

General Dental Practice Inspection Report (Announced)

High Street Dental Practice,
Cowbridge, Cardiff and Vale
University Health Board

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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 High Street Dental Practice, Cowbridge, Cardiff and Vale University Health Board on 17 March 2026. The practice was jointly owned by two principal dentists who operated independently under an expense-sharing arrangement. Each dentist held separate HIW registration as the registered manager and responsible individual for their respective business.

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 spoke to staff working at the practice during our inspection. In total, we received six responses from patients and two responses from staff at this setting. Some questions were skipped by some respondents, meaning not all questions had responses. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patients provided very positive feedback about the care and service provided by the dental practice. All respondents to the HIW questionnaire rated the service as 'very good.'

We found that staff worked hard to treat their patients with kindness, dignity, and respect throughout the inspection with doors kept closed during treatments and consultations.

There was a range of relevant information available in the practice and patients confirmed they had their oral care explained in a way they could understand.

Whilst written information was predominantly in English, signage was displayed offering a service in Welsh if required, with an appropriate translation service available for non-English speaking patients.

Reasonable adjustments had been made for patients with impaired mobility while wheelchair users were signposted to an alternative nearby practice due to access issues.

This is what we recommend the service can improve:

- To ensure patient information clearly identifies the practitioner it applies to.

This is what the service did well:

- Good access to emergency treatment.

Delivery of Safe and Effective Care

Overall summary:

In general, we saw the dental practice was well maintained, clean and decorated to a good standard. Patient areas were uncluttered and free of hazards. However, we found some areas within one surgery required additional cleaning along with repairs to drawers.

The practice had appropriate sharps injury arrangements in place, with quick-reference guidance displayed, and access to occupational health services. The decontamination room was well organised, with effective systems for instrument

decontamination and transfer about the practice. However, the latest pressure vessel inspection certificate for the autoclave was not available, and we requested the device be removed from use until assurance of safety was provided.

We found that medicines at the practice were safely managed, while emergency equipment was available and in date. Outstanding training in the use of BOC oxygen cylinders was completed shortly after the inspection.

There were suitable arrangements in place for the safe management of medicines. Equipment for use in an emergency was readily available and all in date.

Patient dental records were detailed although some areas were inconsistently recorded by one dentist.

This is what we recommend the service can improve:

- To implement a building maintenance policy
- To implement a risk management policy
- Additional face-to-face first aid training to be completed
- Recommended checklists to be used to help prevent wrong tooth extractions.

This is what the service did well:

- Good arrangements for the maintenance of fire safety equipment
- X-ray equipment well maintained with appropriate signage on surgery doors
- Contingency arrangements with a nearby dental practice to provide treatment cover in event of an emergency incident at the practice.

Quality of Management and Leadership

Overall summary:

The practice was jointly owned by two principal dentists who operated independently under the High Street Dental Practice name. Whilst some areas of responsibility were shared, others were managed separately, although this was not always clear from documentation provided.

There was an appropriate recruitment process in place and evidence of a fully documented induction process which was signed off by senior management.

The practice had effective arrangements to gather and review patient feedback, with evidence of analysis seen. A clear complaints procedure was displayed, with appropriate timescales and the complaints handlers identified. We were told that no formal complaints had been received.

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

This is what we recommend the service can improve:

- Version control of policies to be consistently applied
- Policies to be signed by staff to confirm they have read and understood the contents
- Policies relevant to individual dentists only to be clearly identified as such
- To ensure relevant competency checks are carried out in relation to agency staff
- Structured programme of audits to be put in place.

This is what the service did well:

- A good process for obtaining and reviewing anonymous patient feedback.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All six respondents rated the service as 'very good.' One patient commented:

"I think they are lovely."

Person Centred

Health Promotion

We saw that patient information was available in the reception and waiting areas including information about gum disease, healthy diet and smoking cessation. Guidance and marketing information was also available in relation to oral hygiene products and aligners.

