Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Ravenhill Dental Care, Swansea

Inspection date: 27 January 2026
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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.

Contents

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 Ravenhill Dental Care, Swansea Bay University Health Board on 27 January 2026.

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

During the inspection we invited patients 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 14 questionnaires were completed by patients and three were completed by staff. Feedback and some of the comments we received from patients appear throughout the report, but due to the low number of staff responses these are not included.

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:
Patients told us they received respectful and dignified care throughout their patient journey. All respondents to the HIW questionnaire rated the service as 'very good', and the feedback we received was consistently positive about the practice and its staff. Patients said they were listened to, their questions were answered, and staff explained what they were doing throughout appointments. We also saw measures in place to protect privacy and confidentiality, supporting dignified care.

We saw how patient rights were upheld and the equal treatment of individuals were actively supported. Equality and confidentiality policies were in place, and staff outlined some of the reasonable adjustments which had been made to support patient needs. Patients were able to record their preferred name, pronouns and gender, helping ensure individual rights were respected.

Patients told us their oral health was explained in a manner they could understand, and they were given clear aftercare instructions. Health promotion information was readily available. Documentation was available in Welsh where possible and we saw effective arrangements in place to enable communication, including Language Line and easy-read materials.

We also found the processes to manage appointments and to triage urgent care were suitable. Patients generally found it easy to obtain appointments, and a clear system ensured urgent cases were prioritised promptly.

This is what the service did well:

- Patients were treated with dignity and respect
- All patient feedback was positive.

Delivery of Safe and Effective Care

Overall summary:
The practice was in the process of a comprehensive renovation, introducing three new surgeries, a purpose-built decontamination room and a new patient waiting area. Due to these works, some areas of the practice had become cluttered, including storage areas and one patient toilet. However, overall, we found the practice was well maintained, clean and organised. Health and safety arrangements were appropriate, supported by up-to-date fire risk assessments,

suitable emergency procedures and regular testing of fire safety equipment. Robust safeguarding procedures were also embedded, with a named lead, up-to-date guidance, and staff trained and confident in identifying and reporting concerns.

While medicines and equipment were generally stored safely, some controlled drugs were not being disposed of in line with medicines management requirements, and some emergency items were out of date. We also found inconsistencies in radiographic documentation and calibration requirements.

Patient records were securely stored and provided a clear account of care, though we noted inconsistencies in the recording and follow-up of basic periodontal examinations. Despite these issues, infection prevention and control measures were strong, decontamination processes were robust, and all patients responding to the HIW questionnaire described the practice as ‘very clean’ and confirmed staff followed IPC procedures.

This is what we recommend the service can improve:

- The disposal arrangements for medicines
- The management of the equipment used in the radiographic process, radiographic documents up to date and audits routinely completed.

This is what the service did well:

- The environment was clean and had been recently renovated to a high standard
- Dental equipment was in good condition and kept clean
- Safeguarding measures were comprehensive and had been routinely reviewed.

Quality of Management and Leadership

Overall summary:
We noted a positive working environment at the practice and the interactions we observed between staff were both professional and courteous. We found all staff members had completed their mandatory training, and staff were given the time to complete courses during work hours. We saw some staff meetings has taken place previously, but formally recorded meetings had not taken place since 2023. All the staff records we reviewed were fully complete, including up to date GDC registrations, Disclosure and Barring Service Enhanced checks and pre-employment reference checks. We saw induction procedures were managed in a supportive manner for new staff members and appraisals for staff took place annually.

This is what we recommend the service can improve:

- The registered manager must ensure formal staff meetings take place and full minutes are kept.

This is what the service did well:

- The system in place for the collection and review of patient feedback was effective
- Clear management structures supported the effective running of the practice.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW patient questionnaire were positive. All 14 respondents rated the service they received from the practice as 'very good'. One patient told us:

> *"Amazing service and staff, dentist and nurse were so friendly and helpful."*

Person-centred

Health promotion and patient information
Patient information and posters containing advice and guidance were available regarding maintaining good oral health, sepsis and paediatric dental health. The patient information leaflet and statement of purpose were up to date and available for patients to review within the patient folder at reception and on the practice website. The fees for services were displayed alongside the names and General Dental Council (GDC) registration numbers of practitioners where they could be easily seen. The opening hours and emergency contact details were clearly displayed on the outside of the practice.

