities available in each surgery and in the toilets. However, Occupational Health support was not available within the practice.

The registered manager must make arrangements to ensure Occupational Health support is available to staff working at the practice.

The practice had a designated room for the decontamination and sterilisation of dental instruments. The decontamination room was well maintained with appropriate processes and equipment in place to safely transport instruments around the practice. However, we noted there was no ventilation system within the decontamination room. This meant we could not be assured that there was an adequate supply of fresh air for staff or sufficient ventilation to remove excess heat from equipment, as required in Welsh Health Technical Memorandum 01-05 (WHTM 01-05).

The registered manager must provide assurance to HIW on how it will meet the WHTM 01-05 requirements to supply fresh air to the decontamination room and remove excess heat.

We found decontamination equipment was being used safely and was regularly tested with daily logs evident. We saw evidence most staff had undertaken IPC training, and the practice had completed IPC audits annually. However, we noted that the practice is not currently using the Welsh Health Technical Memorandum (WHTM) guidance for auditing purposes. The IPC audit reviewed was based on Health Technical Memorandum (HTM) standards rather than WHTM, which may not fully align with national requirements in Wales.

The registered manager must conduct an audit of infection, prevention and control and decontamination processes in line with WHTM 01-05.

We saw evidence of appropriate arrangements in the practice for handling substances which are subject to Control of Substances Hazardous to Health

(COSHH). We found the practice had an appropriate contract in place for the handling and disposal of waste, including clinical waste. However, we noted the external clinical waste bin was not secured to a permanent structure and was accessible to the public.

The registered manager must ensure clinical waste bins are secured to a permanent structure.

All respondents to the HIW questionnaire said the practice was 'very clean' and felt that infection prevention and control measures were being followed.

Medicines management
We found the practice had an appropriate medicines management policy in place. We saw evidence that staff recorded medicines administered to patients in their notes and we were told patients were given information about medicines they had been prescribed. Any potential adverse reactions to drugs were discussed with patients by clinical staff.

We found the practice had a dedicated medical fridge away from the patient area and we saw evidence of daily checks of the fridge temperature. However, we noted the fridge temperature was not within the correct parameters. This issue was raised with the registered manager on the day of the inspection and was resolved on the day. Further information regarding this can be found in Appendix A.

We saw the practice had an up-to-date medical emergency policy which was reviewed annually. We looked at staff training records and found all staff members had up to date training in cardiopulmonary resuscitation (CPR). All staff had completed an online training course for the general principles of first aid. However, there was no qualified first aider at the practice. We were assured by the practice manager that two staff members were booked to attend a training course. Evidence of this was provided following the inspection. We saw a first aid kit available with all items in place and in date.

We inspected the equipment in place to deal with a medical emergency and found all items available and in date. We saw evidence of regular checks being carried out on all emergency equipment. The medical emergency bag was kept in an accessible area with signage available on the door.

Safeguarding of children and adults
We saw evidence the practice had an up-to-date safeguarding of children and adults at risk policy in place. We found the relevant external contact details for local safeguarding teams were present, and a quick reference safeguarding flow

chart was available within dental surgeries. The practice had an appointed safeguarding lead and staff were aware of support available to them in the event of a safeguarding concern.

We looked at safeguarding training records and saw most staff had up to date safeguarding training to an appropriate level. However, one clinician had no safeguarding training available.

The registered manager must ensure all staff are trained in adult and child safeguarding to the appropriate level.

Management of medical devices and equipment

We found medical devices and clinical equipment were in good working order and suitable for purpose. Reuseable devices were disinfected appropriately, and arrangements were in place to promptly address any system failures.

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

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

Effective

Effective care

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

Patient records

We saw a suitable system in place to ensure the safety and security of patient records. The practice had an appropriate records management and consent policy in place, and a patient record audit had been completed within the last year.

We reviewed a sample of ten patient records. Each patient had identifiers, medical history updated at each visit, reason for attendance and informed consent. However, we found the following areas that could be improved:

- Smoking cessation advice was not recorded for 3/3 patients
- Oral hygiene advice was not provided for 2/10 patients

- Oral health promotion information was not recorded for 10/10 patients
- Risk assessments were not recorded for 10/10 patients
- Grading was not available for X-rays taken.