As two separate practitioners were practising under the High Street Dental Practice name (Smiles SI Limited and Neef Teef Limited), there were two price lists for treatments on display in the patient waiting areas depending on which dentist was providing care. However, we found one price list had no indication that it was only in relation to treatments provided by Neef Teef Limited and could be mistaken as the price structure for High Street Dental Practice as a whole.

The practice must ensure that any information that is specific to just one dentist is clearly indicated with the name of the practitioner or service as appropriate.

The names and General Dental Council (GDC) registration numbers for the clinicians working at the practice were not displayed. We raised this with one of the registered managers who arranged for the details to be displayed during the inspection.

All respondents who completed the HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand and said they had been provided with instructions on how to maintain good oral health.

Dignified and Respectful Care

Our observations during the inspection showed staff to be polite, friendly and respectful to patients. We found an old confidentiality agreement that had been signed by previous staff members. We pointed this out to the registered managers who arranged for a new version to be drafted and signed by staff during the inspection.

We saw that doors to surgeries were kept closed when dentists were treating patients, and that windows had suitable coverings to protect patient privacy. As the reception desk and waiting area were in the same room, confidential discussions would be held in the surgery with the dentists.

The nine GDC core ethical principles of practice were clearly displayed in the waiting area. These were displayed in both Welsh and English.

All respondents who completed a patient questionnaire felt they were treated with dignity and respect at the practice, with staff explaining what they were doing and answering any questions they had.

Individualised care

All respondents who completed a patient questionnaire said that they were given enough information to understand the treatment options available and the risks and benefits associated with those options. All also agreed that any charges were made clear prior to commencing treatment. We saw a notice displayed requesting that patients notify dental clinicians if there have been any changes in their medical condition, which we considered good practice.

All respondents confirmed that they had their medical history checked at each appointment and felt they had been involved as much as they had wanted to be in decisions about their treatment.

Timely

Timely Care

The practice opening hours were clearly displayed and could be seen from outside the premises. We were told that patients were notified of any delays staff in their appointment time by the receptionist. At the time of the inspection, waiting times between appointments varied between one and four weeks depending on the nature of the treatment and which dentist was to be seen.

Patients who required emergency treatment could telephone or email the practice at any time. The practice answerphone contained the contact details for the dentist if the emergency was out of hours. We were told that prioritisation of

urgent care was managed by each dentist, removing the need for other staff to triage patients.

All respondents who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one, with all stating that they knew how to access the out of hours dental service if they had an urgent dental problem.

Equitable

Communication and Language

Whilst written information displayed in the practice was predominantly available in English, we saw signage displayed offering to provide a service in Welsh if the patient preferred. For other patients whose first language was not English, an appropriate translation service was available.

Appointments were arranged either in person at reception or by telephone, enabling patients without digital access to obtain treatment. The practice did not offer an online appointment booking facility at the time of the inspection.

We found information could be made available in other formats such as large print as required.

Rights and Equality

We felt that dental care and treatment at the practice was delivered with attention to the needs and rights of patients. The practice had an up-to-date equality and diversity policy in place and that saw that staff had completed training in this subject. We were assured that transgender patients' rights would be upheld with preferred names and pronouns used as required.

The practice was located on the first floor with access up a steep flight of stairs with no lift available, making the practice unsuitable for wheelchair users. Whilst this was not included in the practice information leaflet, we were told patients were informed of this on first contact and were signposted to nearby services that could accommodate their access requirements. While handrails were installed up the stairs, we were told that a call bell was also installed at the entrance for patients with impaired mobility to call for assistance.

All six respondents who completed a patient questionnaire told us they had not faced discrimination when accessing services at the practice.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw the dental practice was in a good state of repair with spacious, well-lit treatment rooms. Internally, the environment was decorated and furnished to a good standard, while the waiting area was clean, comfortable and free from hazards. We were told that the premises were leased from a landlord with complex arrangements around responsibility for ongoing maintenance. However, we found that the practice did not have a buildings maintenance policy that clarified the arrangements to ensure the premises always remained fit for purpose.