All patients who responded to the HIW questionnaire said they were given clear aftercare instructions on how to maintain good oral health. All respondents also stated their oral health was explained to them in a manner they could understand.

Dignified and respectful care
We found patients were provided with dignified and respectful care during their patient journey. All respondents to the HIW patient questionnaire told us staff treated with them with dignity and respect and felt that they listened to them and answered their questions. Respondents added that staff explained what they were doing throughout the appointment, and that they were involved as much as they wanted to be in decisions about their treatment.

The practice had solid surgery doors which were kept closed during appointments and the windows for the practice were frosted to prevent patients being seen while being treated. These measures helped to maintain the privacy of interactions between staff and patients. The reception and waiting areas were joined but we

did not hear any patient information being discussed in person nor over the telephone. Staff advised us that no personal information was repeated over the telephone, and the practice manager's room was used when confidential conversations or telephone calls needed to take place.

The practice had a confidentiality policy which outlined staff responsibilities with regards to the protection of patient information. Each staff member also had a signed confidentiality agreement in their personnel folder. We noted the nine core principles prepared by the GDC were on display at reception.

Individualised care
All patients responding to the HIW questionnaire stated they were given enough information to understand which treatment options were available and information on the risks and benefits. All patients said the costs were made clear to them before treatment and most patients said clear guidance was given on what to do in the event of an infection or emergency. Most respondents also said they were given information on how the setting would resolve any post-treatment concerns.

Timely

Timely care
We found the appointment management process in place utilised the time of practitioners appropriately. Staff explained that patients had a two-month wait between treatment appointments due to their large NHS contract. However, they maintained a system to utilise unused cancellation slots or missed appointments to ensure patients were seen as timely as was possible.

Patients made appointments over the telephone or in person after their appointment. Staff informed us their appointments rarely ran behind time, but where appointments extended beyond their scheduled time, clinicians told reception of any delays to inform patients. We found arrangements in place to ensure any appointment delays would be communicated to patients in a timely manner, with alternative appointments offered, where requested. Respondents to the HIW patient questionnaire indicated they found it 'fairly easy' (4/14) or 'very easy' (10/14) to get an appointment when they needed one. Appointments were arranged in accordance with patient availability wherever possible, including prioritising paediatric appointments outside of school time.

We saw an appropriate patient telephone triage system in place to prioritise those most in need of urgent care. We saw time allocated in the practice diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen.

An out-of-hours telephone number was provided for patients to contact the practice in the event of an emergency. We saw the service took part in the NHS Emergency Access service. Most respondents to the HIW questionnaire said they would know how to access out of hours dental care if they had an urgent dental problem.

Equitable

Communication and language

We saw suitable arrangements in place to enable effective communication between clinicians and patients. Language line was used, where needed, to communicate with patients whose first language was not English. Documents were generally created in easy read format for patients, with more specialised documents provided upon request.

During our inspection, we found evidence the practice promoted the use of the Welsh language. Documentation was available in both English and Welsh, where possible. Staff informed us the health board were available to support with the implementation of the Welsh 'Active Offer' for patients. We saw staff wearing 'Iaith Gwaith' badges to encourage patients to speak Welsh without having to ask for a Welsh speaker.

Rights and equality

We saw how the rights and equal treatment of individuals were actively supported by the practice. The practice had suitable policies in place promoting the equality and rights of both patients and staff, including the promotion of their policies during induction. Staff were encouraged to undertake specific training to protect the rights of patients and the prevention of harassment or discrimination. A zero tolerance to aggression and violence policy was in place to safeguard staff from abusive behaviour.

Staff provided examples where changes had been made to the environment as a reasonable adjustment for patients and employees. This included chairs with arms at reception for patients, and adjustments made to the working area for staff with a medical condition. The practice had a portable ramp but was in the process of installing a fixed ramp for patients with specific access requirements. We found the rights of transgender patients were upheld by allowing patients to choose their preferred pronouns, names and gender on their records.

