

General Dental Practice Inspection Report (Announced)

Rumney Endodontics and Dental Care, Cardiff

Inspection date: 03 March 2026

Publication date: 03 June 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.



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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 Rumney Endodontics and Dental Care, Cardiff on 03 March 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of ten questionnaires were completed by patients and two were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Feedback from patients who completed the HIW questionnaire was positive, with all respondents rating the service as 'very good'.

We saw a range of oral health promotion information was available within the waiting area, alongside a patient information leaflet and Statement of Purpose that met the requirements of the Private Dentistry (Wales) Regulations 2017. Information about treatment prices, staff details, and practice contact information was clearly displayed.

During the inspection, staff were observed interacting with patients in a polite, friendly and respectful manner. Arrangements were in place to support patient confidentiality, and patients reported they were treated with dignity and respect.

The practice offered flexible appointment booking options, including online booking, and patients reported it was easy to access appointments when needed. Systems were in place to support equal access, including interpreter services, alternative information formats, and reasonable adjustments to improve accessibility.

This is what the service did well:

- Provided clear and accessible patient information
- Arrangements in place to support equality, diversity and accessibility
- Created a calm and welcoming environment.

Delivery of Safe and Effective Care

Overall summary:

We found the premises to be visibly clean, safe and secure, and well maintained throughout. Appropriate lighting, ventilation and clear signage supported a safe environment. Dental equipment was in good condition and fit for purpose. Effective arrangements were in place to support decontamination and infection prevention and control in line with current guidance.

We found appropriate risk management systems were in place, including health and safety, fire safety and business continuity arrangements. Statutory checks and certifications were available; however, the employer's liability information was

not displayed. Fire safety arrangements were well managed, with staff appropriately trained and regular testing undertaken.

Infection prevention and control arrangements were in place, with a designated decontamination room, appropriate PPE, and processes aligned with Welsh Health Technical Memoranda guidance. Medicines management and medical emergency arrangements met national guidance. Emergency equipment and drugs were available, and all staff were trained in Cardiopulmonary Resuscitation (CPR). However, we noted staff had not completed BOC-specific oxygen cylinder training.

Safeguarding arrangements for children and adults were appropriate, with staff trained to the required level. Radiation protection arrangements largely complied with IR(ME)R requirements, although screen calibration quality checks were not completed. Patient records were generally well documented; however, we noted areas for improvement.

This is what we recommend the service can improve:

- Improve completeness and consistency of patient record documentation
- Ensure all clinical staff complete BOC integrated valve oxygen cylinder training.

This is what the service did well:

- Maintained a clean, safe and well-maintained clinical environment
- Managed medicines and medical emergencies in line with national guidance
- Used checklists and safety pathways to reduce the risk of treatment errors.

Quality of Management and Leadership

Overall summary:

We found a clear and effective management structure in place, which supported the delivery of services. Governance, leadership and accountability arrangements were appropriate for the size and complexity of the service. Team meetings were held regularly with appropriate topics discussed. Risks were appropriately identified, recorded and managed, with safety alerts shared with staff as required.

Staffing levels and skill mix were appropriate, and staff reported they had sufficient capacity and training to carry out their roles. Systems were in place to support professional registration, mandatory training and induction, and staff told us they felt able to raise concerns. However, gaps were identified in pre-employment checks, and there was no formal system to evidence staff understanding of policies following annual reviews.

The practice made use of patient feedback and complaints to support learning and improvement. Quality improvement activity was completed through a programme of

clinical and non-clinical audits. However, arrangements for gathering feedback from patients without digital access was not in place.

This is what we recommend the service can improve:

- Display information for patients on learning and improvements made from feedback
- Implement healthcare waste and disability access audits
- Strengthen pre-employment checks and routine review of staff records.

This is what the service did well:

- Supported staff through appropriate training, induction and supervision
- Encouraged an open culture where staff felt able to raise concerns
- Maintained clear governance and leadership arrangements.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses to the HIW questionnaire were positive. Patients were asked how they would rate the service provided by the setting. All respondents rated the service as 'very good'.

Patient comments included:

"...I'm a very anxious patient and they were brilliant"

"The staff are very friendly. When I walked in it felt very relaxing and calming..."

"Great staff, friendly environment."

Person-centred

Health promotion and patient information

A wide range of oral health promotion information was available within the waiting area. This included information on smoking and oral health, caring for your gums and 'diet and my teeth'. The practice had a patient information leaflet and Statement of Purpose available on the practice website. The patient information leaflet was also available in the waiting area, and the Statement of Purpose was available on request. We found both documents contained the information required by the Private Dentistry (Wales) Regulations 2017.