The practice must prepare and implement a suitable policy to always ensure the premises are fit for purpose and provide a copy to HIW when complete.

We saw adequate arrangements for staff to change their clothes and safely store their personal possessions. We found valid employer's liability insurance displayed and an approved health and safety poster in the staff room. However, we found there was no policy in place for identifying, assessing and managing risks associated with the operation of the practice.

The practice must prepare and implement a suitable risk management policy and provide a copy to HIW when complete.

There was a business continuity policy in place with a set of procedures to follow in the event of an emergency incident, including contingency arrangements with a nearby practice. A separate up-to-date list of staff details and utility contacts was available which was used to compliment this policy. It was agreed to integrate a copy of this contacts list into the policy.

We found electrical devices had been subject to Portable Appliance Testing (PAT) with date stickers attached, although some of these appeared blank. The registered managers were unable to provide a copy of the five yearly Electrical Installation Condition Report (EICR) for the building. However, we were shown evidence that new PAT and EICR tests were booked for early April 2026.

The practice had a fire equipment maintenance contract in place, and all fire extinguishers had been serviced within the last year. Evidence of weekly fire safety equipment checks and regular fire drills were available, and we saw that fire exits were suitably signposted. A fire risk assessment had been completed within the last year.

Most staff had completed fire safety training, with the remaining staff member completing this training shortly following the inspection.

Infection Prevention and Control (IPC) and Decontamination

We inspected the infection and control measures in the practice and found an up-to-date infection prevention and control policy with an appointed lead indicated. Whilst the reception and waiting areas were clean and uncluttered, and the treatment rooms initially appeared clean, we found some areas of concern within the Smiles SI surgery. This included dust and debris within drawers and under wall mounted dental cabinets, and tears in the upholstery of the dental chair. We also found a drawer containing old dental models that required disposal.

The practice must:

- **Arrange for a deep clean of the Smiles SI surgery to include interiors of drawers**
- **Repair or replace damaged and ill-fitting drawer liners as appropriate**
- **Repair or replace damaged upholstery on the dental chair**
- **Arrange for the appropriate disposal of old dental models**
- **Implement suitable arrangements to ensure the practice always upholds the necessary standards of IPC to maintain the safety of staff and patients.**

Suitable hand hygiene facilities were available in each surgery and in the toilets with standard hand-washing instruction posters displayed. However, we found that toilet paper and paper hand towels were left on windowsills and cisterns instead of in the dispensers that were fitted, leaving them open to contamination.

The practice must ensure toilet paper and paper hand towels are placed in appropriate dispensers to protect them from contamination.

The practice had a suitable sharps injury policy in place, and we saw needlestick flowcharts displayed in the decontamination room to provide a quick reference guide in the event of a sharps injury. We discussed the benefit of also displaying a copy of this in the treatment rooms. We were told the practice had access to occupational health services.

The decontamination room was organised with appropriate arrangements demonstrated for the decontamination of dental instruments. Staff described a suitable system to safely transport instruments about the practice. We saw evidence of regular maintenance and periodic checks of the decontamination equipment. However, staff were unable to provide us with the latest pressure vessel inspection (PVI) certificate for the autoclave meaning we could not be sure

this device was safe for use. We raised this immediately with the registered manager requesting that the device be removed from use pending receipt of the PVI certificate. A replacement autoclave was supplied the day following the inspection.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

Suitable arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH). We saw a current contract was in place to safely transfer waste from the practice. In general, clinical waste produced by the practice was appropriately stored while awaiting collection.

We confirmed all staff working at the practice had completed infection prevention and control training and saw evidence of this within staff files that we reviewed.