Delivery of Safe and Effective Care

Safe

Risk management
The practice was set over two floors, with only the ground floor used to accommodate patients. The practice had three surgeries which were currently in use, with three further surgeries due to open soon after significant improvement works had been completed. The practice had one reception area and one waiting area, with the improvement works creating an additional reception and waiting area in due course. The current and future arrangements allowed and will continue to provide sufficient space to accommodate the number of patients. We heard telephone lines in working order and saw staff generally communicated between surgeries and reception using a messaging system. Staff changed in the toilets and there was suitable storage for staff personal belongings. We saw the toilets for staff and patients were clean and properly equipped, including grab rails for those patients with mobility requirements.

Overall, we found the practice was visibly tidy and an organised space. As mentioned above, we saw substantial works had taken place and were still taking place to modernise the practice and develop the three new surgeries and a new decontamination room. However, these improvements to the practice did have the short-term impact of reducing storage space and the ability to keep clutter to a minimum. These areas included a non-patient facing storage garage where older patient records were being stored, alongside tools, unused equipment and old chairs. In addition, one toilet accessible to patients had items being stored on the floor, a mop being stored in its bucket and staff personal belongings being stored on shelving. Cluttered spaces increase the risk of slips, trips and falls for both patients and staff which could cause an injury if left unchecked. We received confirmation shortly after the inspection that some improvements had been made to the general tidiness of these areas. The practice should continue improvements until renovation works are completed and all areas are clutter free and maintained to an appropriate standard.

The registered manager must continue to ensure all areas of the practice are kept free of clutter and maintained to an appropriate standard.

Satisfactory policies and procedures were in place to support the health, safety and wellbeing of patients and staff, including emergency and business continuity arrangements. We reviewed certificates for portable appliance testing (PAT), fixed wire testing and gas safety. We saw risk assessments for fire safety and health and safety had been recently conducted and were comprehensive. We advised the

practice they should monitor their compliance with these risk assessments, utilising the support of competent persons routinely, where needed.

We found the dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We also saw single use items were used where necessary.

We saw robust and comprehensive fire safety arrangements were in place. These included regular testing and maintenance of fire safety equipment, clearly displayed fire exit and no smoking signs. The practice Employer Liability Insurance certificate and Health and Safety Executive poster were both on display.

Infection, prevention and control (IPC) and decontamination
We found appropriate infection prevention and control (IPC) policies and procedures in place to maintain a good level of cleanliness throughout the practice. All patients who responded to the HIW questionnaire said the practice was 'very clean'. All patients also said IPC measures were being followed by staff.

We noted an appropriate amount of personal protective equipment (PPE) was available for all staff. We saw hand hygiene procedures were suitable and signage was in place throughout the practice.

Occupational health services were available for all staff provided by the local health board, with staff also benefitting from private occupational healthcare. We found appropriate risk assessments were in place to monitor the risk of harm from sharps injuries. Needlestick injury protocols were in place in every surgery, but these were missing telephone contact details for use in the event of an injury. Without this information, it may delay a staff member receiving treatment. The practice added this information during the inspection.

We observed all equipment and the environment being maintained to a good standard to enable effective cleaning and decontamination. The procedures to ensure the correct decontamination and sterilisation of reusable equipment within the newly established and purpose-built practice decontamination room were robust. Manual cleaning and autoclave sterilisation took place for all reusable equipment. We reviewed appropriate records of daily autoclave machine cycle checks and testing, as well as a routine schedule of maintenance in line with current guidance. The training records we reviewed confirmed all staff were trained to the correct level for the decontamination of equipment.

All clinical waste was stored and disposed of correctly through a suitable waste disposal contract. The processes in place for the Control of Substances Hazardous to Health (COSHH) were satisfactory.

Medicines management
The practice had a medicines management policy in place, and we saw the prescription pads for the practice were stored securely. We identified the practice did not dispose of the controlled drug, Midazolam, in line with expected medicines management requirements. Controlled drugs must be disposed of correctly to prevent unauthorised use or incidental consumption, which could lead to harm.

The registered manager must ensure all medicines are disposed of appropriately.

On inspection of the fridge designated for the storage of medicines, we found there was no temperature monitor and no system in place for the recording of temperature checks. We could not be assured the medicines being stored in this fridge were being kept at the correct temperature, which risked potentially improperly stored medicines being used on patients. We received confirmation shortly after the inspection that a thermometer had been installed, a temperature check log introduced, and replacement medicines ordered.