Information on treatment prices were displayed behind the reception desk and were also available on the practice website. Signs were displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with current legislation.

The names and General Dental Council (GDC) registration numbers of staff were displayed in the waiting area and externally in an area easily seen by patients.

The practice telephone number, email address, website address and opening hours were displayed clearly outside the practice. This information was also available on

the practice website. We were told out of hours information was provided to patients on the practice answer phone.

Dignified and respectful care

During the inspection, we observed staff communicating with patients in a polite, friendly and respectful manner. We saw the GDC nine core principles of ethical practice were displayed in English within the waiting area. All respondents to the HIW questionnaire agreed that staff treated them with dignity and respect.

The reception desk was located within the waiting room. We were told staff were able to use dental surgeries or the office should patients request to have a conversation in private. We found doors to clinical areas were solid and were kept closed whilst treating patients. We saw a confidentiality policy and procedure in place which had been reviewed and signed by all staff.

Individualised care

We reviewed a sample of ten patient records and confirmed appropriate identifying patient information and treatment options were being recorded.

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

Timely

Timely care

Patients were able to book appointments by telephone, in person at the reception desk, or via an online booking system. The online system allowed patients to book routine examinations, emergency appointments, hygienist visits and consultations through the practice website.

We were told that the average waiting time between treatment appointments was approximately two weeks. The practice managed a cancellation list which could enable patients to be seen sooner where possible. Patients are informed they can access emergency appointments by phoning the practice or booking online. We were told that patients requiring an emergency appointment would be offered a same-day appointment where possible; otherwise, they would always be seen within a week.

In the event of a delay to an appointment time, staff would inform patients verbally in person or ring the patient ahead of their appointment to offer an alternative time.

Most (8/10) respondents to the HIW questionnaire said it was ‘very easy’ to get an appointment when they needed one, with the remaining stating it was ‘fairly easy’.

Equitable

Communication and language

Staff told us that patient information was available in large print and audio format if requested. Welsh speaking staff were available for patients who wished to speak Welsh, and 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.

Patients without digital access were provided with appointment cards and written information. All patients received a ‘welcome letter’ via email and post when referred to the practice.

Rights and equality

We found an equality and diversity policy and zero tolerance policy in place which had been reviewed within the last year. The practice ensured the equality rights of transgender patients were upheld by recording preferred pronouns and names on patient records.

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

We found reasonable adjustments were in place to ensure the setting was accessible to all. One dental surgery was located on the ground floor, and a portable ramp was available if required at the front entrance.

Delivery of Safe and Effective Care

Safe

Risk management

We found the practice to be visibly clean, safe and secure. The premises were in a good state of repair both internally and externally, and the size and layout was suitable for the services provided. The practice had one waiting room which was appropriate for the three dental surgeries. Staff had suitable storage facilities to allow them to store personal items and the use of toilet facilities as well as the staff area to change.

Lighting, heating and ventilation were appropriate for the setting. We found signage was clear, including door signs and toilet signs. Toilets were signposted and equipped with sanitary disposal, handwashing and drying facilities.

Dental equipment was in good condition, and appropriate items were available to enable effective decontamination between uses. Single-use items were in place where appropriate.

A health and safety risk assessment had been completed within the last year, and relevant policies were in place, including monitoring the quality and suitability of facilities and equipment, health and safety, and business continuity. We saw evidence of certificates for gas safety, Portable Appliance Testing (PAT), and electrical installation. A Health and Safety Executive (HSE) poster was accessible to staff. Employer's and public liability insurance were available. However, the employer's liability information was not displayed. We were told the insurance provider had not issued a document for display, and the registered manager contacted them on the day of the inspection to request this.

The registered manager must display the practice employer's liability information in an area easily seen by staff.

A fire risk assessment had been completed in February 2026, and all actions were in the process of being addressed. Fire extinguishers were serviced in October 2025, with multiple located throughout the practice. Fire alarm and emergency lighting maintenance contracts were in place and had been completed within the last year. We saw evidence fire alarm tests were carried out, and the practice last undertook a fire drill in January 2026. All staff had completed fire safety training within the last year. Fire exits were clearly signposted, and instructions in the event of a fire were displayed.