Medicines Management

There was an appropriate medicines management policy in place. This helped ensure that medicines were managed safely and effectively at the practice. There were suitable processes in place for disposal of out-of-date drugs, and we saw that any medicines administered were recorded in the patient notes. We were told that any adverse reactions involving medicines would be reported using the Yellow Card scheme.

We saw an up-to-date policy was in place for managing medical emergencies at the practice. We inspected equipment and medicines for use in the event of an emergency at the practice and confirmed that all equipment was present and medicines were in date and available in the correct doses. There was evidence that oxygen cylinders had been serviced. We confirmed that staff working at the practice had completed resuscitation training within the last year. However, we found that BOC oxygen cylinder training had not been completed by any staff. We raised this with the registered manager who arranged for all staff to complete the training the shortly after the inspection.

We inspected the first aid kit which was found to be appropriately stocked with all items in date. There was a suitable number of staff trained and appointed to administer first aid, although this appeared to consist of online training only.

The practice must arrange for face-to-face practical first aid training to be completed by nominated first aiders.

Management of Medical Devices and Equipment

We found the surgery was suitably equipped to provide safe and effective dental treatment. Clinical equipment was visibly clean and appeared to be in good working order.

We found documentation showing safe arrangements were in place for the use of the X-ray equipment including an up-to-date radiation risk assessment. X-ray signage was displayed as appropriate outside the relevant rooms, and we saw evidence of mandatory maintenance and testing of the X-ray equipment. An appropriate quality assurance programme was in place for the use of this equipment.

Staff involved in the use of X-rays were suitably trained, although some evidence had to be provided shortly after the inspection.

Safeguarding of Children and Adults

We saw a suitable up-to-date policy was in place in relation to safeguarding. The practice had a dedicated safeguarding lead appointed with access to the Wales Safeguarding Procedures. We saw quick reference safeguarding flowcharts were available with the policy and we discussed the benefit of placing a copy in the surgeries and at the reception desk for easy, discreet access in the event of a concern. In the event of a safeguarding concern support was available for staff via the practice lead, and the health board occupational health team.

Most staff were appropriately trained and knowledgeable about child and adult protection. The remaining staff member completed this training immediately following the inspection.

Effective

Effective Care

We considered there was sufficient trained staff in place at the practice to provide patients with safe and effective care. Staff were clear regarding their roles and responsibilities at the practice and we were assured that regulatory and statutory guidance was being followed when treatment was provided. We found a suitable process in place to monitor the progress of any referrals made by the practice. However, we found that the practice was not using recommended checklists to minimise the risk of wrong tooth extraction.

The practice must ensure recommended checklists are used to prevent wrong tooth extractions.

Patient Records

A suitable system was in place to ensure records were managed safely and securely. Appropriate consent policies and processes were in place to uphold the rights of patients who were considered to lack capacity. We were told records were retained in line with the Private Dentistry (Wales) Regulations 2017.

We reviewed the dental care records of ten patients, split evenly with five for each principal dentist. Overall, we considered the quality of patient records were good with examination notes that were timely and relevant. However, we identified some omissions in the records for Smiles SI. We found that the provision of oral hygiene and dietary advice, oral cancer screening, and informed consent were not consistently recorded. Similarly, evidence of treatment planning and quality grading of dental radiographs were missing from several records. Advice was given regarding the use of a checklist or custom screen to assist as an aid memoire to ensure these details are captured. We noted that neither dentist had recorded patient language preference in any of the records we reviewed.

The practice must:

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

Quality of Management and Leadership

Leadership

Governance and Leadership

As two separate practitioners practising under the High Street Dental Practice name there was a clear management structure in place, with the principal dentists responsible for the day-to-day management of the practice. We found the practice had a clear commitment to providing a high standard of service. However, whilst we found some areas of responsibility were shared, others were managed separately. This was not always clear from documentation provided on the day of the inspection.