On review of the practice emergency equipment, we found most items were within their expiry dates and readily available. However, the paediatric and adult bag valve masks were both out of date. Staff explained they were unaware there were expiration dates on these items and as such were not included on their checklist. Having out of date emergency equipment could mean this equipment was unusable in the event of an emergency and posed an immediate risk to the safety. This matter was resolved on the day and the details of the actions taken by HIW and the setting are outlined at Appendix A.

Safeguarding of children and adults
We found suitable safeguarding procedures were in place to protect children and adults. The procedures were up to date, identified a named safeguarding lead and referenced the Wales Safeguarding Procedures. We saw an easy-read flow chart containing the contact details for local support services were available for staff at reception and around the practice. Updates to safeguarding policies and procedures were communicated through training and via the local health board. We saw that staff had access to the Wales Safeguarding Procedures mobile application and that all staff were trained in the safeguarding of children and adults.

All staff we spoke with explained they would know how to identify abuse, who to contact in the event of a safeguarding concern and would feel supported by the practice if they did so.

Management of medical devices and equipment

We found the medical devices and clinical equipment in operation at the practice were in good condition and fit for purpose. We saw all devices and equipment, including single-use items, were all used in a manner to promote safe and effective care. The staff we spoke with and observed during the inspection were confident in using the equipment and the training records we reviewed confirmed all staff were suitably qualified. Arrangements were in place for servicing and the prompt response to system failure for all the equipment we inspected.

On review of the management of radiographs in use at the setting, we found some areas which required improvement, including:

- The screens used for viewing X-rays had not been calibrated to view radiographs
- We saw the local rules within the radiation protection folder were up to date. However, the versions on display in each surgery local rules had not been updated since 2023
- We found inconsistencies with radiograph image grading, this included whether grading was taking place and where these gradings were being recorded in patient notes
- In addition, we saw audits of radiographic quality grading last took place in 2021.

Alongside the above areas for improvement, we noted dosimeters were not being issued to individual staff members and only used in each room where radiation treatments took place. We suggested the practice discuss the requirements for dosimeters with their Radiation Protection Advisor.

Close supervision of radiographic equipment should be in place to avoid harm to patients, staff or visitors. We received confirmation shortly after the inspection that the correct versions of the local rules had been displayed in each surgery.

The registered manager must ensure:

- **All equipment used in the radiographic process is suitably calibrated**
- **All documentation is kept up to date, patient records completed and required audits are being routinely undertaken.**

Effective

Effective care

We found staff made a safe assessment and diagnosis of patient needs. The patient records we reviewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance. The clinical staff we spoke with demonstrated a clear understanding of

their responsibilities whilst being aware of when to seek relevant professional advice, where necessary.

We found suitable processes in place to record patient understanding and consent to surgical procedures, including those for the laser machine. We saw recently updated and comprehensive clinical checklists to prevent wrong tooth site extractions.

Patient records
We reviewed a total of seven patient records during our inspection. The records were being held in a secure digital system, in line with the General Data Protection Regulations.

Overall, the records we reviewed provided a full picture of the care provided to patients and all respondents to the HIW questionnaire said their medical history was checked prior to treatment. The records we reviewed included suitable recording of informed consent, full base charting, intra and extra oral checks as well as a contemporaneous account of the treatments provided. We also saw the recent introduction of language preference recording. However, we found the records for basic periodontal examinations (BPE) were inconsistent. BPE's were missing from two records, and three records were missing follow up actions responding to the update BPE. Not recording BPE risks clinicians identifying whether periodontal disease is present and what level of treatment or further investigation is needed.

The registered manager must ensure complete patient records are kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines.

Efficient

Efficient
We found clinicians were committed to delivering a comprehensive service that met the needs of their patients within suitable premises. Patients progressed through internal and external treatment pathways efficiently including the practice therapist and hygienist. Urgent referrals were appropriately recorded and followed up in a timely manner by staff. We saw how appointments were utilised effectively by staff with an appropriate skills mix.

Quality of Management and Leadership

Leadership

Governance and leadership
We found clear management structures in place which supported the effective running of the practice to deliver the best outcomes for patients. The practice manager told us they felt they had the right skills and knowledge to undertake their leadership role effectively. We saw managers were visible and staff told us they felt they could approach managers to discuss concerns or improvements.