Infection, prevention and control (IPC) and decontamination

The practice had appropriate infection prevention and control policies and procedures in place. A designated decontamination room was available and suitably equipped. The environment was in a good state of repair to enable effective cleaning, and cleaning schedules were available. Hand hygiene facilities were appropriate, and personal protective equipment (PPE), including gloves, masks, visors and aprons, were accessible and used appropriately.

A designated infection control lead was in place, and occupational health support was available through a private medical practice. All staff were able to access this support, which included assistance with sharps injuries. Staff were aware of the needlestick injury protocol, which was accessible on all computers in the practice.

Instruments were transported in appropriate boxes and processed separately from clinical work in the decontamination room. Pre-sterilisation cleaning was carried out using a washer disinfectant, and dental impressions were disinfected appropriately. Autoclaves were used, with cycles recorded appropriately. Daily maintenance checks and start/end-of-day protocols were followed, and periodic tests were completed in line with Welsh Health Technical Memoranda (WHTM 01-05) guidance.

Waste disposal arrangements were appropriate, with contracts in place for clinical waste, amalgam, sharps, and other hazardous materials. Clinical waste was stored securely in separate bins and expired medicines were disposed of appropriately. We saw Control of Substances Hazardous to Health (COSHH) substances were stored securely and appropriately.

Medicines management

We saw an appropriate medicines management policy in place, supported by procedures for ordering, safe handling, and disposal of medicines. Records of medicines administered were kept within patient notes. Patients were provided with information about prescribed medicines, and the staff were aware of the Yellow Card scheme for the reporting of adverse effects if required.

A medical emergency policy, based on current national guidance and reviewed annually, was in place. We saw evidence that all staff had completed cardiopulmonary resuscitation (CPR) training within the last year. All emergency drugs were available, in date, and met national guidelines. Systems were in place to replace expired items and staff recorded checks of the medical emergency bag.

Resuscitation equipment that is recommended by the Resuscitation Council UK was available and in date, oxygen cylinders were serviced annually. We saw a first aid kit was available with all items in place and in date, and multiple staff were training in first aid. However, we noted staff had not completed BOC specific oxygen cylinder training.

The registered manager must ensure all clinical staff complete BOC integrated valve oxygen cylinder training.

Safeguarding of children and adults

We found an appropriate safeguarding policy was available which had been reviewed within the last year. The policy included local contact details for safeguarding teams, including names and telephone numbers.

Staff were able to access up-to-date guidance on child and adult protection matters by completing safeguarding training and the registered manager had access to the Wales Safeguarding Procedures app. All staff had completed safeguarding training to the required level, and the safeguarding lead had completed level 3 training which is considered best practice. Of the staff we spoke to, all knew the correct procedure to report a safeguarding concern.

Management of medical devices and equipment

We found that clinical equipment at the practice was safe, in good condition, and suitable for its intended purpose. Staff had received appropriate training to ensure they could safely use all equipment, and arrangements were in place to promptly deal with any device or system failure.

A maintenance and inspection schedule was in place for the compressor, which had been serviced within the last year. We saw evidence that the practice was registered with the Medicines and Healthcare products Regulatory Agency (MHRA) to manufacture custom made dental appliances using their milling machine.

Radiation protection arrangements complied with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) requirements. Patients were provided with information about the benefits and risks of X-rays with a poster available in the waiting area, and pregnancy enquiries were made within the medical history checks.

Radiation protection documentation included local rules, risk assessments, and arrangements for maintenance and incident reporting. Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS) information was available. X-ray equipment and maintenance records were also available, and most Quality Assurance (QA) reports were completed as required. However, we noted the

practice did not complete quality checks on computer screens to ensure calibration was correct.

The registered manager must complete quality checks on computer screens to ensure calibration is correct to read dental X-rays.

Effective

Effective care

There was evidence that professional, regulatory, and statutory guidance was followed when providing treatment.

The practice used Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong-site tooth extractions, and a patient safety pathway was developed by the practice for endodontic referral treatment to ensure treatment was given to the right tooth. There was also evidence that staff sought relevant professional advice through registration with the British Dental Association (BDA) and the British Endodontic Society.

Patient records

We reviewed a sample of ten patient records and found each had identifiers, reason for attendance, oral hygiene and diet advice, and treatment options. However, we identified the following areas required improvement:

- 2/10 medical histories were not present
- 2/10 did not have radiographs present
- Language preference was not routinely recorded within patient records.

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

The practice had systems in place for record keeping and records management that supported patient care and upheld the rights of patients. An appropriate records management policy was in place, and a consent policy. Both written and verbal consent were obtained as required.