We were told that staff were informed of relevant information and urgent healthcare safety notices via team meetings. We saw minutes of meetings were recorded and shared with staff who were absent to ensure they were kept up to date with work related matters. We discussed supplementing this process by utilising emails which would provide a digital audit trail.

We found a comprehensive range of written policies available to staff to support them in their roles. Whilst these had been subject to regular reviews and shared with staff, version control and signed confirmation that staff had read these documents was inconsistent. We found some policies related solely to one service or the other, while other policies covered both services. However, these were not always clearly indicated. Furthermore, we found the whistleblowing policy had been duplicated with alternating and overlapping review dates across the documents which we found to be confusing.

The practice must ensure that:

- All policies contain version history, review dates and the name of the person responsible for reviewing the procedure
- All staff have signed to confirm they have read and understood relevant practice policies to ensure compliance with practice processes
- Review the policy file to ensure each policy clearly identifies whether they are for an individual service or for the practice as a whole
- Review the policy file to ensure any duplicated policies are consolidated into one up-to-date policy.

The practices had up-to-date statements of purpose and patient information leaflets as required by the Private Dentistry (Wales) Regulations 2017. These provided useful information for patients about the services offered at the practice.

Workforce

Skilled and Enabled Workforce

The High Street Dental Practice comprises of two dentists and two dental nurses with a shared receptionist. We considered the number and skill mix of staff was appropriate to deliver the dental services provided. We were told the practice used agency staff occasionally to cover staff leave and absence, However, we were told the practice relied on the agency to ensure that any supplied staff were competent, qualified and had completed relevant checks to ensure they were fit to work at the practice.

The practice must confirm that agency staff are appropriately trained, competent and fit to work prior to being deployed at the practice.

The practice had an up-to-date recruitment policy which set out all the information and documentation that must be available in respect of staff working at the practice. An appropriate induction process was in place that was fully documented and signed off by the supervising clinical practitioner.

We reviewed the personnel files of staff working at the practice. All staff had a valid Disclosure and Barring Service (DBS) certificate, evidence of indemnity insurance, and where relevant, current registration with the General Dental Council (GDC). Evidence of Hepatitis B immunisations and other health screening records were present for all staff.

We saw evidence of annual staff appraisals containing objectives that had been agreed between staff and management. Staff had completed training on a range of subjects relevant to their roles at the practice.

Culture

People Engagement, Feedback and Learning

Arrangements were described for seeking feedback from patients about their experiences of using the practice including QR code links to an anonymous online feedback questionnaire. We discussed installing a suggestions box to enable patients without digital access to provide feedback anonymously.

We were told that feedback is regularly reviewed and discussed at team meetings, and we saw evidence of patient survey analysis and results. We discussed how the practice could inform patients of action taken as a result of their feedback by displaying a 'You said, we did' notice in the waiting area.

We saw the practice complaints procedure displayed in the waiting area, which contained appropriate timescales for responses and indicated the name of the staff member responsible for handling complaints. The practice had a complaints folder although we were told there had been no formal complaints to date.

Learning, Improvement and Research

Quality Improvement Activities

We found a range of audits were completed as part of the practice's quality improvement activities, including smoking cessation, healthcare waste and disability access audits. A clinical audit of antibiotic prescribing was only partially completed, while we found dentists were auditing their own clinical records. As a general observation, audits appeared to be conducted on an ad hoc basis rather than having a structured audit programme.

The practice must:

- **Put in place a structured programme of audits to ensure all relevant audits are conducted**
- **Arrange for records audits to be carried out by a different member of staff to the practitioner who created them.**

We inspected arrangements for producing an annual report detailing how the practice assesses and monitors the quality of the service provided through evaluating staff and patient feedback, analysis of clinical audit results and review of local and national reviews. We were provided with a report prepared for the services provided by Neef Teef Ltd. We discussed how the Smiles SI service would benefit from also undertaking this process.