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

The registered manager must undertake a further patient record audit within 6 months of the date of inspection and provide HIW with a copy of the audit and any resulting action plan.

Quality of Management and Leadership

Leadership

Governance and leadership

We found a clear management structure in place to support the running of the practice. We saw evidence the practice held formal team meetings every six months and noted suitable discussions around appointment times, new staff within the practice and timekeeping. As they operated with a small team, additional informal meetings were arranged on an ad-hoc basis when needed.

We saw a Medicines & Healthcare products Regulatory Agency (MHRA) and safety alerts policy in place, and we were told any relevant safety alerts would be shared with staff members by the registered manager.

Staff had access to policies within a dedicated policy folder and though an online compliance system. Evidence was available to show they were updated annually.

Workforce

Skilled and enabled workforce

The team comprised of three dentists, one hygienist, three qualified nurses, a deputy manager and one HR and administrative support staff member. We were told a rota system had previously been used to ensure a suitable number of staff were working at any time. We were told the practice has not had to make use of agency staff, but contact details of agencies were available to them if required.

We saw a suitable and up to date recruitment and selection policy in place. We were told any new staff members were required to complete an induction process and are supervised by qualified staff members. We were told any performance issues would be discussed with the individual staff member in private.

We reviewed five staff member records and found suitable evidence was in place for professional indemnity, GDC registration, Disclosure and Barring Service checks and employment contracts. However, we noted one staff member did not have references available, and one staff member did not have blood results following Hepatitis B vaccination available.

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

We reviewed a sample of five staff training records and found all staff members had up to date certification in place for most mandatory training. As mentioned earlier in the report, one staff member did not have certification for safeguarding children training. We also found the same staff member did not have up to date IPC training available.

The registered manager must ensure all staff are appropriately trained to carry out their roles.

Staff had access to an online inhouse training system to ensure they could keep up to date with their Continuing Professional Development (CPD). We saw details of staff training on the compliance system which could be monitored by management.

Culture

People engagement, feedback and learning

The practice had a feedback box available beside the reception desk with a paper feedback form for patients to complete. Patients were also able to scan a QR code to leave a Google review. We were told written feedback was monitored daily by the practice manager, who contacted patients if required and shared feedback with staff. We noted there was no information on display on how the practice had learned and improved from feedback received, we advised the practice manager this would be a good way to communicate with patients that they were being listened to.

The practice had an appropriate complaints policy which was reviewed annually. This was available on the practice website, on a notice board within the waiting area and copies were available upon request. The policy included timescale for complaints, an escalation process if required and contact information for external bodies such as HIW and The Dental Complaints Service.

We were informed the HR and administrative support staff member was responsible for handling complaints. If the complaint was regarding clinical work, the clinician would provide information and a response. We saw evidence of a complaints log which was reviewed regularly to identify common themes.

Learning, improvement and research

Quality improvement activities

We were told audits were completed at regular intervals and outcomes were shared with staff in team meetings. The setting had use of an online compliance system which provided any quality improvement audits required.

We saw audits for radiography, antimicrobial prescribing, hand hygiene, and IPC. However, we found some audits were missing such as smoking cessation,

healthcare waste, and health and safety. The practice also did not make use of any Quality Improvement Training tools.

The registered manager must implement the following audits:

- **Smoking cessation**
- **Healthcare waste**
- **Health and safety**

It was noted that the practice did not have a disability access audit in place, we advised that completing an audit would be considered best practice to help identify and address any potential barriers for patients.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The registered manager could not provide a gas safety certificate or evidence of five yearly fixed wire testing as this was not held at the practice.	Lack of gas and electrical safety checks risks leaks, fire and equipment failure posing a potential risk to patients and staff.	Raised immediately to the registered manager.	The registered manager contacted the landlord of the building who arranged for immediate gas safety and fixed wire testing to be completed. Evidence was sent to HIW shortly following the inspection.
We noted the fridge temperature was not within the correct parameters required.	Risk of dental materials or drugs being stored incorrectly and reducing their efficacy.	Raised immediately to the registered manager.	The registered manager adjusted the fridge temperature on the day. We viewed the fridge thermometer during the inspection following the adjustment and found it was within the required parameters.