The practice appropriately managed and protected information in compliance with the Data Protection Act 1988 and General Data Protection Regulation (GDPR). Digital records, including radiographs and photographs, were stored securely and were backed up to a secure cloud system. Records were retained in line with appropriate retention policies.

Follow-up and discharge letters for referred patients were documented in patient notes and managed online.

Quality of Management and Leadership

Staff feedback

Staff who responded to the HIW questionnaire provided positive comments overall. All those who responded felt the environment and facilities were appropriate to ensure patients received the care required. Staff felt patient care was a top priority and patients were informed and involved with care decisions. All those who responded said they would be happy for their family members to receive care at the practice and agreed it is a good place to work.

Leadership

Governance and leadership

The practice had a clear and effective management structure to support the delivery of services. Team meetings were held every two months with additional ad hoc stand-up meetings when required. Topics included policies, record keeping, administrative tasks and radiography. Bi-monthly meetings were documented, and staff who could not attend were updated verbally, with meeting minutes also shared.

Governance, leadership, and accountability were appropriate for the size and complexity of the service. Team development tools such as the BDA good practice scheme had been utilised by the practice. There were clear arrangements for identifying, recording, and managing risks, with issues reported to the practice manager being addressed promptly. Safety alerts were received by the practice manager and shared with the team in meetings as necessary.

Policies were reviewed annually and stored digitally on a shared drive where all staff could access them. Staff were informed of any changes to policies in team meetings. We noted staff received an employee handbook when recruited with all the policies present. However, no system was seen to show that staff had read and understood the policies following annual reviews.

The practice manager must implement a process to ensure staff have reviewed and understood policies.

Workforce

Skilled and enabled workforce

The team comprised four dentists, one therapist, four qualified dental nurses, one trainee dental nurse and a practice manager. A rota system was in place to plan staffing levels effectively. We were told the practice made use of agency staff,

and the agency provided the practice assurance that all required document checks were in place before working.

All staff who responded to the HIW questionnaire agreed that there was an appropriate skill mix at the practice. All staff members agreed that there was enough staff to allow them to do their job properly.

The practice supported staff to maintain their professional registration, and up-to-date GDC certificates were available within staff personnel files.

We saw an appropriate whistleblowing policy in place, and staff were able to raise concerns to the practice manager or practice owner. Of the staff we spoke to, all said they felt able to raise concerns if needed.

We reviewed a sample of four staff records and found evidence of Disclosure and Barring Service (DBS) checks, appraisals, professional indemnity and health screening documentation. However, we noted the following which required improvement:

- 2/4 did not have Hepatitis B blood results available
- 1/4 did not have any references or employment history
- 2/4 had contracts available, however they were not signed by the staff members.

Employment history and signed contacts were provided to HIW shortly following the inspection.

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 registered manager must provide HIW with assurance that Hepatitis B blood test results are available for all staff members.

Staff had access to online training, with evidence that all staff had completed the necessary mandatory training to the required levels. The practice supported staff to undertake additional courses. All staff that responded to the HIW questionnaire said they felt they had appropriate training to undertake their role.

A recruitment policy was in place, and an induction checklist was completed for all new staff which was completed over ten working days. New employees received an employee handbook, and we were told the practice manager would observe new clinical staff to support their transition into the role.

Any performance concerns were escalated to the practice manager or practice owner. We were told these would be raised with the individual and advice would

be sought from an external HR consultancy service and an appropriate process followed. A disciplinary procedure was also in place if necessary.

Culture

People engagement, feedback and learning

Patients received automated feedback requests via the practice management system, which allowed anonymous responses. Patients were also able to leave feedback online via the practice website or on other online platforms. However, there was no mechanism in place for patients without digital access to provide feedback.

The registered manager must implement a process to allow patients without digital access to leave feedback.

We were told patient feedback was reviewed daily and shared with the team weekly. We saw evidence to show learning had taken place and changes made following incidents and feedback. We noted there was no information displayed for patients on how the practice has learned and improved based on feedback received and advised the registered manager to put this in place.

A complaints procedure was available and easily accessible to patients within the waiting area. The written information set out clear processes, timescales for acknowledgement and response, and signposting to external support services including HIW and the Dental Complaints Service. The information included details of how to escalate concerns if local resolution was not achieved.

We were told the practice owner was responsible for managing complaints, and staff roles were outlined within the complaints policy. We saw a digital complaints folder was in place, which was monitored for themes. We were told informal or verbal concerns were documented within the patient's file.