The practice must ensure there is a process in place to regularly assess and monitor the quality of services provided in relation to Smiles SI.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Staff were unable to provide us with the latest pressure vessel inspection (PVI) certificate for the autoclave.	Staff could be at risk as we could not be sure this device was safe for use.	We raised this immediately with the registered managers.	Use of the autoclave was stopped immediately. A replacement autoclave was supplied the day following the inspection.

Appendix B - Immediate improvement plan

Service: High Street Dental Practice

Date of inspection: 17 March 2026

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

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

Appendix C - Improvement plan

Service: High Street Dental Practice

Date of inspection: 17 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
There were two price lists for treatments on display in the patient waiting areas depending on which dentist was providing care. However, we found one price list had no indication that it was only in relation to treatments provided by Neef Teef Limited.	The practice must ensure that any information that is specific to just one dentist is clearly indicated with the name of the practitioner or service as appropriate.	Regulation 6(3)	The appropriate dentist has now been allocated to their fees.	Rebecca Close	Completed
The practice did not have a buildings maintenance policy that clarified the arrangements to ensure the	The practice must prepare and implement a suitable policy to always ensure the premises are fit for purpose	Regulation 8(1)(c)	Policy now in place.	Saleem Ikram	Completed

premises always remained fit for purpose.	and provide a copy to HIW when complete.				
There was no policy in place for identifying, assessing and managing risks associated with the operation of the practice.	The practice must prepare and implement a suitable risk management policy and provide a copy to HIW when complete.	Regulation 8(1)(e)	Relevant risk assessment policy in place.	Saleem Ikram	Completed
The co-located shop underneath the practice was not part of the practice fire risk considerations, and we were told that both businesses precautionary measures were distinct from one another despite sharing the same building.	The practice must review the fire safety risk assessment with due consideration to the other businesses within the building.	Regulation 22(4)(f)	Landlord has been contacted, a risk assessment for both businesses is being assessed and will provide a report when ready.	Saleem Ikram	The landlord is hoping to do this over the next two weeks.
We found some areas of concern within the Smiles SI surgery including dust and debris within drawers and under wall mounted dental cabinets, and tears in the upholstery of the dental chair. We also found	The practice must: <ul style="list-style-type: none"> • Arrange for a deep clean of the Smiles SI surgery to include interiors of drawers • Repair or replace damaged and ill-fitting 	Regulation 13(6)	Deep cleaning has already been done and will be done every week. Cabinetry has been there over 35 years; some parts are fixed and therefore will be cleaned. Inserts are being sourced by	Saleem Ikram	6-9 months for cabinetry and upholstery. IPC completed.

<p>old dental models that required safe disposal.</p>	<p>drawer liners as appropriate</p> <ul style="list-style-type: none"> • Repair or replace damaged upholstery on the dental chair • Arrange for the appropriate disposal of old dental models • Implement suitable arrangements to ensure the practice always upholds the necessary standards of IPC to maintain the safety of staff and patients. 		<p>Henry Schien or retail shops.</p> <p>Awaiting response from Henry Schien regarding upholstery.</p> <p>Infection prevention control is maintained through clear hand hygiene measures. Hand sanitiser is available for staff and patients, and hand hygiene flow charts are displayed around the dental practice.</p>		<p>Plaster models have all been disposed of from surgery.</p>
<p>Toilet paper and paper hand towels were left on windowsills and cisterns instead of in the dispensers that were fitted, leaving them open to contamination.</p>	<p>The practice must ensure toilet paper and paper hand towels are placed in appropriate dispensers to protect them from contamination.</p>	<p>Regulation 13(6)(b)(i)</p>	<p>New hand towel dispensers have been installed.</p>	<p>Saleem Ikram, Rebecca Close</p>	<p>Completed</p>