Appendix B - Immediate improvement plan

Service: The Dental Centre Oakdale

Date of inspection: 06 January 2026

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

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No non-compliance issues were identified.					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: The Dental Centre Oakdale

Date of inspection: 06 January 2026

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	We noted there were no fire drills being undertaken at the practice.	The registered manager must implement a process to carry out ongoing fire drills at regular intervals.	The Private Dentistry (Wales) Regulations 2017 22(4)(d)	A Fire Drill was implemented on the 7th January 2026	Lauren Fry	To be conducted on an annual basis as part of our fire training
2.	Occupational Health support was not available within the practice.	The registered manager must make arrangements to ensure Occupational Health support is available to staff working at the practice.	The Private Dentistry (Wales) Regulations 2017 16(1)(b)	We will engage in the services of Fusion Occupational Health Services for Occupational Health Support for our staff	Mark Rice-Jones	Immediate effect

3.	We noted there was no ventilation system within the decontamination room.	The registered manager must provide assurance to HIW on how it will meet the WHTM 01-05 requirements to supply fresh air to the decontamination room and remove excess heat.	The Private Dentistry (Wales) Regulations 2017 22(2) WHTM 01-05 Chapter 5, 6.43	A facility to provide a through window extractor fan will be installed directly into the single pane of glass (Venta-Axia)	Mark Rice-Jones	1 month
4.	The IPC audit reviewed was based on Health Technical Memorandum (HTM) standards rather than WHTM.	The registered manager must conduct an audit of infection, prevention and control and decontamination processes in line with WHTM 01-05.	The Private Dentistry (Wales) Regulations 2017 13(3)(b)	WHTM audit has now been implemented	Mark Rice-Jones	3 months
5.	We noted the external clinical waste bin was not secured to a permanent structure and was accessible to the public.	The registered manager must ensure clinical waste bins are secured to a permanent structure.	WHTM 01-07 6.85	Landlords have agreed to securing the clinical waste bin to a permanent structure	Mark Rice-Jones	1 month
6.	One clinician had no safeguarding training available.	The registered manager must ensure all staff are trained in adult and child safeguarding to the appropriate level.	The Private Dentistry (Wales) Regulations 2017 14(1)(b)	Clinician responsible has been notifies to complete training on the digital platform accessible to all staff	Lauren Fry	1 month

7.	We found patient records were missing smoking cessation advice, oral hygiene advice, oral health promotion information, risk assessment and grading for X-rays.	The registered manager must ensure that patient records are complete and include all relevant information in line with professional standards and guidance.	The Private Dentistry (Wales) Regulations 2017 20(1)	We will ensure records are complete to include all relevant information as required. This process will become more effective as we convert to a new software system	Mark Rice-Jones /Samantha Rice-Jones	6 months
8.	We noted information missing within patient records.	The registered manager must undertake a further patient record audit within 6 months of the date of inspection and provide HIW with a copy of the audit and any resulting action plan.	The Private Dentistry (Wales) Regulations 2017 16(1)(a)	A process to ensure missing information will be incorporated into patient notes. This process will be facilitated as the practice converts to approved new digital AI based system	Mark Rice-Jones	6 months
9.	We noted one staff member did not have references available, and one staff member did not have blood results following Hepatitis B vaccination available.	The registered manager must review their employment procedures to ensure pre-employment checks are appropriately completed and records are routinely reviewed to ensure compliance.	The Private Dentistry (Wales) Regulations 2017 18	Missing information has now been included in staff personal files	Lauren Fry	1 month

10.	We found one staff member had not completed IPC training.	The registered manager must ensure all staff are appropriately trained to carry out their roles.	The Private Dentistry (Wales) Regulations 2017 17(1)(a)	The staff member has since been encouraged to complete their IPC training on our digital compliance platform	Lauren Fry	1 month
11.	We found some audits were missing such as smoking cessation, healthcare waste, and health and safety	The registered manager must implement the following audits: • Smoking cessation • Healthcare waste • Health and safety	The Private Dentistry (Wales) Regulations 2017 16	Implementation of the following audits has now started smoking cessation healthcare waste health & safety	Mark Rice-Jones /Samantha Rice-Jones	6 months

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): **Mark Rice-Jones**

Job role: **Principal Dentist /Practice Manager**

Date: **13 February 2026**