Learning, improvement and research

Quality improvement activities

We found that the practice had systems in place to monitor and support ongoing quality improvement. Quality-related activity was undertaken through the completion of a range of clinical and non-clinical audits. The practice monitored and responded to information arising from complaints, patient feedback and regulatory reports.

We were told peer review took place internally and through professional clinical networks. We saw a range of audits were undertaken, including Welsh Health Technical Memorandum (WHTM 01-05), radiography, smoking cessation, prescribing

and record keeping. However, the practice did not have a healthcare waste audit, and a disability access audit.

The registered manager must implement audits for healthcare waste and disability access.

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
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Rumney Endodontics and Dental Care

Date of inspection: 03 March 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 immediate concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Rumney Endodontics and Dental Care

Date of inspection: 03 March 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. The employer's liability information was not displayed.	The registered manager must display the practice employer's liability information in an area easily seen by staff.	The Employers' Liability (Compulsory Insurance) Regulations 1998 Regulation 5	At inspection it was discussed (on the phone with BPW insurance) that the insurance provider no longer provide such certificate. They (Brown and Browns) provided a written document of cover which arrived the day after the inspection and has been located in reception since.	Anthony Bartley	Completed

2.	Staff had not completed BOC specific oxygen cylinder training.	The registered manager must ensure all clinical staff complete BOC integrated valve oxygen cylinder training.	The Private Dentistry (Wales) Regulations 2017 Regulation 13(2)(b)	RM was made aware of the training on the day of inspection. All staff have completed the training and certificates are available upon request.	Anthony Bartley	Completed
3.	The practice did not complete quality checks on computer screens to ensure calibration was correct.	The registered manager must complete quality checks on computer screens to ensure calibration is correct to read dental X-rays.	The Private Dentistry (Wales) Regulations 2017 13(2)(a)	Following this the RPA was contacted for guidance on calibration of the computer screens. These procedures are now in place and are part of the QA schedule.	Anthony Bartley	Completed
4.	Some areas within the patient record were missing information.	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, Regulation 20(1)(a) GDC Standards Principle Four 4.1	Findings have been shared with all clinicians and staff. A record keeping audit was completed prior to inspection. The results of this were shared with inspectors on the day of inspection. The	Anthony Bartley	Completed

				<p>samples that were looked at did not reflect the findings of our audit. Due to the nature of our practice we primarily only see a patient for one course of treatment ; because of this some details of the patient are not relevant to the patient’s treatment. We are going to repeat our audit and will share the findings to ensure that all relevant information is being recorded in the clinical record and that all patient records are complete and include relevant information</p>		
5.	No system was seen to show that staff had read and understood	The practice manager must implement a process to ensure staff have reviewed and understood the policies.	The Private Dentistry (Wales) Regulations 2017 Regulation 8	Although policy documents are shared and are updated on a staff shared drive. We	Kate Mills	Completed

	the policies following annual reviews.			have implemented a staff 'seen and saved and understood' procedure. Where staff record that they have been identified of updated policies and that they have seen and understood them - This is available upon request		
6.	1/4 staff members did not have references available, and 2/4 staff members had contracts available however they had not been signed.	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	Due to a TUPE arrangement some paperwork was not present/ signed at the time of inspection. However all staff contracts are signed and are now located on the HR drive.	Anthony Bartley	Completed
7.	2/4 staff members did not have Hepatitis blood test results available.	The registered manager must provide HIW with assurance that Hepatitis B blood test results are available for all staff members.	The Private Dentistry (Wales) Regulations 2017 18	REDC understands that heb B vaccination and immunisation can be acquired through various pathways. The way these documents present differ greatly.	Anthony Bartley	Completed

				In order to comply, all staff without proof of appropriate levels of immunisation of hep b have been referred to IGP occupational health for blood levels and boosters if required. Initial requests from their GPs provided us with no further information regarding levels of immunity. Evidence of this is available upon request		
8.	There was no way for patients without digital access to provide feedback.	The registered manager must implement a process to allow patients without digital access to leave feedback.	The Private Dentistry (Wales) Regulations 2017 13 (1)(a)	A feedback form and suggestion box has been placed in the reception waiting area in order to allow patients to provide feedback	Anthony Bartley	Completed
9.	A healthcare waste audit, and a disability access audit was not available	The registered manager must implement audits for healthcare waste and disability access.	The Private Dentistry (Wales) Regulations 2017 16	An audit has been completed for both healthcare waste and disability access it has	Anthony Bartley	Completed

				been added to our regular audit cycle.		
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Anthony Bartley

Job role: Registered Manager

Date: 15/05/2026