<p>There was a suitable number of staff trained and appointed to administer first aid, although this appeared to consist of online training only.</p>	<p>The practice must arrange for face-to-face practical first aid training to be completed by nominated first aiders.</p>	<p>Regulation 17(3)(a)</p>	<p>We have booked First Aid training for July</p>	<p>Saleem Ikram, Rebecca Close</p>	<p>2 months</p>
<p>We found that the practice was not using recommended checklists to minimise the risk of wrong tooth extraction.</p>	<p>The practice must ensure recommended checklists are used to prevent wrong tooth extractions.</p>	<p>Regulation 13(1)(b)</p>	<p>Checklist now in place, verification by nurse.</p>	<p>Saleem Ikram, Rebecca Close</p>	<p>Completed</p>
<p>We identified some omissions in the records of one dentist including that the provision of oral hygiene and dietary advice, oral cancer screening, and informed consent were not consistently recorded. Evidence of treatment planning and quality grading of dental radiographs were missing from several records.</p>	<p>The practice must:</p> <ul style="list-style-type: none"> • Provide HIW with details of the action taken to address our findings in relation to the completeness of patient records • Ensure patients preferred choice of language is recorded within the patient records. 	<p>Regulation 20(1)(a)(i) &(ii)</p> <p>Regulation 13(1)(a)</p>	<p>Oral cancer, oral hygiene and dietary advice are now being recorded on notes.</p> <p>Full treatment plans are provided with options.</p> <p>Quality of the X-rays are recorded and scored.</p> <p>Language preference is offered.</p>	<p>Saleem Ikram, Rebecca Close</p>	<p>Completed</p>

<p>Patient language preference was not recorded in any of the records we reviewed.</p>					
<p>Policies lacked consistent version control and signed confirmation that staff had read them. While some policies related to one service or the other, or both, this was not always clearly indicated. The whistleblowing policy had been duplicated which was confusing.</p>	<p>The practice must ensure that:</p> <ul style="list-style-type: none"> • All policies contain version history, review dates and the name of the person responsible for reviewing the procedure • All staff have signed to confirm they have read and understood relevant practice policies to ensure compliance with practice processes • Review the policy file to ensure each policy clearly identifies whether they are for an 	<p>Regulation 8</p>	<p>All policies will now be read by all members of the staff, which will then be signed and dated by them with clear review details.</p> <p>All duplications will be removed.</p>	<p>Saleem Ikram, Rebecca Close</p>	<p>Completed</p>

	<p>individual service or for the practice as a whole</p> <ul style="list-style-type: none"> Review the policy file to ensure any duplicated policies are consolidated into one up-to-date policy. 				
<p>The practice relied on the agency to ensure that any supplied staff were competent, qualified and had completed relevant checks to ensure they were fit to work at the practice.</p>	<p>The practice must confirm that agency staff are appropriately trained, competent and fit to work prior to being deployed at the practice.</p>	<p>Regulation 18(1)(b)</p>	<p>All agency staff will provide appropriate paperwork to show that they are fit and competent to work, e.g. their DBS check, health record and reference.</p>	<p>Saleem Ikram, Rebecca Close</p>	<p>Completed</p>
<p>Audits appeared to be conducted on an ad hoc basis, while we found dentists to be auditing their own clinical records.</p>	<p>The practice must:</p> <ul style="list-style-type: none"> Put in place a structured programme of audits to ensure all relevant audits are conducted Arrange for records audits to be carried out by a different member 	<p>Regulation 16(1)(a)</p>	<p>Radiographic audits will be conducted by the other dentist.</p>	<p>Saleem Ikram, Rebecca Close</p>	<p>Completed and ongoing.</p>

	of staff to the practitioner who created them.				
To improve the quality of services, we discussed how the practice would benefit from assessing and monitoring the quality of the service provided.	The registered manager must ensure there is a process in place to regularly assess and monitor the quality of services provided in relation to Smiles SI.	Regulation 16	Will now provide feedback forms.	Saleem Ikram, Rebecca Close	2-3 months, then ongoing.

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): Saleem Ikram, Rebecca Close

Job role: Dentists

Date: 17 May 2026