We were told staff meetings were mainly informal and formal meetings were formerly held monthly. However, since 2023, we saw these meetings had stopped. Routine formal staff meetings ensure important practice information is communicated in a timely manner, and minutes are kept for those staff members who may miss this information. We saw informal records of discussions over a staff messaging app had taken place, but formal meetings are encouraged.

The registered manager must ensure formal staff meetings take place and full minutes are kept.

An auditing system was used to identify, record and manage risks, issues and any mitigating actions. This included an annual checklist to ensure all documents had been fully reviewed. The practice manager communicated safety notices to staff via email, with any relevant notices being displayed.

All practice policies were held in hard copy within well maintained folders. We saw these were clear for staff to locate and to read. The policies we reviewed were up to date and comprehensive, and we saw how changes were communicated to staff in an effective manner.

Workforce

Skilled and enabled workforce
Overall, we found a positive working environment at the practice. The staff we spoke with were polite and amiable, and the interactions we observed between staff were professional. The practice operated a rota to ensure there were an appropriate number of suitably trained staff working at any one time. Procedures were in place to oversee General Dental Council registration renewals for staff, and a means for staff to raise concerns over service delivery. All the staff members we spoke with said they would be confident to report a concern, and the practice would treat them fairly should they raise a concern.

Induction procedures and appraisals were overseen by the practice manager and the evidence we reviewed indicated these procedures were robust.

We reviewed a total of 6 staff records out of 14 staff members working at the practice. We found full compliance across their recruitment records, professional registration documentation and training certification.

We were told staff were given the time to undertake their training and supported to complete additional training relevant to their roles, which was evident in the records we reviewed. The practice manager had a suitable system in place to monitor training compliance and staff performance.

Culture

People engagement, feedback and learning

An appropriate system for the collection and review of patient feedback was in place. Feedback forms were available at reception for patients to complete, with patients also encouraged to share their views on the practice social media page and through online reviews. The practice manager informed us they review feedback once it is received, and these are discussed with staff. A satisfactory system was in place to communicate any changes made as a result of feedback from patients.

The complaints procedure was displayed at reception and contained within the patient guide. The policy outlined a defined timescale for an acknowledgement and response to a complaint. We saw the practice manager was the named contact responsible for handling complaints and there was information available on advocacy arrangements. The details of HIW were included in the practice complaints leaflet for patients. Any verbal complaints were logged in a book at reception and escalated to the practice manager.

The staff we spoke with demonstrated a clear understanding of their professional responsibilities regarding the Duty of Candour. We saw the practice policy was suitable and training was available to staff. Whilst there were no recent complaints, nor Duty of Candour incidents for us to review, we were assured the processes in place were robust.

Learning, improvement and research

Quality improvement activities

We found a proactive approach to quality improvement with all most mandatory improvement activities taking place, other than radiographic quality which is mentioned elsewhere in this report. The practice undertook routine and

comprehensive audits on patient records, clinical waste, manual handling, smoking cessation as well as infection prevention and control audits. The practice was booked in to undertake the Maturity Matrix Dentistry in March 2026 to help drive continuous improvements.

Whole-systems approach

Partnership working and development
Staff told us they maintained good working relationships with other health system partners. These included the local GP and pharmacy. We saw an appropriate process in place to monitor and maintain incoming and outgoing referrals.

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 paediatric and adult bag valve masks within the practice emergency kit were both out of date.	Having out of date emergency equipment could mean this equipment was unusable in the event of an emergency and posed an immediate risk to the safety.	Inspectors raised the out-of-date equipment with practice management.	The practice manager ordered new items that day for delivery the next working day Bag valve mask expiry dates were added to the emergency bag checklist.

Appendix B - Immediate improvement plan

Service: Ravenhill Dental practice

Date of inspection: 27 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 further immediate assurances were identified on this inspection.					

Appendix C - Improvement plan

Service: Ravenhill Dental practice

Date of inspection: 27 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.	Improvements should continue to the general tidiness and organisation of the practice until renovation works are completed and all areas are clutter free and maintained to an appropriate standard.	The registered manager must continue to ensure all areas of the practice are kept free of clutter and maintained to an appropriate standard.	Regulation 22 (2) of the Private Dentistry (Wales) Regulations 2017	All areas of the practice are clutter free, and tidy, the Garage is now in good order and a lot of items have been disposed of, we had been using this to store items during our building work, adding a new extension to the back of the property which included, 3 new surgeries, x ray room and decontamination	Dawn Barrow	1/04/26

				room, This area is not open to the Public. We are also waiting for lockers for the staff room they are on order and should be with us in the next few weeks.		
2.	We identified the practice did not dispose of the controlled drug, Midazolam, in line with expected medicines management requirements. Controlled drugs must be disposed of correctly to prevent unauthorised use or incidental consumption, which could lead to harm.	The registered manager must ensure all medicines are disposed of appropriately.	Regulation 13 (4)	In the past we disposed of Midazalam with Guidance from the LHB and our waste company, using a Denkit guidance was to absorb the liquid with cotton wool and then place the bottle into the pharmaceutical waste container, this is then disposed of by our waste contractor, this is witnessed by two members of staff, we have now been informed that it should be taken to a local pharmacy for disposal	Dawn Barrow	02/02/26

				and a transfer note requested. We have taken this on board and will be carrying this out this procedure in the future, practice policy has been updated.		
3.	On review of the management of radiographs in use at the setting, we found some areas which required improvement, including: • The screens used for viewing X-rays had not been calibrated to view radiographs • There were inconsistencies with the review dates of the local rules in	The registered manager must ensure: • All equipment used in the radiographic process is suitably calibrated • All documentation is kept up to date, patient records completed and required audits are being routinely undertaken.	Regulation 13 (2)	All computer screens have now had their screens calibrated with the appropriate screen pattern test system, advised by our RPA and tests recorded. As discussed during the inspection, I had updated the local rules but unfortunately, they weren't printed and attached to the to the x ray machines, at	Dawn Barrow Dawn Barrow	6/02/26 28/01/26

	each surgery and the local rules contained within the radiation protection file. The in-surgery local rules had last been reviewed in 2023. • We found inconsistencies with radiograph image grading, this included whether grading was taking place and where these gradings were being recorded in patient notes • In addition, we saw audits of radiographic quality grading last took place in 2021. Alongside the above areas for			the time, this has now been completed. All Dentist, Therapist, Hygienist have been informed of these findings and made clear to check grading has been carried out and recorded in the patient's records. Will check when carrying out audits. Audits are now being carried out and recorded. We have discussed this with our RPA and he suggested staff	Dawn Barrow Dawn Barrow Dawn Barrow	28/01/26 02/02/26 10/03/26

	improvement, we noted dosimeters were not being issued to individual staff members and only used in each room where radiation treatments took place. We suggested the practice discuss the requirements for dosimeters with their Radiation Protection Advisor.			members involved with taking radiographs should wear a monitor for 6 months and then discuss the results with our RPA, to decide if further individual monitoring is needed or not. We have purchased extra dosimeters to carry this out.		
4.	We found the records for basic periodontal examinations (BPE) were inconsistent. BPE's were missing from two records, and three records were missing follow up actions responding to the update BPE. Not recording BPE risks clinicians identifying	The registered manager must ensure complete patient records are kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines.	Regulation 20 (1)	All dentists, Therapist and Hygienist have been informed of the HIW findings and to check patients records to make sure BPE are up to date and comply with FGDPG. The registered Manager will monitor this.	Mr Behrooz Khoshooee	29/01/2026

	whether periodontal disease is present and what level of treatment or further investigation is needed.					
5.	We were told staff meetings were mainly informal and formal meetings were formerly held monthly. However, since 2023, we saw these meetings had stopped. Routine formal staff meetings ensure important practice information is communicated in a timely manner, and minutes are kept for those staff members who may miss this information. We saw informal records of discussions over a staff	The registered manager must ensure formal staff meetings take place and full minutes are kept.	Regulation 16	We have a staff what's app group to post information that is important, that can't wait and all staff acknowledge they have read the message. We have now had two staff meetings since January and will continue every two months going forward, the minutes are recorded in our meetings books and discussed at the start of the next meeting.	Mr B. Khoshooee/ Mrs Dawn Barrow	25/02/2026

	messaging app had taken place, but formal meetings are encouraged.					

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): **Behrooz Khoshooee**

Job role: **Registered Manager / Principle Dentist**

Date: **18/03/2026**